

Total County Waiver Investments for Project Year 4

FUNDED PROGRAM - WAIVER STRATEGY	Budget Amount for SFY 2010/11	Actuals SFY 2010/11 Quarter 1	Actuals SFY 2010/11 Quarter 2	Actuals SFY 2010/11 Quarter 3	Estimated SFY 2010/11 Quarter 4	Fiscal Year Total	Brief Program Description	Notes on Actuals & Budget Amounts (Refer to next tab for additional waiver claiming information)	Notes for Comparison of Q1 original amount reported and Revised Q1 amount
Another Road to Safety (ARS) - Front End CBO Contracts	\$ 1,612,243	\$ 318,212	\$ 254,471	\$ 465,380	\$ 385,358	\$ 1,423,421	ARS is DCFS's alternative response program. It serves families who can be diverted to community based, intensive family support service delivery programs. Family-focused services are provided through contracts with three local community based organizations (CBO's) for between nine to twelve months. Another Road to Safety began in 2002, focusing on children ages 0-5. In 2007, it was expanded to include services to families with children from 0-18. Additionally, expansion has included services to families that have been investigated by DCFS Emergency Response Child Welfare wherein the abuse allegation was substantiated, but the family could benefit from services provided outside of the juvenile court system.	Reflects amount to be claimed in FY 10-11; 12 months of payments from May 2010 thru April 2011	Corrected amount from \$311,813 to \$318,212 to reflect amount of \$6,399 previously not recorded on original report.
Voluntary Diversion Program	\$ 30,000	\$ 23,918	\$ 1,000	\$ 2,287	\$ 3,207	\$ 30,412	This program addresses the relatively small number of cases in which a child can be safe in the care, custody, and control of a relative or a Non Related Extended Family Member (NREFM) and where the parents (1) agree to allow the child to stay with the relative or NREFM and (2) do not want reunification services. The safety issue for the child can be resolved in such instances by obtaining Legal Guardianship through the Probate Court. The establishment of legal guardianship ensures that the parents cannot resume custody of the child without the approval of the Probate Court, which in turn provides the child with additional protection from possible abuse or neglect. The Front End Diversion program assists families, as described above, in obtaining Legal Guardianship through the Probate Court, by paying for their legal fees. This program began in July 2007.	Reflects amounts to be claimed in FY 10-11; Quarter 1 cleared a backlog of payments in the amount of \$23,918 for FY 09-10 services.	
Faith Initiative Contract	\$ 275,000		\$ 98,845	\$ 79,727	\$ 72,534	\$ 251,106	DCFS supports the Faith Initiative (FI) with the goal of recruiting and sustaining viable county resource families. FI designs and participates in monthly recruitment activities in both North and South County. It facilitates and hosts support groups for resource families (relatives and county licensed foster parents) at least once a month in both North and South County. Over the course of time the FI has been in place, the percentage of Alameda County foster children living in county foster homes has increased.	Reflects amount to be claimed in FY 10-11; 11 months of payments from July 2010 thru May 2011	
Resource Parent Recruiter	\$ 62,500	\$ -	\$ -	\$ -	\$ -	\$ -	Outreach to and support for potential foster parents in an effort to facilitate more family based and fewer group home placements..	SSA is in the process of hiring for FY 11-12.	
Enhanced Kinship Support Services (KSSP) CBO Contracts	\$ 525,822	\$ 7,524	\$ 191,301	\$ 299,339	\$ 27,658	\$ 525,822	In September 2008 DCFS began offering enhanced kinship support services through the ARS/P2S providers. As part of kinship support, case management services are provided to relative caregivers according to a mutually developed case plan. The goal is to better support Kinship caregivers, with the goal of making these more sustainable arrangements. Evaluation efforts are focusing on documenting the services provided and determining if there is evidence that these services made it less likely that at risk children/youth would come into or return to the foster care system.	Prior to the waiver, kinship support services provided by two contractors were funded at \$479,000 per year and claimed to the State funded Kinship allocation and program code 146. The enhancement in FY 08-09 added a third contractor funded at \$196,000 per year. The amount budgeted and claimed as a waiver investment includes not only the new funding of \$196,000 but also the amount from the pre-existing two contracts that exceeds the SGF kinship allocation of ~\$149,050. Absent the waiver, there is a chance we would not have been able to continue to support the existing services exceeding the Kinship allocation. The expenditures reflect the amounts to be claimed in FY 10-11 from three kinship support providers. Also see the expansion line item directly below.	The planning allocation was \$169,375 was erroneously recorded as the actual expenditure amount in the prior report. The final allocation for KSSP is \$149,050. Only the amount \$7,524 which is the amount above this existing KSSP allocation should be recorded as a waiver investment.
KSSP Contract Augmentation	\$ 600,000				\$ 392,831	\$ 392,831	As relative and NREFM placements increase, more services are needed at the three KSSP sites to provide support to Kin and NREFM caregivers who have dependent and non-dependent children in their homes. These services may include case management for non dependent families as well as non case management services such as support groups, children and youth activities, information and referral, kin navigator training and support, and an array of other services.	Reflects amount to be claimed in FY 10-11. Once the original allocation above is fully spent, the expenditures are paid by this additional allocation.	

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Subsidized Child Care Option	\$ 750,000	\$ 34,338	\$ 53,319	\$ 77,198	\$ 102,219	\$ 267,074	DCFS has established a program to provide subsidized childcare for children ages 0-6 years who are dependents of Alameda County and being cared for by County Licensed Resource Parents. Childcare is an essential support to the successful placement stability of children in foster care. Subsidized child care will assist resource parents to maintain children in their homes until they can return to the care of their birth families or transition to pre-school or childcare centers. In FY 10-11 the child care contracts will be expanded to provide a child care option for relative caregivers as well. The goal is to enhance foster parent recruitment efforts and increase the number of county licensed foster homes as well as to encourage more relatives to become caregivers. This will allow more youth to be placed in their existing neighborhoods and more easily maintain contact with family members. Evaluation efforts will document the success of this effort in serving a higher percentage of foster children in appropriate foster care and relative placements. In FY 10-11, expended child care option for Relative Caregivers/Teen Parents.	Reflects amount to be claimed in FY 10-11 from three child care providers.	
Family Finding - Clerical	\$ 362,310	\$ 42,553	\$ 38,104	\$ 23,507	\$ 66,840	\$ 171,004	DCFS began family finding/engagement efforts prior to the start of the waiver. However it has expanded these efforts during the waiver, adding staff to both the family finding efforts (essentially a clerical process) and to the family engagement efforts (a case management process). The clerical family finding investment is reflected on this row and the investment for engagement staff is reflected in the CWV staffing line below. During the waiver period there has been an increase in both the numbers of first placements with relatives and in the percentage of foster children living with relatives at any given time. Evaluation efforts will focus on determining how much of this increase is due to family finding efforts and how much is due to other procedural and cultural changes within DCFS.	The family finding waiver investment funded 5 full-time clerks and four positions are currently filled. During the next adjusted CEC claim period, we will conduct a review of timestudy hours and adjust accordingly. The hours recorded are lower than expected and some staff time may have been recorded to other pin codes other the waiver pin code 701.	For the six month progress report, the amount \$75,733 represents the actual salary of the four FFE staff for 7 pay periods. This amount has been revised from \$75,733 to \$42,553 to reflect the actual allocable hours claimed on the September 2010 CEC claim.
Paths to Success (P2S) Family Maintenance CBO Contracts	\$ 1,713,727	\$ 380,876	\$ 300,937	\$ 440,793	\$ 348,738	\$ 1,471,344	P2S was created to address the problems of reentry of children into the foster care system from the Family Maintenance program. It was hypothesized that if families are able to rapidly engage in services to address the areas of parenting deficiency, there would be fewer additional incidents of abuse. Additionally, intensive in home support would address moments of crisis as they arise. Efforts are made to assist families by rapidly engaging them in services to address the issues which led to child welfare involvement. Families are provided with three to six months of intensive in home support services by community based organizations. Services are provided by contracts with community based organizations. P2S began receiving cases in January 2009.	Reflects amount to be claimed in FY 10-11; 12 months of payments from May 2010 thru April 2011	Corrected amount from \$374,474 to \$380,876 to reflect amount of \$6,399 previously not recorded on original report.
Children's Hospital and Research Center Contract	\$ 230,200	\$ 76,641	\$ -	\$ -	\$ 155,741	\$ 232,382	The Children's Hospital & Research Center Oakland (CHRCO) supports the community-based providers working with families that are in the ARS and P2S programs by offering consultation, training, and technical assistance designed to strengthen the services provided to these families. Working with high-risk families requires multiple skills of the ARS/P2S family advocate and supervisor, and there are a wide range of mental health and developmental needs of the ARS/P2S children and families. Clinical consultants will provide case-based consultation to family advocates and supervisors individually and in group settings. Because ARS/P2S is designed to deliver services within the local community, through providers who are both part of the public child welfare system - yet separate from it - the programs face understandable obstacles to its implementation, collaboration between agencies, and the like. The CHRCO consultation team will be proactively and flexibly available to assist in clarifying any and all of these areas, by working with both the ARS/P2S program staff and ACSA staff to identify challenges and constructively generate solutions.	Reflects amount to be claimed in FY 10-11; 12 months of payments from April 2010 thru March 2011	
A Gathering Place - Family Visitation Ctr	\$ 366,195			\$ 59,037	\$ 293,461	\$ 352,498	DCFS opened a family visitation center named "A Gathering Place" for client referrals in April. The goal is to increase visitation frequency and reduce the amount of therapeutic intervention and structure as quickly and safely as possible with the intent of being able to improve the timeliness of reunification and to reduce recidivism. The provider developed a family-friendly visitation environments in home-like settings near public transportation. A Gathering Place has flexible hours of operation including afternoons, evenings and weekends. Services available include parent coaching and instruction to enhance parenting skills, and supervised visitation. SSA has established a partnership with Behavior Health Care Services to provide EPSDT services and Alternative Family Services is responsible for maintaining the family visitation center on a daily basis.	There is also a \$200K grant the Department of Justice to help fund this operation from Sept 2010 to August 2011. The funding is sperate and not included in this budget.	

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SEED Program Staff Expansion - 1.0 Public Health Nurses and .5 PHN Supervisor	\$ 215,123	\$	\$ 5,577	\$ 9,678	\$ 74,606	\$ 89,861	DCFS has increased the number of nurses on staff as part of its effort to expand a more highly integrated case management model (SEED) to all children in the 0-3 age range. An initial evaluation of a smaller SEED program conducted during the first year of the waiver suggested that the model did lead to permanency slightly faster for a slightly higher percentage of cases. Future evaluation efforts will attempt to determine (a) if these results are continuing and (b) will test what it is about the model that makes it more effective.	The SEED nurse was hired on Mar 21, 2011 thru a partnership with the Public Health Department. The estimated cost for two SEED Nurse is \$66,262 for Q4. Approximately \$4,500 is quarterly paid to Public Health for an Interim Director functioning as the PHN Supervisor. Payment in Quarter 4 included quarter 1 charges for the PHN Supervisor in the amount of \$3844.	
Parent Advocate Program	\$ 540,127	\$ (21,710)		\$ 172,518	\$ 123,971	\$ 274,779	Parent Advocates are parents who have successfully reunified with their children and had their cases closed. They are available to provide the additional support that new parents becoming involved in the child welfare system need in order to increase the chances of successful and timely reunification. They assist families in accessing needed services and obtaining individualized advocacy, support, and outreach. Overall the parent advocate services have been extremely well received by foster families. The waiver has allowed the County to expand the Parent Advocate program. The program goal is to increase percentage of children reunifying, and decrease percentage of children who re-enter foster care. Evaluation efforts will focus on identifying the ways in which the program materially contribute to that goal.	Reflects amount to be claimed in FY 10-11; 11 months of payments from July 2010 thru May 2011. A new vendor was selected thru the RFP progress and the Parent Engagement Program and Parent Advocate expansion did not start until May 2011.	
Independent Living Skills Program (ISLP) Expansion	\$ 846,905	\$ 166,856	\$ 276,414	\$ 255,610	\$ 111,033	\$ 809,912	The waiver has been used to enhance services for older youth. The types of expenses charged to the waiver are services provided to youth in care nearing emancipation to help them with education and employment planning, and a wide range of independent living skills.	Reflects amount to be claimed in FY 10-11 beyond the FY 10-11 ILSP Federal and State allocation for several contract.	
Enhanced Core Life Skills Training Supports Contract	\$ 100,000	\$ -	\$ -	\$ -		\$ -	The Social Services Agency is mandated to prepare emancipating foster youth for success by helping them obtain a high school diploma or GED, College education, stable housing, and employment. The expansion will provide more diversified course offerings, such as pregnancy prevention, youth advocacy, sexual/ethnic/cultural identity, expanded transportation services and staff training.	Estimated payment of \$75,000 for June 2011 will be paid in FY 11-12 for this expansion.	
Additional Education Specialist - Beyond Emancipation Contract	\$ 53,667	\$ -		\$ 13,524	\$ 12,351	\$ 25,875	Create 2nd Education specialist position at Beyond Emancipation who will focus on High School seniors. Outreach to older High School foster youth will ensure that the greatest number possible are aware of financial aid options and can afford going to college. Position will also help with completing financial aid applications and college applications.	Reflects amount to be claimed in FY 10-11. Second Education Specialist hired in November 2010 and first payment in January 2011.	
Additional ACOE Education Mentors	\$ 105,000	\$ -	\$ -	\$ -	\$ -	\$ -	Hire three additional Education Mentors at ACOE. The goal is to have the mentors assist more foster youth struggling in or having dropped out of school and increase the number of foster youth graduating from high school. In addition, these services help navigate the complicated education and special education system, to ensure necessary services are in place.	Contract amount of \$105,000 is for six months. The three Ed Mentors were hired on May 16, 2011. There are no payments for FY 10-11.	
WestCoast Children's Clinic - Project 1959 Contract	\$ 155,000	\$ -	\$ -	\$ -	\$ -	\$ -	Funding used to locate and re-engage youth who have run away from placement and to link them to resources based on a thorough assessment of needs and barriers to stable placement. The goal is to address these psychological issues and support their engagement in placement and other services available to them. Two clinicians will provide approximately 1600 - 1900 hours of service annually	MOU amount of \$105,000 is for six months. The project has been delayed and is expected to start in December 2011.	
Additional DCFS Staff Positions for 50 CWW/9 CW Supervisors	\$ 11,210,000	\$ 665,000	\$ 950,000	\$ 807,500	\$ 1,092,500	\$ 3,515,000	The Alameda County Board has twice approved a significant new investment in staffing since the start of the waiver, once in March 2009 and again in May 2010. The SB2030 Caseload Study (2000) recommended caseload reductions of up to 40% in the mandated programs (investigations, reunifications, permanent placement). Additional staff was added to help CFS get closer to the recommended SB2030 caseload levels and to enhance family engagement efforts. Evaluation efforts will focus on documenting the impacts of lower caseloads on outcomes for children, worker engagement and worker morale.	The first class of 18 CWWs hired after the March 2009 Board Letter was brought on in June 2009. There were Additional classes for 5 CWW in October 2009, 9 CWWs in February 2010, 18 CWWs in Sept 2010, 13 CWWs in March 2011 for a total of 63 CWWs. The budgeted figures assume fully loaded costs for all 50 CWWs and 9 CWW Supervisors approved by the Board. In FY 10-11, the net average increase in headcount for CWW and CWS above pre-waiver level of 332 was 19.	The salaries were erroneously recorded as an annual amount \$2,090,000 and is now corrected to reflect the net average quarterly increase of 14 CWWs.
Additional County Counsel Staff Positions - 4 Attorneys, 1 Paralegal, and 1 Secretary	\$ 1,446,618	\$ -	\$ 361,655		\$ 1,084,964	\$ 1,446,618	County Counsel support (4 attorneys, 1 paralegal, and 1 secretary) was expanded to provide: 1) increased court representation, 2) non-court legal oversight of jurisdictional petitions writing, and 3) additional writ and appeals support. Prior to increasing the size of the County Counsel staff devoted to CFS work, many court sessions were not covered by attorneys representing the agency. This put the agency at a great disadvantage in arguing points of law with opposing counsel. Evaluation efforts will focus on determining whether this investment has significantly increased the percentage of times court orders support DCFS recommendations.	In FY 10-11, SSA submitted a notice to CDSS stating our intent to direct charge County Counsel costs rather than allocate them generically. The total that is claimed to the Waiver for County Counsel including the pre-waiver investment amount is \$4,630,380.	

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Youth Advisory Board Program - Coordinator, Liason & Stipend Costs	\$ 279,750	\$ 72,277	\$ 100,242	\$ 50,852	\$ 50,852	\$ 274,223	In April 2009 DCFS established a youth advisory board to advise on the impacts of practice and policy changes on foster youth, and to assess the value of existing services (e.g., ILSP training curriculum). It has also begun to integrate YAP members into the Team Decision Making program for older foster youth, where they serve as "older-peer" advisors. This has helped to create a culture shift in the department – youth perspective is taken more seriously when practice and policy changes are being considered and implemented. Involvement in the TDM process has provided significant support to foster youth, which has helped older foster youth better articulate their wants and needs.	Reflects amount to be claimed in FY 10-11; mainly stipends for youth advocates before program transferred to contract with West Coast.	For the six month progress report, the amount included the estimated salary cost of the YAP Coordinator. This amount has been revised from to reflect the actual allocable hours claimed on the September 2010 CEC claim. Report changed from \$60,678 to \$72,277.
Youth Advisory Board Program - WestCoast Children's Clinic Contracted Services	\$ 750,341			\$ 203,874	\$ 495,678	\$ 699,552	Expand and deepen Youth Board involvement to have positive impact on our system. Change reimbursement process from stipends to Salary & Benefits for 10 youths from part time to full time and increase support. YAP youth are participating in disproportionality project, TDMs, help train our CWW staff and as part of the expansion, will be integrated into the Emanicipation Conferences for older youth.	Reflects amount to be claimed in FY 10-11; 11 months of payments from July 2010 to May 2011.	
ACSSA Staffing for Research and Evaluation -3 Management Analysts and 1 Program Financial Specialist	\$ 555,760	\$ 10,977	\$ 26,252	\$ 88,210	\$ 88,210	\$ 213,649	ACSSA has a small institutional research team within its Finance Department. Two of the existing analysts focus primarily on DCFS issues and data. This team is being substantially augmented at this time to allow ACSSA to evaluate investments made under the waiver. The goal is to make evaluation-informed decisions on which investments to maintain, increase, reduce and eliminate. The Program Financial Specialist will develop and monitor the waiver contracts	Reflects amount to be claimed in FY 10-11; two of the three evaluators were hired in November 2010 and the Program Financial Specialist terminated after two months. SSA is in the process of hiring another person to fill that Program Financial position.	
ACSSA DCFS Medi-Cal Consultant Services	\$ 94,305	\$ 19,696	\$ 28,737	\$ 21,586	\$ 21,586	\$ 91,605	Alameda, like many other counties, faces a number of challenges in assuring that all children in the system have access to the mental health and physical medicine services they need through MediCal. The work of the MediCal consultant is to work through problematic eligibility situations to maximize the number of children who have this access.	Reflects amount to be claimed in FY 10-11. The MediCal consultant was brought on during the last quarter of FY 09-10. The consultant completes a monthly time study and costs are charged directly to code 701.	For the six month progress report, the amount included the estimated salary cost of the Medi-Cal Consultant. This amount has been revised to reflect the actual allocable hours claimed on the September 2010 CEC claim. Report changed from \$11,784 to \$19,696.
Additional 4 Specialist Clerks for Family Finding and 3 Transportation Workers	\$ 525,548			\$ 24,711	\$ 24,711	\$ 49,422	Add four (4) Specialist Clerk II to further fund the "Family Finding and Engagement" effort with the goal to decrease group home placements and to increase the number of relative placements and non-relative extending family member placements. Add three (3) Transportation Workers to meet the demands of getting children to their court hearings and the increased need to facilitate and support more frequent visitation.	Reflects amount to be claimed in FY 10-11. Two of the three transportation workers hired in December 2010 and January 2011. The 4 Specialist Clerks were created for Family Finding but not needed at this time.	
ACBHCS/WestCoast - Screening, Stabilization, and Transition (STAT) Services for Non-Medi-Cal Eligible Clients	\$ 150,000					\$ -	DCFS has worked in partnership with BHCS and WestCoast Children's Center to provide on-site assessments at the Assessment Center and transitional services to help foster children and foster families make a positive connection. These psychological services center around four goals: (1) to better understand the impact of separation from family, as well as the current emotional state and immediate needs of the children entering foster care, (2) transition the children to their new placement by working with the caregivers to better understand the child and his/her needs, as well as working with the child to acclimate to their new caregivers, new placement and provide support, (3) stabilize children and youth in their current situation and continue to address issues related to the separation from family, and (4) identify and link services to children who may need it to support their placement. DCFS contributes \$150,000 annually to help defray the costs of providing the STAT program to children not covered under Medi-Cal.	Services were provided in FY 10-11 by Behavioral Health Care Services but amount estimated to be less than \$150,000 will be paid in FY 11-12. SSA is in the process of verifying the cases billed against the Foster Care caseload to insure that each child is indeed billable to Medi-Cal.	
ACBHCS/Seneca - Mobile Crisis Intervention Response Team	\$ 85,000				\$ 85,000	\$ 85,000	DCFS has worked in partnership with the Behavioral Health Care Services Department and the Seneca Center to provide mobile response team services with the goal of better supporting non-group home placements. These mental health and non-mental health crisis intervention services are available on an as needed basis. Evaluation efforts will focus on determining the extent to which these services have enhanced the stability of placements.	Reflects amount to be claimed in FY 10-11.	
ACBHCS/Lincoln Child Center - Project Permanence Wraparound Program Services	\$ 214,000	\$ -	\$ -	\$ 94,441	\$ 100,251	\$ 194,692	Project Permanence is a partnership between Alameda's Behavioral Health Care Services, Lincoln Child Center and DCFS. Services are designed to transition youth from group home to family care in 6-12 months, by providing mental health services and connecting families with other supportive services based in the family's community. Evaluation efforts will be geared to documenting this result.	Reflects the amount to be claimed in FY 10-11. Total is \$194,692 estimated by BHCS and may be adjusted.	
Flexible Funding Pool - Discretionary Fund for Kinship Emergency Fund, ISLP, and CASA programs	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 40,690	\$ 40,690	A pool of flexible funds to be used by various programs, i.e. Kinship Emergency Fund, ILSP, and CASA. Post-Family maintenance services & support will help mitigate re-entry. Funding may be used for an array of items such as housing assistance, furniture, past due rent, overdue utility bills, household goods, car repairs, and home repairs. Funds will be used by ILSP to create better and more normalized opportunities, i.e. clothing, specialized tutoring, summer camps, special enrichment opportunities, and college tour. CASA (Court Appointed Special Advocates) will use funds to support youth activities, including leadership training and stipends for a youth speaker's bureau.	Expenditures are charged to the other allocation and fully spent before waiver kicks in, i.e. ILSP Pin code 184, Kinship & F. Care Emergency Fund, Pin code 562; and State Family Preservation -Pin code 575. This new waiver program was implemented in May 2011.	

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High End Group Homes - Supplemental Paymentrts	\$ 1,689,508	\$ 158,360			\$ 1,387,975	\$ 1,546,335	The waiver has been used to support clients at High End (RCL 14) Group Homes receiving intensive day treatment, outpatient services, medication support and crisis services. The waiver payments cover additional costs not covered by any of the other payment sources. Reservation of two beds for girls and two beds for boys with a reimbursement rate of RCL 12, \$7,917 per month/youth. Maximum annual amount is \$380,016. If bed is occupied and paid under foster care, the amount would be reduced.	The bulk of the cost is for Lincoln high end group homes, \$700,154 for 9 mos actual and estimate annually at \$933,539;	
CASA Program Coordinator & Program Infrastructure	\$ 260,000	\$ -	\$ -	\$ -	\$ 27,547	\$ 27,547	Add staff and program infrastructure to support increased number and broader recruitment, training and retention of CASA volunteers.	CASA will be fully staffed when the recruiter starts on 7/11/2011. Program will ramp up in FY 11-12.	
Abner Boles-Consultation & Cultural Competency	\$ 126,000			8,850	61,500	70,350	A cultural competence consultant will help identify system biases in the foster care system and support efforts to mitigate racial/ethnic disproportionality. Group discussions will help identify practices, policies, and assumptions that contribute to disproportionality in the child welfare system and work toward eliminating those issues and barriers. These activities are ultimately expected to reduce entries and re-entries into foster care.	Contract amount of \$126,000 is for five months.	
TOTAL	\$ 26,930,649	\$ 1,955,517	\$ 2,686,854	\$ 3,198,621	\$ 6,732,011	\$ 14,573,002			

County Welfare Charges to Waiver Code 701 for Project Year 4

*Actuals listed should correspond to those listed on the Investments worksheet tab

FUNDED PROGRAM - WAIVER STRATEGY	SFY 10/11 Actuals Quarter 1	Amount Claimed to Code 701	SFY 10/11 Actuals Quarter 2	Amount Claimed to Code 701	SFY 10/11 Actuals Quarter 3	Amount Claimed to Code 701	SFY 10/11 Actuals Quarter 4	Amount Claimed to Code 701	Claiming Notes/Comments
Another Road to Safety (ARS) - Front End CBO Contracts	\$ 318,212	\$ 318,212	\$ 254,471	\$ 254,471	\$ 465,380	\$ 465,380	\$ 385,358	\$ 385,358	
Voluntary Diversion Program	\$ 23,918	\$ 23,918	\$ 1,000	\$ 1,000	\$ 2,287	\$ 2,287	\$ 3,207	\$ 3,207	
Faith Initiative Contract			\$ 98,845	\$ 98,845	\$ 79,727	\$ -	\$ 72,534	\$ 72,534	In quarter 3, \$79,727 was claimed to AB2129 Foster Parent Training & Recruitment, Waiver Program Code 506
Resource Parent Recruiter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Enhanced Kinship Support Services (KSSP) CBO Contracts	\$ 7,524	\$ 7,524	\$ 191,301	\$ 191,301	\$ 299,339	\$ 299,339	\$ 27,658	\$ 27,658	
KSSP Contract Augmentation							\$ 392,831	\$ 392,831	
Subsidized Child Care Option	\$ 34,338	\$ 34,338	\$ 53,319	\$ 53,319	\$ 77,198	\$ 77,198	\$ 102,219	\$ 102,219	
Family Finding - Clerical	\$ 42,553	\$ 42,553	\$ 38,103	\$ 38,103	\$ 23,507	\$ 23,507	\$ 66,840	\$ 66,840	
Paths to Success (P2S) Family Maintenance CBO Contracts	\$ 380,876	\$ 380,876	\$ 300,937	\$ 300,937	\$ 440,793	\$ 440,793	\$ 348,738	\$ 348,738	
Children's Hospital and Research Center Contract	\$ 76,650	\$ 76,641	\$ -	\$ -	-	-	\$ 155,741	\$ 155,741	
A Gathering Place - Family Visitation Ctr					\$ 59,037	\$ 59,037	\$ 293,461	\$ 293,461	
SEED Program Staff Expansion - 2.0 Public Health Nurses and .5 PHN Supervisor	\$ -	194,932	\$ 5,577	\$ 5,577	\$ 9,678	\$ 9,678	\$ 74,606	\$ 74,606	The Waiver investment is for one SEED nurse and 1/2 PHN Supervisor. In quarter one, three nurses were charged to the waiver but in reality, only the new SEED nurse hired at the end of March 2011 is a waiver investment.
Parent Advocate Program	\$ (21,710)	\$ (21,710)			\$ 172,518	\$ 172,518	\$ 123,971	\$ 123,971	
Independent Living Skills Program (ISLP) Expansion	\$ 166,856	\$ 166,856	\$ 276,414	\$ 276,414	\$ 255,610	\$ 255,610	\$ 111,033	\$ 111,033	
Enhanced Core Life Skills Training Supports Contract	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Additional Education Specialist - Beyond Emancipation Contract	\$ -	\$ -			\$ 13,524	\$ 13,524	\$ 12,351	\$ 12,351	
Additional ACOE Education Mentors WestCoast Children's Clinic - Project 1959 Contract	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Additional DCFS Staff Positions for 50 CWW/9 CW Supervisors	\$ 665,000	CWWs time study to various waiver time study codes	\$ 950,000	CWWs time study to various waiver time study codes	\$ 807,500	CWWs time study to various waiver time study codes	\$ 1,092,500	CWWs time study to various waiver time study codes	

FUNDED PROGRAM - WAIVER STRATEGY	SFY 10/11 Actuals Quarter 1	Amount Claimed to Code 701	SFY 10/11 Actuals Quarter 2	Amount Claimed to Code 701	SFY 10/11 Actuals Quarter 3	Amount Claimed to Code 701	SFY 10/11 Actuals Quarter 4	Amount Claimed to Code 701	Claiming Notes/Comments
Additional County Counsel Staff Positions - 4 Attorneys, 1 Paralegal, and 1 Secretary	\$ -	\$ -	\$ 361,655	\$ 1,160,186			\$ 1,084,964	\$ 3,472,787	Erroneous posting -In Dec 2010 adjusted claim, \$2,591 will be transferred from Waiver to Adoption. In FY 10-11, SSA submitted a notice to CDSS stating our intent to direct charge County Counsel costs rather than allocated them generically beginning with the first quarter of FY 10-11.
Youth Advisory Board Program - Coordinator, Liason & Stipend Costs	\$ 72,277	\$ 72,277	\$ 100,242	\$ 100,242	\$ 50,852	\$ 50,852	\$ 50,852	\$ 50,852	
Youth Advisory Board Program - WestCoast Children's Clinic Contracted Services					\$ 203,874	\$ 203,874	\$ 495,678	\$ 495,678	
ACSSA Staffing for Research and Evaluation -3 Management Analysts and 1 Program Financial Specialist	\$ 10,977	\$ 10,977	\$ 26,252	\$ 26,252	\$ 88,210	\$ 88,210	\$ 88,210	\$ 88,210	
ACSSA DCFS Medi-Cal Consultant Services	\$ 19,696	\$ 19,696	\$ 28,737	\$ 28,737	\$ 21,586	\$ 21,586	\$ 21,586	\$ 21,586	
Additional 4 Specialist Clerks for Family Finding and 3 Transportation Workers					\$ 24,711	\$ 24,711	\$ 24,711	\$ 24,711	
ACBHCS/WestCoast - Screening, Stabilization, and Transition (STAT) Services for Non-Medi-Cal Eligible Clients							\$ -	\$ -	
ACBHCS/Seneca - Mobile Crisis Intervention Response Team							\$ 85,000	\$ 85,000	
ACBHCS/Lincoln Child Center - Project Permanence Wraparound Program Services	\$ -	\$ -	\$ -	\$ -	\$ 94,441	\$ 94,441	\$ 100,251	\$ 100,251	
Flexible Funding Pool - Discretionary Fund for Kinship Emergency Fund, ISLP, and CASA programs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,690	\$ 40,690	
High End Group Homes - Supplemental Payments	\$ 158,360	\$ 158,360					\$ 1,387,975	\$ 1,387,975	
CASA Program Coordinator & Program Infrastructure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27,547	\$ 27,547	
Abner Boles-Consultation & Cultural Competency					\$ 8,850	\$ 8,850	\$ 61,500	\$ 61,500	
TOTAL	\$ 1,955,526	\$ 1,485,449	\$ 2,686,853	\$ 2,535,384	\$ 3,198,621	\$ 2,311,394	\$ 6,732,012	\$ 8,027,335	

Title IV-E Waiver Probation Capped Allocation Expenditures

	FY 07/08	FY 08/09	FY 09/10	FY 10/11 (Q4 estimated)	FY 11/12 Budget
<u>Administration Allocation</u>					
Federal	\$9,248,429	\$10,400,813	\$10,946,041	\$11,544,747	\$14,062,262
State	\$184,969	\$208,016	\$218,922	\$375,439	\$2,891,524
County	\$9,063,459	\$10,192,795	\$10,727,119	\$11,544,747	\$13,661,147
Sub Total	\$18,496,857	\$20,801,624	\$21,892,081	\$23,464,933	\$30,614,933
<u>Assistance Allocation</u>					
Federal	\$4,543,065	\$4,169,056	\$5,091,207	\$5,272,557	\$4,394,415
State	\$4,413,263	\$3,456,369	\$3,559,253	\$4,137,460	\$4,391,919
County	\$4,023,857	\$3,049,989	\$2,935,874	\$3,224,371	\$3,694,254
Sub total	\$12,980,185	\$10,675,414	\$11,586,334	\$12,634,388	\$12,480,588
Total	\$31,477,042	\$31,477,038	\$33,478,415	\$36,099,321	\$43,095,521
<u>Administration Expenditures</u>					
Federal	\$9,248,429	\$10,400,813	\$10,946,041	\$11,544,747	\$11,544,747
State	\$184,969	\$208,016	\$218,922	\$375,439	\$375,439
County	\$9,063,459	\$10,192,795	\$10,727,119	\$11,544,747	\$11,544,747
Sub Total	\$18,496,857	\$20,801,624	\$21,892,081	\$23,464,933	\$23,464,933
<u>Assistance Expenditures</u>					
Federal	\$4,543,065	\$4,169,056	\$5,091,207	\$5,272,557	\$4,394,415
State	\$4,413,263	\$3,456,369	\$3,559,253	\$4,137,460	\$4,391,919
County	\$4,023,857	\$3,049,989	\$2,935,874	\$3,224,371	\$3,694,254
Sub Total	\$12,980,185	\$10,675,414	\$11,586,334	\$12,634,388	\$12,480,588
Total	\$31,477,042	\$31,477,038	\$33,478,415	\$36,099,321	\$35,945,521
Surplus/Deficit	\$0	\$0	\$0	\$0	\$7,150,000
Cumulative Surplus/Deficit	\$0	\$0	\$0	\$0	\$7,150,000

Investments above FY 2007-08 Costs

List Programs

Contracts offering individual and family counseling/case management services to at risk youth	\$0	\$0	\$0	\$0	\$3,503,292
Staff engaged in preventing out of home placements	\$0	\$0	\$0	\$0	\$3,646,708
	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
Total Investment Expenditures	\$0	\$0	\$0	\$0	\$7,150,000
Cumulative Available Reinvestment Funds	\$0	\$0	\$0	\$0	\$0

The agreement between the Social Services Agency (SSA) and the Probation Department (PD) regarding the use of IV-E Waiver reinvestment funds has evolved over the life of the Waiver. During the first year of the Waiver there was an MOU signed between Probation and SSA that gave Probation authority to spend up to \$18,496,853 in total Waiver funds for administrative costs. They were initially capped at this amount for all 5 years as SSA was agreeing to shoulder all of the risks associated with the uncertainty around placement (assistance) costs. During year 2 of the Waiver, however, Probation assistance costs continued to go down, and the agreement was reevaluated.

An amendment to the MOU was signed which gave Probation the ability to access reinvestment funds while agreeing to take on some of the associated risks in the variability of placement costs. The FY 07-08 allocation was set as the Probation Department "base" admin amount and Probation was able to increase the amount available to them to spend if they had savings in assistance expenditures. Specifically, their allocation increased by the amount of savings in FY 08-09 assistance exps compared to the FY 07-08 level of assistance exps. Their allocation was to be recalculated every year comparing the assistance savings in the most recent fiscal year to FY 07-08. This was the methodology used for FY 08-09 and FY 09-10, but in FY 09-10 they were held harmless for the impact of the Group Home rate increase. The Probation department did not end up using the entire amount originally allocated in FY 09-10 but since there was no agreement to "roll" the funds, the FY 09-10 allocation above is set at the actual expenditure amount.

In FY 10-11, the PD was able to direct greater staffing resources towards their juvenile department in an effort to further the goal of preventing and reducing the length of out of home placements. Given that, the Directors of both the SSA and the PD reevaluated the use of reinvestment funds and attempted to set the FY 10-11 allocation at an amount that would adequately fund the additional juvenile staffing resources.

The FY 11-12 base admin allocation is budgeted at the same FY 10-11 amount. However, an additional amount of \$7.1M, listed in the investments section above, was allocated to Probation to cover new Waiver strategies to be implemented in the budget year. There is an agreement that new strategies above the FY 10-11 administrative allocation amount will be funded at the SSA sharing ratios.

The Probation Department is also currently working on a proposal to bring forward several new investments to the Board in the late summer.

Title IV-E Waiver Capped Allocation Expenditures

	FY 07/08	FY 08/09	FY 09/10	FY 10/11 (Q4 estimated)	FY 11/12 Budget
Administration Allocation					
Federal	\$19,551,380	\$18,974,992	\$19,017,281	\$19,017,840	\$17,111,577
State Waiver Base	\$19,536,991	\$19,908,383	\$20,299,805	\$20,553,662	\$18,456,160
State Non-Base Waiver	\$2,892,173	\$3,464,613	\$2,235,664	\$1,938,151	\$1,938,151
County	\$10,830,203	\$9,700,867	\$9,166,543	\$8,348,915	\$6,232,515
10% Reduction	\$0	\$0	(\$483,000)	(\$357,590)	(\$357,590)
Sub Total	\$52,810,747	\$52,048,855	\$50,236,293	\$49,500,979	\$43,380,813

Assistance Allocation

Federal	\$15,520,747	\$18,313,090	\$18,406,030	\$17,827,372	\$17,323,300
State	\$12,288,524	\$12,438,591	\$12,093,395	\$13,391,107	\$13,721,115
County	\$20,868,490	\$20,632,117	\$20,382,765	\$20,583,145	\$21,198,093
Sub total	\$48,677,761	\$51,383,798	\$50,882,190	\$51,801,624	\$52,242,508

Total Welfare Department	\$101,488,508	\$103,432,653	\$101,118,483	\$101,302,603	\$95,623,321
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Administration Expenditures

Federal	\$17,859,783	\$18,384,034	\$21,512,920	\$23,236,881	\$27,695,883
State (Including non-base Waiver)	\$17,570,744	\$18,077,768	\$19,182,562	\$22,876,300	\$27,680,151
County	\$15,818,664	\$16,283,002	\$16,604,163	\$18,309,769	\$23,283,105
Sub Total	\$51,249,191	\$52,744,804	\$57,299,645	\$64,422,951	\$78,659,140

Assistance Expenditures (net of Probation placements)

Federal	\$14,593,687	\$14,498,861	\$13,344,701	\$11,821,377	\$9,674,492
State	\$14,176,724	\$12,020,326	\$9,329,253	\$9,276,425	\$9,668,997
County	\$12,925,837	\$10,607,045	\$7,695,298	\$7,229,226	\$8,133,058
Sub Total	\$41,696,248	\$37,126,232	\$30,369,252	\$28,327,028	\$27,476,548

Total Welfare Department	\$92,945,439	\$89,871,036	\$87,668,897	\$92,749,978	\$106,135,688
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Surplus/Deficit	\$8,543,069	\$13,561,617	\$13,449,586	\$8,552,625	(\$10,512,367)
Cumulative Surplus/Deficit	\$8,543,069	\$22,104,686	\$35,554,273	\$44,106,897	\$33,594,531

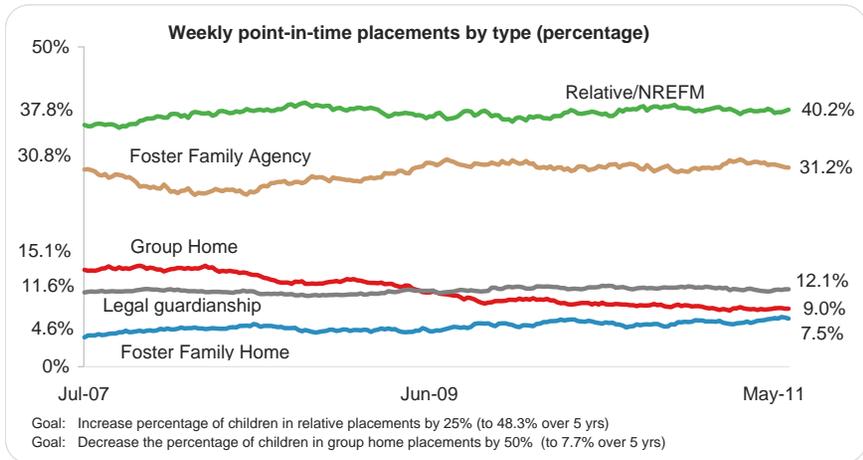
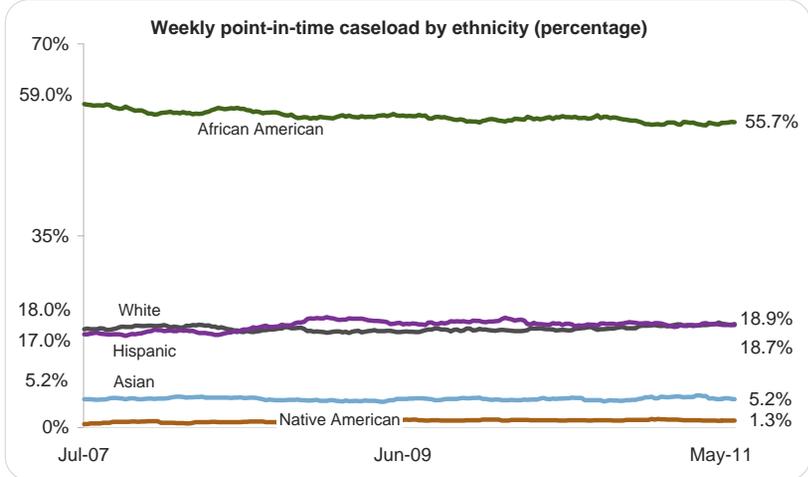
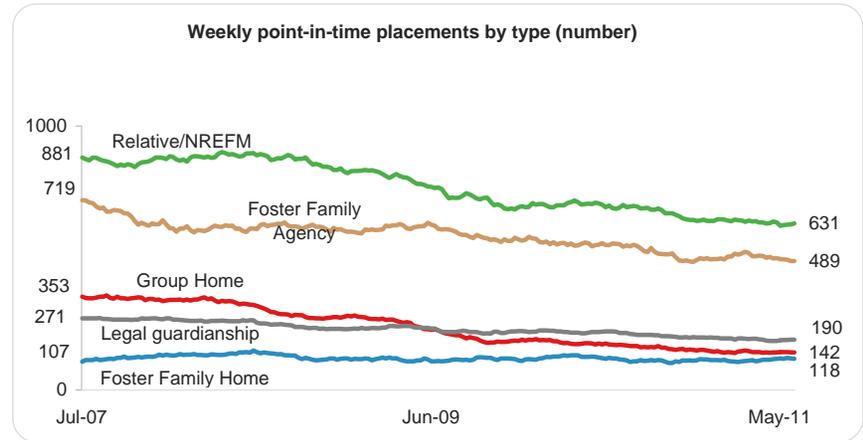
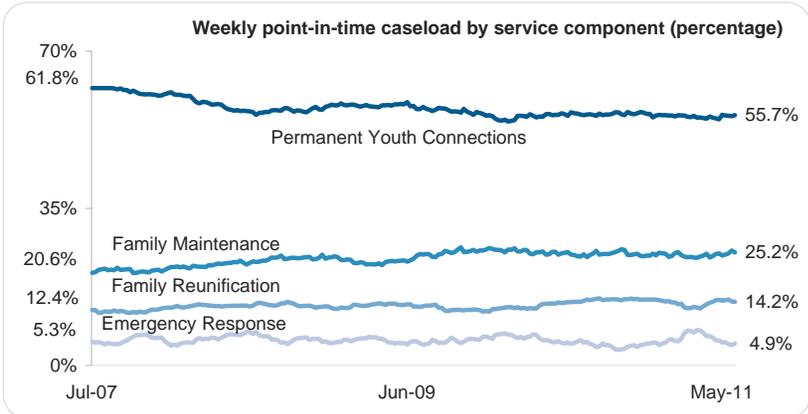
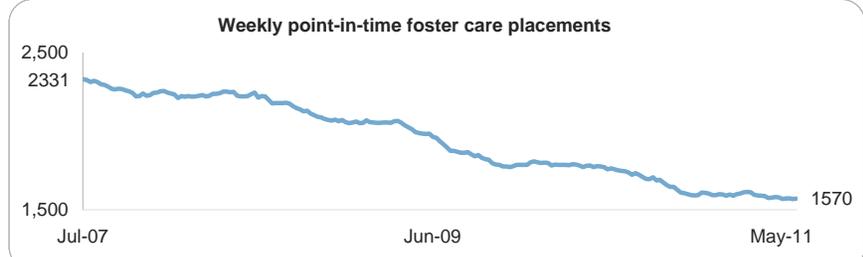
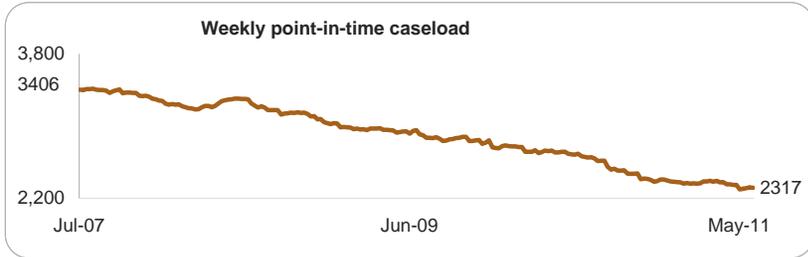
Investments Planned for FY 11-12 (not reported in FY 10-11)**List Programs**

Post Dependency Services Package	\$0	\$0	\$0	\$0	\$2,000,000
Enhanced TDM Services with the Bay Area Collaborat	\$0	\$0	\$0	\$0	\$75,000
Employment for ILSP youth	\$0	\$0	\$0	\$0	\$150,000
Mentor Program	\$0	\$0	\$0	\$0	\$50,000
Young Parent Opportunities Program	\$0	\$0	\$0	\$0	\$672,000
Summer Youth Employment Project	\$0	\$0	\$0	\$0	\$2,675,000
Family Finding and Engagement Training	\$0	\$0	\$0	\$0	\$60,000
Total Planned New Investment Expenditures	\$0	\$0	\$0	\$0	\$5,682,000
Cumulative Available Reinvestment Funds	\$8,543,069	\$22,104,686	\$35,554,273	\$44,106,897	\$27,912,531

Strategy	Lead	Type of	First Analysis		Data Collection		Process	Outcome	First Report
			start	end	start	end	available	available	analysis
ILSP	Brenda	Outcome	Mar 12	Mar 12	Feb 12	Sep 12	Aug 12	Apr 13	Dec 2012
Assessment Center	Jennifer	Des/Proc	Jul 06	Jun 10	Jul 06	Jun 11	Jul 11	Jul 11	Spring 2012
Another Road to Safety	Hollis	Outcome	Jan 04	Dec 10	Jan 04	Dec 10	Sep 11	Nov 11	Spring 2012
High End Group Homes	Jennifer	Des/Proc	Jul 06	Jun 11	Jul 06	Jun 11	Jul 11	Jul 11	Fall 2011
Faith Initiative	Nathan	Des/Proc	Jan 07	Dec 09	Jan 07	Dec 10	Jan 11	Mar 11	Fall 2012
Family Finding-Secondary	Nathan	Outcome	Jan 06	Dec 09	Jan 06	Jun 11	Jan 10	July 11	Spring 2012
Family Finding-Primary units	Nathan	Outcome	Oct 09	Sep 10	Oct 09	Mar 12	Oct 10	Apr 12	Fall 2012
Parent Advocates	Nathan	Outcome	Jan 07	Dec 09	Jan 07	Dec 12	Jan 10	Jan 13	Summer 2013
Transitional Living Conf	Nathan	Outcome	Jan 08	Dec 10	Jan 08	Dec 11	Jan 11	Jan 12	Spring 2012
Voluntary Diversion	Hollis	Des/Proc	June 07	Dec 10	Jun 07	Dec 11	Feb 12	Mar 12	Fall 2011
Project Permanence	Nathan	Outcome	Jan 08	Dec 09	Jan 08	Jun 11	Jan 10	Jul 11	Fall 2011
SEED	Brenda	Outcome	Jul 08	Jun 10	Jul 08	Jun 12	Jul 11	Jul 12	Fall 2012
County Counsel Expansion	Tom	Des/Proc	Dec 09	Dec 10	Dec 09	Ongoing	Jan 10	13-Jan	Fall 2011
Vertical Case Management	Jennifer	Outcome	Oct 09	Sep 10	Oct 09	Sep 12	Oct 10	Oct 12	Spring 2013
YAP	Nathan	Outcome	Jan 10	Dec 10	Jan 10	Dec 11	Jan 11	Jan 12	Spring 2012
Childcare	Nathan	Outcome	Jan 10	Dec 10	Jan 10	Jun 12	Jan 11	Jul 12	Fall 2011
KSSP	Brenda	Des/Proc	Sep 11	Sep 11	Sep 11	Sep 11	Nov 11	Jan 13	Fall 2011
Disconnected Youth/Proj 1959	Brenda	Des/Proc	Jun 12	Jun 13	Jul 11	Jun 13	Dec 12	Dec 13	Spring 2013
Eligibility-MediCal Consultant	Hollis	Des/Proc	Apr 10	Apr 11	Apr 10	Apr 11	Feb 12	Mar 12	Spring 2012
Eligibility-program specialist	Hollis	Des/Proc	Jun 10	Dec 11	Jun 10	Dec 11	Feb 12	Mar 12	Spring 2012
Placement Stabilization Fund	Jennifer	Des/Proc	Jul 10	Jun 11	Jul 10	Jun 12	Jul 11	-----	Fall 2012
CASA	Hollis	Des/Proc	Nov 10	Jun 12	Nov 10	Jun 12	Aug 12	Oct 12	Late 2012
P2S	Jennifer	Outcome	Jan 09	Jun 12	Jan 09	Dec 12	Jul 12	Mar 13	June 2011
ACOE Education Mentors	Hollis	Des/Proc	Sep 11	Jul 12	Sep 10	Sep 12	Dec 12	Jan 13	Spring 2013
Visitation Center	Brenda	Outcome	Jul 11	Dec 11	Jul 11	Oct 12	Jun 12	Jun 13	Fall 2012
BE education specialist	Hollis	Des/Proc	Jan 11	Dec 11	Jan 10	Dec 11	Feb 12	Apr 12	Spring 2012
MRT	Hollis	Des/Proc	Jan 10	Dec 11	Jan 10	Dec 11	Feb 12	Apr 12	Spring 2012
Caseload	Tom	Des/Proc	Jun 11	Sep 11	Jun 07	Jun 13	Jan 12	Jan 13	Spring 2012

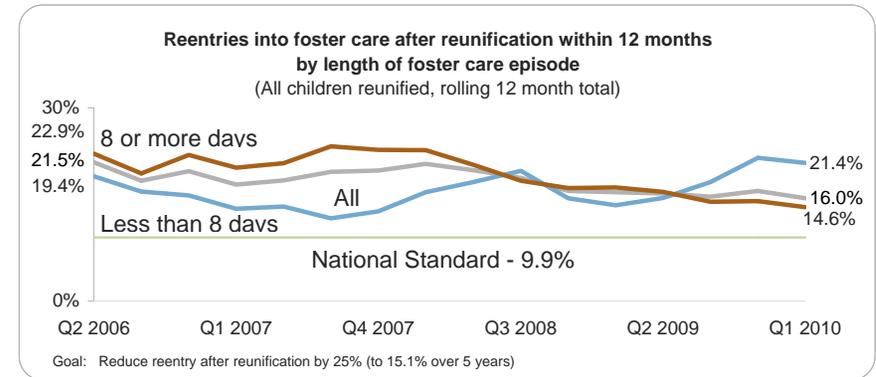
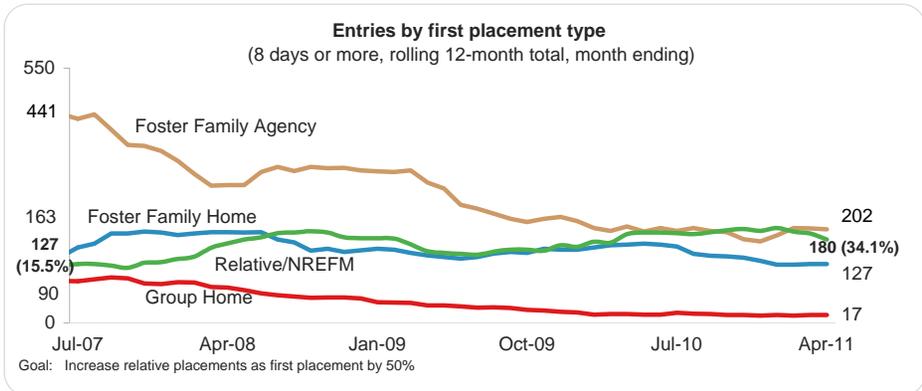
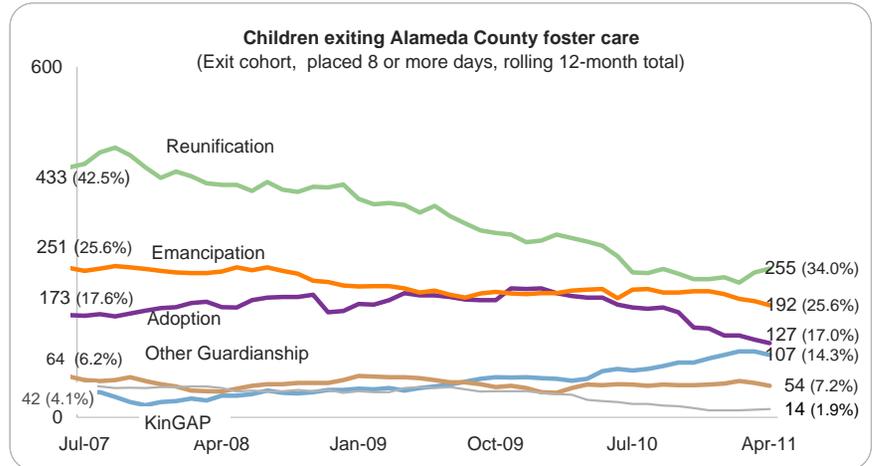
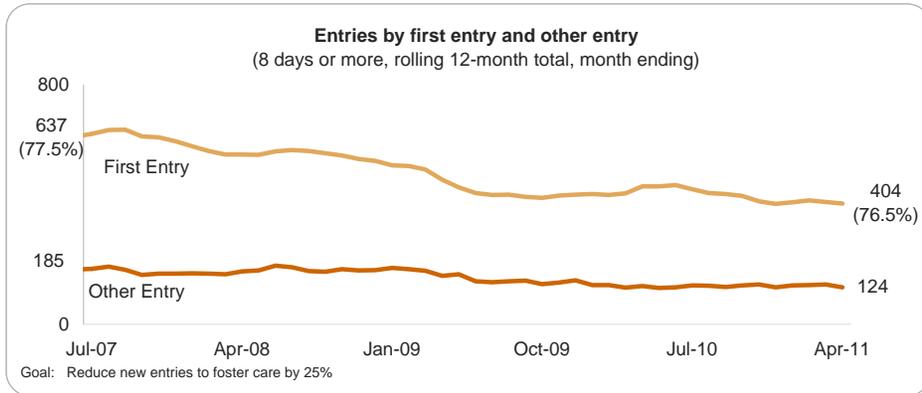
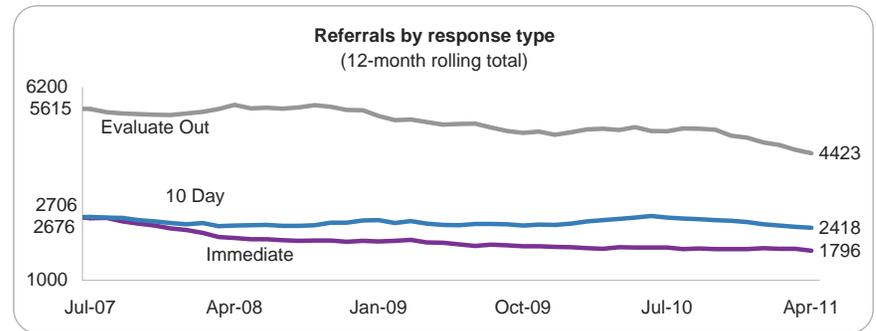
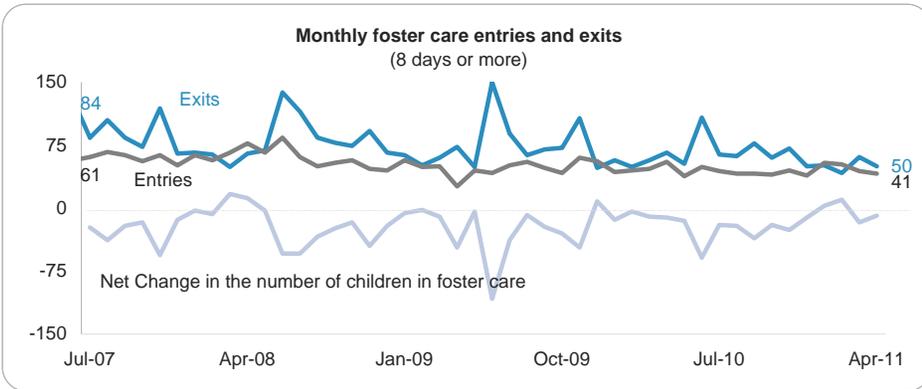
Alameda County Title IV-E Waiver Dashboard

Updated June 24, 2011



Alameda County Title IV-E Waiver Dashboard

Updated June 24, 2011



Alameda County Title IV-E Waiver Dashboard

Updated June 24, 2011

Goals

To increase the number of:

1. children who can remain safely in their own homes.
2. children and youth placed in least restrictive settings.
3. children who safely and permanently reunify with their families within 12 months.
4. To increase the percent of timely adoptions and guardianships.
5. To improve self-sufficiency and well-being for transition age youth emancipating from foster care. (data currently unavailable)

Since implementation of the waiver July 1, 2007 through May 30, 2011

Caseload (number)

↓ 32.0% decline in the child welfare cases.

As a percentage of all children with a case open for services:

- ↓ 9.4% decline in percentage of children with a PYC case
- ↑ 22.3% increase in the percentage of children with an FM case.
- ↑ 14.5% increase in the percentage of children with an FR case.

Children in out-of-home placement (number)

↓ decreased by 32.6%

As a percentage of all children in foster care, the proportion of children placed:

- ↑ With relatives increased by 6.3%
- ↑ In county foster homes increased by 63.0%
- ↓ In group homes declined by 40.4%

12-month period ending April 2011 compared to FY 06/07 baseline period:

Referrals

↓ Referrals requiring an immediate response has declined by 33.9%

Entries & Exits (placement episodes of 8 or more days)

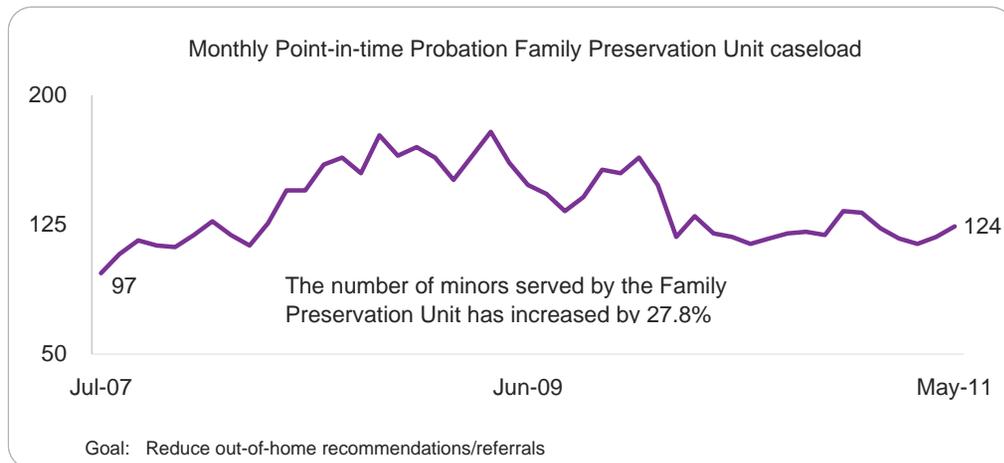
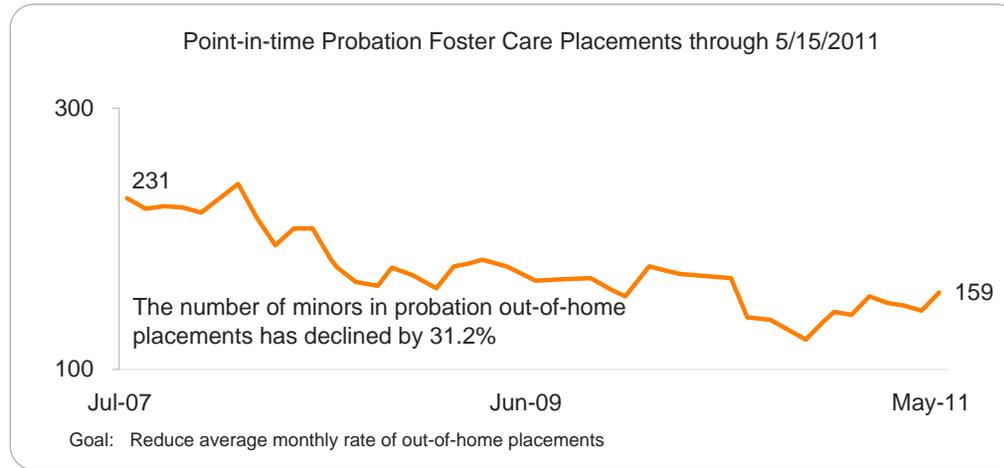
- ↓ Foster care exits exceeded entries, and 34.8% fewer children were placed out-of-home for 8 or more days
- ↑ The number of children placed with relatives as their first placement increased by 46.3%

Source Data:

Reentry chart: SafeMeasures 6/5/11 extract; all others: CWS/CMS 6/21/11 extract

Alameda County Title IV-E Waiver Dashboard

Updated June 24, 2011



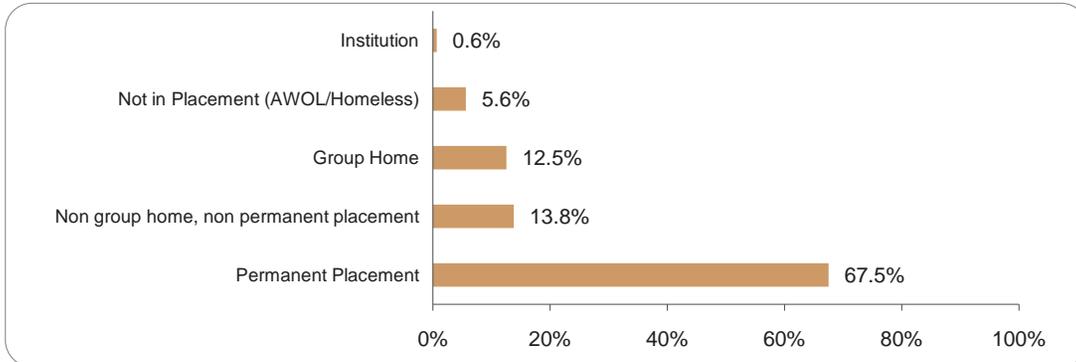
Project Permanence Placement Permanency Outcomes

All youth with P2 Cases January 2008 - December 2010

(Source: CWS/CMS 3/3/11 extract; LCC 2/15/11 extract)

Objective 1a:

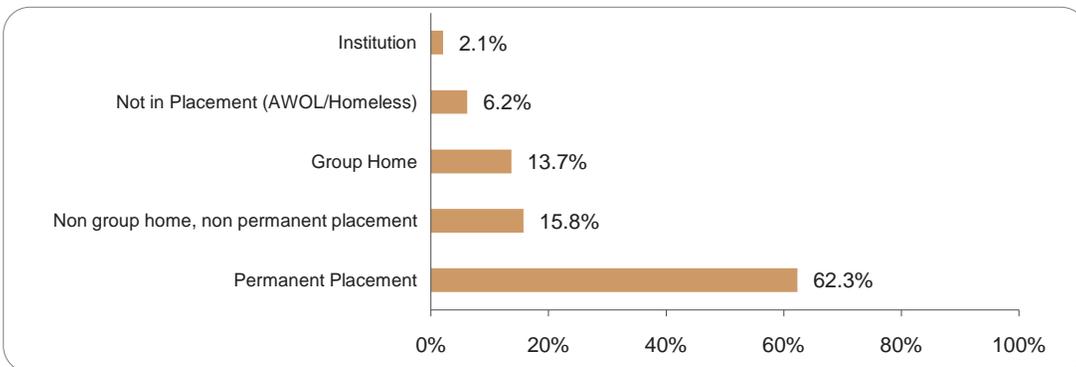
70% of youth will be living in a stable permanent placement at 6 months of intake or discharge.



Includes all clients active at 6 months of service or discharged, active 30+days (n=160)

Objective 1b:

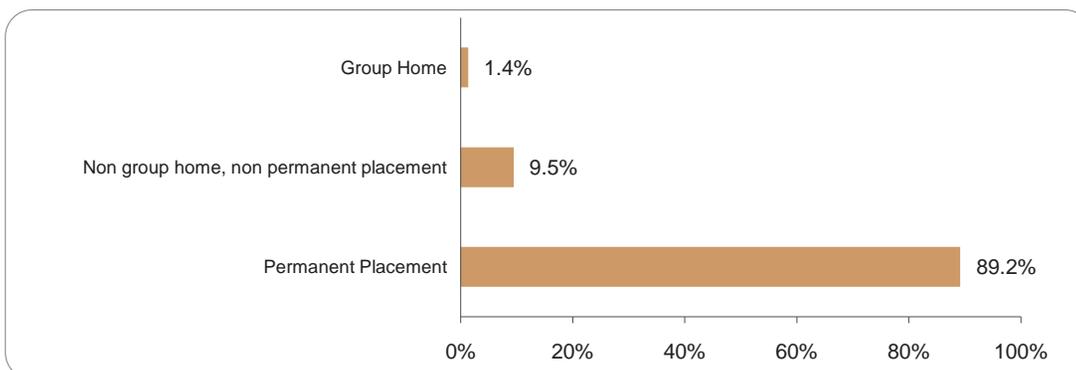
70% of youth will be living in a stable permanent placement at 12 months of service or discharge.



Includes all clients active at 12 months of service or discharged, active 30+days (n=146)

Objective 1c:

90% of youth living in a stable permanent placement at discharge will continue to be at this level of placement 6 months post-discharge. (n=74)



Project Permanence
Placement Permanency Outcomes
All youth with P2 Cases January 2008 - December 2010
 (Source: CWS/CMS 3/3/11 extract; LCC 2/15/2011 extract)

Objective 1a:

70% of youth will be living in a stable permanent placement at 6 months of intake or discharge.

Clients active at 6 months of service or discharged before 6 months, active 30+ days

Permanent Placement	108	67.5%
Non group home, non permanent placement	22	13.8%
Group Home	20	12.5%
Not in Placement (AWOL/Homeless)	9	5.6%
Institution	1	0.6%
Total	160	100.0%

Objective 1b:

70% of youth will be living in a stable permanent placement at 12 months of intake or discharge.

Clients active at 12 months of service or discharged before 12 months, active 30+ days

Permanent Placement	91	62.3%
Non group home, non permanent placement	23	15.8%
Group Home	20	13.7%
Not in Placement (AWOL/Homeless)	9	6.2%
Institution	3	2.1%
Total	146	100.0%

Objective 1c:

90% of youth living in a stable permanent placement at discharge will continue to be at this level of placement 6 months post-discharge.

Placement Type 6 months post-discharge

Permanent Placement	66	89.2%
Non group home, non permanent placement	7	9.5%
Group Home	1	1.4%
Total	74	100.0%

CWS Caseload by Service Component for Alameda County

Analysis Periods Service Component	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (number)									
	7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	7/1/10 to 5/31/2011	7/1/10 to 5/31/2011	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Emergency Response	5.3%	178	7.5%	242	4.9%	140	5.2%	134	4.0%	97	36.0%	64	-42.1%	-102	-4.3%	-6	-27.6%	-37	-45.5%	-81
Family Maintenance	20.7%	702	23.1%	749	25.0%	718	25.2%	648	25.0%	602	6.7%	47	-4.1%	-31	-9.7%	-70	-7.1%	-46	-14.2%	-100
Family Reunification	12.3%	417	13.8%	447	13.1%	377	14.4%	370	14.9%	358	7.2%	30	-15.7%	-70	-1.9%	-7	-3.2%	-12	-14.1%	-59
Permanent Placement	61.7%	2093	55.7%	1807	57.0%	1639	55.2%	1419	56.1%	1351	-13.7%	-286	-9.3%	-168	-13.4%	-220	-4.8%	-68	-35.5%	-742
Total		3,390.0		3,245.0		2,874.0		2,571.0		2,408.0	-4.3%	-145	-11.4%	-371	-10.5%	-303	-6.3%	-163	-29.0%	-982

Analysis Periods Service Component	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (percentage)									
	7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	7/1/10 to 5/31/2011	7/1/10 to 5/31/2011	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
	%	n	%	n	%	n	%	n	%	n	% change	% difference	% change	% difference	% change	% difference	% change	% difference	% change	% difference
Emergency Response	5.3%	178	7.5%	242	4.9%	140	5.2%	134	4.0%	97	42.0%	2.2%	-34.7%	-2.6%	7.0%	0.3%	-22.7%	-1.2%	-23.3%	-1.2%
Family Maintenance	20.7%	702	23.1%	749	25.0%	718	25.2%	648	25.0%	602	11.5%	2.4%	8.2%	1.9%	0.9%	0.2%	-0.8%	-0.2%	20.7%	4.3%
Family Reunification	12.3%	417	13.8%	447	13.1%	377	14.4%	370	14.9%	358	12.0%	1.5%	-4.8%	-0.7%	9.7%	1.3%	3.3%	0.5%	20.9%	2.6%
Permanent Placement	61.7%	2093	55.7%	1807	57.0%	1639	55.2%	1419	56.1%	1351	-9.8%	-6.1%	2.4%	1.3%	-3.2%	-1.8%	1.7%	0.9%	-9.1%	-5.6%
Total		3,390.0		3,245.0		2,874.0		2,571.0		2,408.0										

Source: Alameda County CWS/CMS 6/28/2011 Extract; point-in-time, last day of reporting period

CWS Out of Home Placements by Placement Type for Alameda County

Analysis Periods Placement Type	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (number)										
	7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	7/1/10 to 5/31/2011	7/1/10 to 5/31/2011	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4		
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Relative/ NREFM Homes	42.4%	878	44.9%	888	43.9%	741	45.6%	692	45.3%	630	1.1%	10	-16.6%	-147	-6.6%	-49	-9.0%	-62	-28.2%	-248	
Foster Homes	5.1%	106	7.1%	141	6.5%	109	7.3%	111	8.5%	118	33.0%	35	-22.7%	-32	1.8%	2	6.3%	7	11.3%	12	
FFA Homes	34.1%	707	31.3%	618	35.4%	598	34.9%	529	34.8%	484	-12.6%	-89	-3.2%	-20	-11.5%	-69	-8.5%	-45	-31.5%	-223	
Group Homes	16.4%	340	15.0%	297	12.2%	205	10.5%	160	9.7%	135	-12.6%	-43	-31.0%	-92	-22.0%	-45	-15.6%	-25	-60.3%	-205	
Small Family Homes	0.7%	15	0.6%	12	0.7%	11	0.4%	6	0.5%	7	-20.0%	-3	-8.3%	-1	-45.5%	-5	16.7%	1	-53.3%	-8	
Other	1.3%	27	1.1%	21	1.4%	23	1.3%	19	1.1%	16	-22.2%	-6	9.5%	2	-17.4%	-4	-15.8%	-3	-40.7%	-11	
Total Out of Home Care		2,073.0		1,977.0		1,687.0		1,517.0		1,390.0	-4.6%	-96	-14.7%	-290	-10.1%	-170	-8.4%	-127	-32.9%	-683	

Analysis Periods Placement Type	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (number)									
	7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	7/1/10 to 5/31/2011	7/1/10 to 5/31/2011	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
	%	n	%	n	%	n	%	n	%	n	% change	% difference								
Relative/ NREFM Homes	42.4%	878	44.9%	888	43.9%	741	45.6%	692	45.3%	630	6.1%	2.6%	-2.2%	-1.0%	3.9%	1.7%	-0.6%	-0.3%	7.0%	3.0%
Foster Homes	5.1%	106	7.1%	141	6.5%	109	7.3%	111	8.5%	118	39.5%	2.0%	-9.4%	-0.7%	13.2%	0.9%	16.0%	1.2%	66.0%	3.4%
FFA Homes	34.1%	707	31.3%	618	35.4%	598	34.9%	529	34.8%	484	-8.3%	-2.8%	13.4%	4.2%	-1.6%	-0.6%	-0.1%	-0.1%	2.1%	0.7%
Group Homes	16.4%	340	15.0%	297	12.2%	205	10.5%	160	9.7%	135	-8.4%	-1.4%	-19.1%	-2.9%	-13.2%	-1.6%	-7.9%	-0.8%	-40.8%	-6.7%
Small Family Homes	0.7%	15	0.6%	12	0.7%	11	0.4%	6	0.5%	7	-16.1%	-0.1%	7.4%	0.0%	-39.3%	-0.3%	27.3%	0.1%	-30.4%	-0.2%
Other	1.3%	27	1.1%	21	1.4%	23	1.3%	19	1.1%	16	-18.4%	-0.2%	28.4%	0.3%	-8.1%	-0.1%	-15.8%	-0.2%	-19.0%	-0.2%
Total Out of Home Care		2,073.0		1,977.0		1,687.0		1,517.0		1,390.0										

Source: Alameda County CWS/CMS 6/28/2011 Extract; point-in-time of all youth in an active out-of-home placement on last day of the reporting period; other includes youth placed in court specified home and dependent guardianship placement; report excludes AWOL youth and youth in non-relative legal guardianship, preadoptive placement, non-foster care placement, probation placement, and Kin-GAP

Group Home Placements by Time in Care for Alameda County

Analysis Periods Placement Type	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (number)										
	7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	7/1/10 to 5/31/2011	7/1/10 to 5/31/2011	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4		
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<12 months	22.9%	78	18.5%	55	13.2%	27	16.3%	26	13.3%	18	-29.5%	-23	-50.9%	-28	-3.7%	-1	-30.8%	-8	-76.9%	-60	
12-23 months	12.1%	41	18.5%	55	11.2%	23	7.5%	12	11.9%	16	34.1%	14	-58.2%	-32	-47.8%	-11	33.3%	4	-61.0%	-25	
24-35 months	13.8%	47	8.1%	24	17.1%	35	8.1%	13	8.9%	12	-48.9%	-23	45.8%	11	-62.9%	-22	-7.7%	-1	-74.5%	-35	
36-47 months	7.6%	26	10.1%	30	5.9%	12	10.6%	17	6.7%	9	15.4%	4	-60.0%	-18	41.7%	5	-47.1%	-8	-65.4%	-17	
48-59 months	5.3%	18	7.7%	23	10.2%	21	8.1%	13	13.3%	18	27.8%	5	-8.7%	-2	-38.1%	-8	38.5%	5	0.0%	0	
60+ months	38.2%	130	37.0%	110	42.4%	87	49.4%	79	45.9%	62	-15.4%	-20	-20.9%	-23	-9.2%	-8	-21.5%	-17	-52.3%	-68	
Total Out of Home Care		340.0		297.0		205.0		160.0		135.0	-12.6%	-43	-31.0%	-92	-22.0%	-45	-15.6%	-25	-60.3%	-205	

Analysis Periods Placement Type	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (percentage)									
	7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	7/1/10 to 5/31/2011	7/1/10 to 5/31/2011	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
	%	n	%	n	%	n	%	n	%	n	% change	% difference	% change	% difference	% change	% difference	% change	% difference	% change	% difference
<12 months	22.9%	78	18.5%	55	13.2%	27	16.3%	26	13.3%	18	-19.3%	-4.4%	-28.9%	-5.3%	23.4%	3.1%	-17.9%	-2.9%	-41.9%	-9.6%
12-23 months	12.1%	41	18.5%	55	11.2%	23	7.5%	12	11.9%	16	53.6%	6.5%	-39.4%	-7.3%	-33.2%	-3.7%	58.0%	4.4%	-1.7%	-0.2%
24-35 months	13.8%	47	8.1%	24	17.1%	35	8.1%	13	8.9%	12	-41.5%	-5.7%	111.3%	9.0%	-52.4%	-8.9%	9.4%	0.8%	-35.7%	-4.9%
36-47 months	7.6%	26	10.1%	30	5.9%	12	10.6%	17	6.7%	9	32.1%	2.5%	-42.0%	-4.2%	81.5%	4.8%	-37.3%	-4.0%	-12.8%	-1.0%
48-59 months	5.3%	18	7.7%	23	10.2%	21	8.1%	13	13.3%	18	46.3%	2.4%	32.3%	2.5%	-20.7%	-2.1%	64.1%	5.2%	151.9%	8.0%
60+ months	38.2%	130	37.0%	110	42.4%	87	49.4%	79	45.9%	62	-3.1%	-1.2%	14.6%	5.4%	16.3%	6.9%	-7.0%	-3.4%	20.1%	7.7%
Total Out of Home Care		340.0		297.0		205.0		160.0		135.0										

Source: Alameda County CWS/CMS 6/28/2011 Extract; point-in-time, last day of reporting period

CWS Out of Home Entry by First Placement Type for Alameda County

Placement Type	Analysis Periods	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (number)									
		7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	5/1/2010 to 4/30/2011**	5/1/2010 to 4/30/2011**	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
		%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Relative/ NREFM Homes	15.2%	123	23.9%	185	25.6%	149	33.1%	195	34.1%	180	50.4%	62	-19.5%	-36	30.9%	46	-7.7%	-15	46.3%	57	
Foster Homes	17.8%	144	25.3%	196	23.8%	139	28.7%	169	24.1%	127	36.1%	52	-29.1%	-57	21.6%	30	-24.9%	-42	-11.8%	-17	
FFA Homes	55.4%	449	42.1%	326	43.7%	255	34.8%	205	38.3%	202	-27.4%	-123	-21.8%	-71	-19.6%	-50	-1.5%	-3	-55.0%	-247	
Group Homes	11.0%	89	8.3%	64	6.2%	36	3.1%	18	3.2%	17	-28.1%	-25	-43.8%	-28	-50.0%	-18	-5.6%	-1	-80.9%	-72	
Guardian	0.1%	1	0.4%	3	0.7%	4	0.3%	2	0.4%	2	200.0%	2	33.3%	1	-50.0%	-2	0.0%	0	100.0%	1	
Other	0.5%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	-100.0%	-4		0		0		0	-100.0%	-4	
Total Out of Home Care		810.0		774.0		583.0		589.0		528.0	-4.4%	-36	-24.7%	-191	1.0%	6	-10.4%	-61	-34.8%	-282	

Placement Type	Analysis Periods	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (percentage)									
		7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	5/1/2010 to 4/30/2011**	5/1/2010 to 4/30/2011**	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
		%	n	%	n	%	n	%	n	%	n	% change	% difference	% change	% difference	% change	% difference	% change	% difference	% change	% difference
Relative/ NREFM Homes	15.2%	123	23.9%	185	25.6%	149	33.1%	195	34.1%	180	57.4%	8.7%	6.9%	1.7%	29.5%	7.5%	3.0%	1.0%	124.5%	18.9%	
Foster Homes	17.8%	144	25.3%	196	23.8%	139	28.7%	169	24.1%	127	42.4%	7.5%	-5.8%	-1.5%	20.3%	4.9%	-16.2%	-4.6%	35.3%	6.3%	
FFA Homes	55.4%	449	42.1%	326	43.7%	255	34.8%	205	38.3%	202	-24.0%	-13.3%	3.8%	1.6%	-20.4%	-8.9%	9.9%	3.5%	-31.0%	-17.2%	
Group Homes	11.0%	89	8.3%	64	6.2%	36	3.1%	18	3.2%	17	-24.7%	-2.7%	-25.3%	-2.1%	-50.5%	-3.1%	5.4%	0.2%	-70.7%	-7.8%	
Guardian	0.1%	1	0.4%	3	0.7%	4	0.3%	2	0.4%	2	214.0%	0.3%	77.0%	0.3%	-50.5%	-0.3%	11.6%	0.0%	206.8%	0.3%	
Other	0.5%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	-100.0%	-0.5%		0.0%		0.0%		0.0%	-100.0%	-0.5%	
Total Out of Home Care		810.0		774.0		583.0		589.0		528.0											

Source: Alameda County CWS/CMS 6/21/2011 Extract; all entries of 8 or more days where Alameda County identified as county responsible for removal (Govt Entity ID = 1068); first placement type; Waiver year 4 represents 12 month total through 4/30/2011)

CWS Out of Home Exits by Type for Alameda County

Placement Type	Analysis Periods	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (number)									
		7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	5/1/2010 to 4/30/2011*	5/1/2010 to 4/30/2011*	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
		%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Reunified	41.6%	428	39.6%	388	37.9%	362	32.9%	276	34.0%	255	-9.3%	-40	-6.7%	-26	-23.8%	-86	-7.6%	-21	-40.4%	-173	
Adopted	17.0%	175	20.5%	201	21.9%	209	23.0%	193	17.0%	127	14.9%	26	4.0%	8	-7.7%	-16	-34.2%	-66	-27.4%	-48	
Kin-GAP	4.1%	42	4.1%	40	5.5%	53	9.9%	83	14.3%	107	-4.8%	-2	32.5%	13	56.6%	30	28.9%	24	154.8%	65	
Other Guardianship	6.8%	70	5.5%	54	6.7%	64	6.8%	57	7.2%	54	-22.9%	-16	18.5%	10	-10.9%	-7	-5.3%	-3	-22.9%	-16	
Emancipated	24.9%	256	25.7%	252	22.7%	217	24.3%	204	25.6%	192	-1.6%	-4	-13.9%	-35	-6.0%	-13	-5.9%	-12	-25.0%	-64	
Other	5.5%	57	4.7%	46	5.2%	50	3.1%	26	1.9%	14	-19.3%	-11	8.7%	4	-48.0%	-24	-46.2%	-12	-75.4%	-43	
Total Out of Home Care		1,028.0		981.0		955.0		839.0		749.0	-4.6%	-47	-2.7%	-26	-12.1%	-116	-10.7%	-90	-27.1%	-279	

Placement Type	Analysis Periods	Baseline	Baseline	Waiver yr 1	Waiver yr 1	Waiver yr 2	Waiver yr 2	Waiver yr 3	Waiver yr 3	Waiver yr 4	Waiver yr 4	Net Change (percentage)									
		7/1/06 to 6/30/07	7/1/06 to 6/30/07	7/1/07 to 6/30/08	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/09 to 6/30/10	5/1/2010 to 4/30/2011*	5/1/2010 to 4/30/2011*	Baseline to Waiver 1		Waiver 1 to Waiver 2		Waiver 2 to Waiver 3		Waiver 3 to Waiver 4		Baseline to Waiver 4	
		%	n	%	n	%	n	%	n	%	n	% change	% difference	% change	% difference	% change	% difference	% change	% difference	% change	% difference
Reunified	41.6%	428	39.6%	388	37.9%	362	32.9%	276	34.0%	255	-5.0%	-2.1%	-4.2%	-1.6%	-13.2%	-5.0%	3.5%	1.1%	-18.2%	-7.6%	
Adopted	17.0%	175	20.5%	201	21.9%	209	23.0%	193	17.0%	127	20.4%	3.5%	6.8%	1.4%	5.1%	1.1%	-26.3%	-6.0%	-0.4%	-0.1%	
Kin-GAP	4.1%	42	4.1%	40	5.5%	53	9.9%	83	14.3%	107	-0.2%	0.0%	36.1%	1.5%	78.3%	4.3%	44.4%	4.4%	249.7%	10.2%	
Other Guardianship	6.8%	70	5.5%	54	6.7%	64	6.8%	57	7.2%	54	-19.2%	-1.3%	21.7%	1.2%	1.4%	0.1%	6.1%	0.4%	5.9%	0.4%	
Emancipated	24.9%	256	25.7%	252	22.7%	217	24.3%	204	25.6%	192	3.2%	0.8%	-11.5%	-3.0%	7.0%	1.6%	5.4%	1.3%	2.9%	0.7%	
Other	5.5%	57	4.7%	46	5.2%	50	3.1%	26	1.9%	14	-15.4%	-0.9%	11.7%	0.5%	-40.8%	-2.1%	-39.7%	-1.2%	-66.3%	-3.7%	
Total Out of Home Care		1,028.0		981.0		955.0		839.0		749.0											

Source: Alameda County CWS/CMS 6/21/2011 Extract; all exits after placement of 8 or more days where Alameda County staff person assigned at time of exit; if child exited multiple times, last exit in time period used; Waiver year 4 represents 12 month total through 4/30/2011)



Alameda County Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project: Paths to Success (P2S) Evaluation

**Prepared by
Lyscha A. Marcynyszyn, Erin J. Maher, and Tyler W. Corwin
Casey Family Programs**

June 2011

Please direct all correspondence to Lyscha Marcynyszyn, Ph.D. (lmarcynyszyn@casey.org), 206.378.4665 or Erin Maher, Ph.D. (emaher@casey.org), 206.221.3317.

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Executive Summary

Statement of the Issue

Title IV-E Child Welfare Waivers allow states that have experienced declines in their foster care populations to use IV-E funds flexibly to support innovative community and home-based family support and prevention services in order to generate new knowledge, meet families' needs, and remain cost-neutral. Paths to Success (P2S) in Alameda County, California, is one such demonstration project designed to increase engagement, connection to community resources, and service intensity to child welfare-involved families.

The Program

The P2S program is delivered by three community-based agencies in Alameda County serving zip codes with high rates of out-of-home placement. All families served receive court-ordered Family Maintenance services. Collaborative case management responsibilities are held by both the P2S family advocates and the Family Maintenance child welfare workers. P2S families are visited weekly by a family advocate who works in collaboration with the child welfare worker and other key service providers to help children remain safely in their homes for 3 months – with a maximum extension of up to 6 months.

Purpose

The purpose of this evaluation is to describe the characteristics of P2S families and aspects of service need and delivery, as well as to explore the feasibility of assessing the program's impact on child maltreatment re-reports and out-of-home placements. This report uses program and administrative data collected between January 1, 2009 and June 30, 2010, a period that covers the program's first 18 months.

Descriptive Findings

- **Program participants.** During the first 18 months of the program, 155 families enrolled in P2S. Of the caregivers, 51% were African American, 30% were Latino/Latina, 12% were white, 5% were Asian, and 3% were American Indian. On average, caregivers were 34 years old at the start of P2S, and the youngest child in the household was just under 6 years of age. The most serious substantiated maltreatment type prior to P2S entry was neglect (47%) followed by physical abuse (33%) and sexual abuse (8%). The most frequent service component prior to program entry was emergency response (75%), with some families entering P2S after receiving family reunification services (21%), and a smaller number 4% entering the program after permanent placement services.
- **Service types in parents' case plans.** The need for mental health, domestic violence, and substance abuse treatment services for the parents is substantial. Substance abuse treatment was the most common service type in caregiver case plans, with 47% of caregivers with this as an identified service type while 34% had mental health treatment as a service type, and 21% had domestic violence as a service type in their case plans.
- **Service need referrals.** The most commonly referred services were (a) basic needs (72%), (b) therapeutic treatment/family counseling (68%), (c) health and medical care (59%), (d) educational needs (56%), (e) housing (53%), and (f) public benefits (46%).
- **Number of contacts for key referred service needs.** The most frequent contacts with family advocates, on average, were for the following services: therapeutic treatment (Mean = 7.8), substance abuse treatment (Mean = 6.2), and educational needs (Mean = 5.2).

- **Time to engagement.** The average number of days for a family advocate to make a successful contact with the caregiver was 18.3 days. The first successful face-to-face visit occurred 4 days, on average, after the first successful contact, or 22 days following the P2S referral.
- **P2S service duration.** Although the P2S program was designed to be three months in length, total service duration was about 5 months, on average, and 85% of families received services beyond 3 months. Families who enrolled in 2009 and received services in both 2009 and 2010 had the longest service duration.
- **Engagement in case plan service goals.** Of the caregivers, 68% were engaged in two-thirds or more of their case plan services at case closure.
- **P2S case closures.** Of the 89 caregivers for whom we had case closure reasons, 63 (71%) successfully completed the program.
- **Life Skills Progression Scale (LSPS) scores for family competencies.** Though completion rates of the program were low, family advocates rated caregiver competencies on specific domains using the LSPS.
 - On average, family advocates reported that caregivers had inconsistent or conditional support from family and friends; were interested in their children's development but engaged in inconsistent parenting; were receptive toward information and resources provided by the advocates; and had adequate (but not optimal or high-quality) housing, food, income, and childcare.

Understanding the Effectiveness of P2S

- Our sample size did not allow for a full assessment of the impact of P2S on maltreatment re-reports or out-of-home placements. However, exploratory analyses, which should be interpreted with caution, revealed no significant differences between re-report or out-of-home placement rates for caregivers enrolled in P2S compared to similar caregivers in a matched comparison group that did not have access to P2S. If the program expands or as more caregivers enroll, more definitive answers to questions related to overall effectiveness will be possible.

Implications

- In recent years, flexible funding waivers have been linked to large reductions in foster care populations in a handful of states through the reinvestment of millions of dollars in IV-E savings resulting from foster care cost reductions associated with an expanded array of child welfare services and agency improvements.¹
- The descriptive data in this report provide a window into the first year and a half of the P2S program, which had notable completion and engagement rates. Information on who received services, what types, and the timing of engagement can be used to refine, enhance, and improve the P2S program in the context of child welfare finance reform.
- As the child welfare field makes the shift towards emphasizing keeping children safely in their homes rather than relying on out-of-home placements, and consistent with Casey's vision of moving toward holistic program models focused on family and community strengthening,² innovative programs such as this warrant large-scale replication and evaluation.

Alameda County Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project: Paths to Success (P2S) Evaluation

Introduction

This report describes characteristics of families participating in Paths to Success (P2S) and presents early results for the analysis of the impact of P2S on child maltreatment re-reports. Other key characteristics of the P2S program are examined, including time to and levels of participant engagement. This evaluation is a collaboration between Casey Family Programs' Research Services (Casey), Alameda County Social Services Agency Department of Children and Family Services (SSA DCFS), Alameda County SSA Program Evaluation and Research Unit, and Casey's Bay Area Field Office. This work builds upon an ongoing partnership between Alameda SSA and Casey.³

P2S is a capped allocation project under the Title IV-E Child Welfare Waiver. These waivers allow states who have experienced declines in their foster care population to use Title IV-E dollars for a larger continuum of services rather than have these funds be limited to payments made on behalf of children in foster care. These flexible service dollars can be used to fund community and home-based family support and prevention services. The Title IV-E waivers were designed as demonstration projects where innovative practices could be implemented and evaluated in order to generate new knowledge, meet families' needs, and remain cost-neutral.⁴ Alameda County is one of two counties in California with a Title IV-E waiver agreement. And P2S is one such innovative demonstration project designed to increase engagement, connection to community resources, and service intensity to child welfare-involved families. A federally mandated evaluation of outcomes associated with the waiver in the two counties is also being conducted.⁵

The P2S Intervention

P2S is designed to help caregivers develop support within their communities and experience greater self-efficacy in their parenting relationship with their children. It was modeled after differential (or alternative) response programs, which are characterized by assessing the needs families and children and helping families avoid deeper involvement in the child welfare system. These programs have shown promise for reducing the number of children in foster care.⁶ Research also indicates that the incidence of child maltreatment can be reduced when families participate in community-based, family-centered programs that demonstrate fidelity to the program model.⁷ Family engagement is built on the principle of enhancing the helping relationship which, in turn, builds family buy-in. In this same vein, improving the fit between family needs and services provides the basis for solid casework practice that may contribute to improvement in outcomes.⁸

Contracted community-based agencies provide intensive home visiting to ensure early engagement with Family Maintenance (FM) case plan activities. Families enrolled in P2S are visited weekly by a family advocate from the community-based organization who works in collaboration with the public agency's child welfare worker (CWW) and other key service providers. Two unique aspects of the P2S program are that all families served are receiving court-ordered FM services, and collaborative case management responsibilities are held jointly by the P2S family advocate and the FM CWW. P2S is designed to serve families with community-based services for 3 months to a maximum of 6 months with an extension.

P2S began in January 2009 and is slated to continue until June 2013. It is being administered in service area zip codes with high out-of-home placement rates. DCFS's three community-based P2S providers are Family Support Services of the Bay Area (FSSBA), La Familia Counseling Services, and the Prescott-Joseph Center for Community Enhancement (PJC).

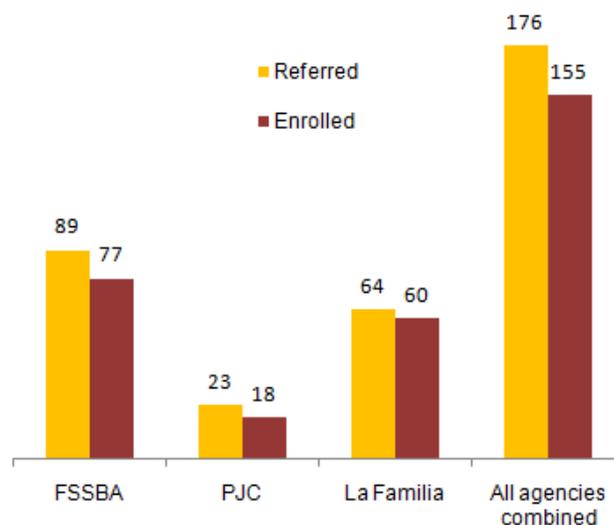
The Evaluation

This evaluation describes key characteristics of the P2S population and services. Another evaluation goal was to assess whether P2S reduces re-reports and out-of-home placement and the feasibility of addressing this question with the available data and sample size. Existing program and child welfare administrative data were compiled and used to address these evaluation goals. The terms *parent* and *caregiver* are used interchangeably in this report and refer specifically to the parent or caregiver listed on the case (i.e., the case parent).

Number of P2S Families Referred and Enrolled

Figure 1 displays the total number of families who were referred to and enrolled in P2S at each agency between January 1, 2009 and June 30, 2010. We define *enrollment* as referred families where the case parent had at least one face-to-face visit with P2S staff. Total number of referrals to FSSBA, PJC, and La Familia was 89, 23, and 64, respectively. FSSBA enrolled 77, PJC 18, and La Familia 60 caregivers over the 18 months, a difference of 12% overall between referrals and enrollment.

Figure 1: Count of P2S Caregivers Referred to and Enrolled with Each Community-Based Provider



Characteristics of the P2S Caregivers

Table 1 displays information on the characteristics of the enrolled P2S caregivers. Across all three agencies, 51% were African American, 30% were Latino/Latina, 12% were white, 5% were Asian, and 3% were American Indian. On average, caregivers were 34 years old at the start of P2S, and the youngest child in the household was just under 6 years of age. The total number of household residents was 4.6, on average, with the average number of adults and children evenly split at 2.3 residents each.

The most serious substantiated maltreatment type prior to P2S entry was neglect (47%) followed by physical abuse (33%), and sexual abuse (8%). Prior to the start of P2S, the average number of prior investigated referrals at P2S start was 4.1. The most frequent service component prior to program entry was emergency response (75%), with some families entering P2S after receiving family reunification services (21%), and a smaller number entering the program after permanent placement services.

Significant differences in caregiver characteristics among enrolled caregivers by agency

Table 1 also presents caregiver characteristics by agency. We tested whether there were any significant differences by agency in characteristics of the enrolled P2S caregivers. We found statistically significant differences for caregiver ethnicity. Of La Familia's caregivers, 42% were Latino/Latina compared to 25% and 11% for FSSBA and PJC, respectively. Of the caregivers served by PJC, 83% were African American while 62% served by FSSBA and 27% served by La Familia were African American. Of the caregivers served by FSSBA and PJC, only 7% and 6% were white, respectively; 20% of the caregivers served by La Familia identified as white.

Services

Service Types and Needs

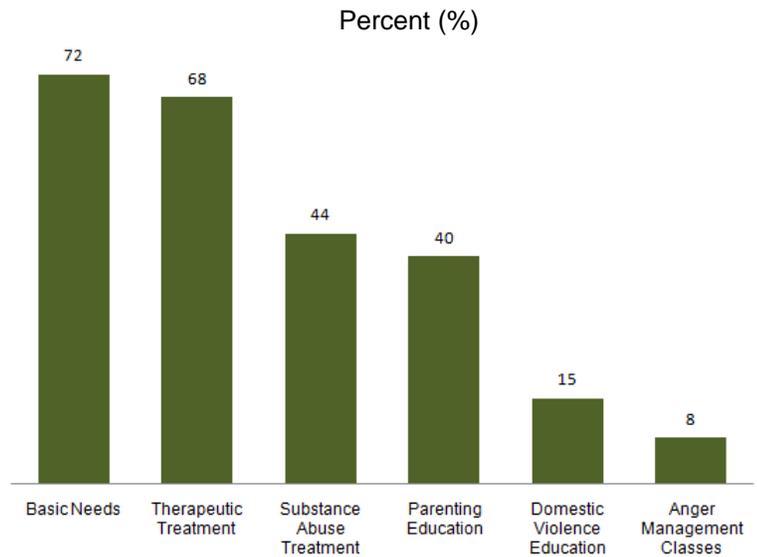
We used two sources of data to identify the service needs of the P2S caregivers. We use the term *service types* to describe three of the most common services required of P2S caregivers in their case plans (mental health, domestic violence, and substance abuse), while the term *service needs* is used to describe services included in the P2S Service and Referral Logs. The P2S service and referral tracking logs provide information about the different kinds of referrals made for each caregiver, and the number of contacts between the caregiver and the family advocate about family functioning including the caregiver's participation in referred services. Service needs are not mutually exclusive, meaning that one family can receive referrals to more than one service. Table 2 presents this information.

Service need referrals. For all agencies combined, the most commonly referred services were (a) basic needs (72%), (b) therapeutic treatment/family counseling (68%; hereafter referred to as therapeutic treatment), (c) health and medical care (59%), (d) educational needs (56%), (e) housing (53%), and (f) public benefits (46%). Caregivers served by FSSBA, were referred to services in the same order as all agencies combined: basic needs (77%), therapeutic treatment (62%), health and medical care (62%), educational needs (56%), and housing (53%). Caregivers served by La Familia were most likely to receive referrals for therapeutic treatment (75%), medical care (60%), and basic needs (58%).

Therapeutic treatment consisted of family and individual counseling or group treatment. Educational needs were defined as school enrollment, tutoring, Individualized Education Plans, or school conferences.

Caregivers served by PJC were most commonly referred to basic needs services (100%), followed by therapeutic treatment (75%), educational needs (75%), housing (75%), and in-patient/outpatient substance abuse treatment (63%). The larger referral rates for basic needs made by PJC compared to the two other agencies may stem from the fact that this agency uses basic needs assistance as a strategy to engage families in the P2S program. Figure 2 displays those service needs prioritized by our Alameda partners as of particular interest for all agencies combined: basic needs, therapeutic treatment, substance abuse treatment, parenting classes/education, domestic violence education, and anger management classes.

Figure 2: Enrolled Caregivers with Service Needs Recorded in the P2S Service and Referral Tracking Log

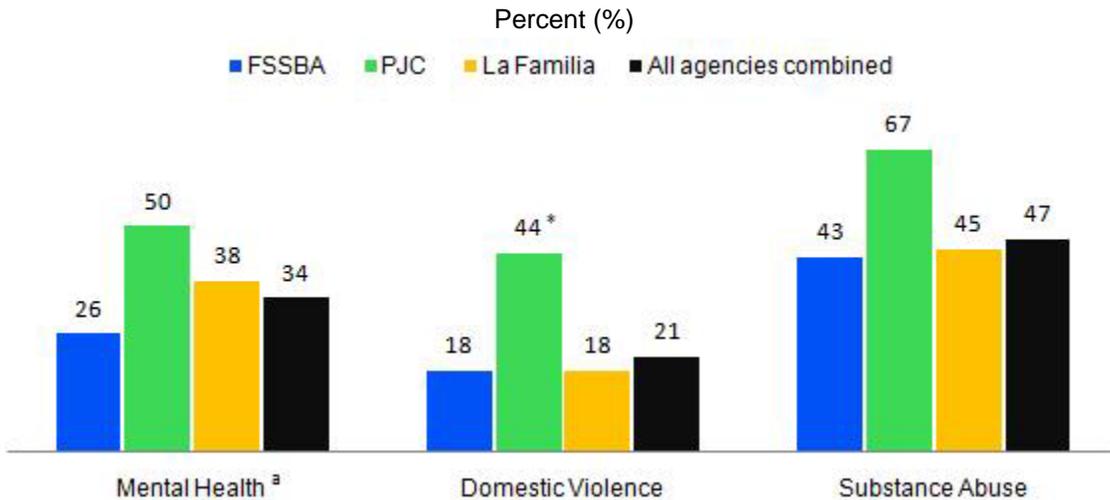


Number of contacts for each referred service need. The service and referral tracking logs also provide information about the number of contacts each family advocate had with each caregiver. This information is also presented in Table 2. Examples of contacts include follow-up discussions about appointments, provision of the service itself, or supplying information about a referral. For those P2S caregivers who received referrals, the most frequent contacts with family advocates, on average, were for the following services: therapeutic treatment (Mean = 7.8), substance abuse treatment (Mean = 6.2), and educational needs (Mean = 5.2).

Caregivers served by FSSBA had the same top three service contacts: therapeutic treatment (Mean = 9.6), substance abuse treatment (Mean = 6.7), and educational needs (Mean = 6.3). For those caregivers served by La Familia, the most frequent contacts were also similar: substance abuse treatment (Mean = 5.8) and educational needs (Mean = 4.3) but also included housing (Mean = 4.5). Service contacts differed the most for PJC, whose most frequent contacts were for the Regional Center (working with the family either to help get children qualified for Regional Center services, providing support around specific Regional Center activities, or coordinating with a child’s case manager) (Mean = 7.3), therapeutic treatment (Mean = 6.5), and basic needs (Mean = 5.8). For all agencies combined, the lowest number of contacts was for team decision making (Mean = 1.4), mentoring (Mean = 1.4), and anger management classes (Mean = 2.2).

Service types included in the parents’ case plans. Figure 3 shows the percent of case parents overall and by agency with each of the following service types contained in the child welfare case plan: mental health treatment, domestic violence education, and substance abuse treatment. These categories are not mutually exclusive; caregivers can have more than one planned service type. We present this information for the enrolled P2S caregivers as a whole and separately by agency.

Figure 3: Enrolled P2S Caregivers with Each Service Type in Their Case Plan by Agency



^a *Mental health* is defined as the presence of either (a) medication management, (b) psychiatric/ psychological evaluation, or (c) psychotropic medication evaluation/monitoring as a case planned service.

* $p < .05$. Differences between agencies are statistically significant.

Overall, as presented in the final column of each category in the chart, substance abuse treatment is the highest service type, with 47% of caregivers having this as an identified service type. Of caregivers, 34% had mental health treatment needs, which Alameda defined by the following three services as most indicative of serious mental health needs: (a) medication management, (b) psychiatric/ psychological evaluation, and/or (c) psychotropic medication evaluation/monitoring.⁹ Of the P2S families, 21% had domestic violence as a service type for caregivers in all agencies combined.

When we examined differences across the agencies, our results suggest that PJC served a higher percentage of caregivers with the domestic violence service type in their case plan than the other two agencies. In fact, PJC is serving more than twice as many case parents with domestic violence as a service type (44%) than the other two agencies (18% for FSSBA and 18% for La Familia), a statistically significant difference. Moreover, when we examined differences in the sum of mental health, domestic violence, and substance abuse treatment needs, we also found a statistically

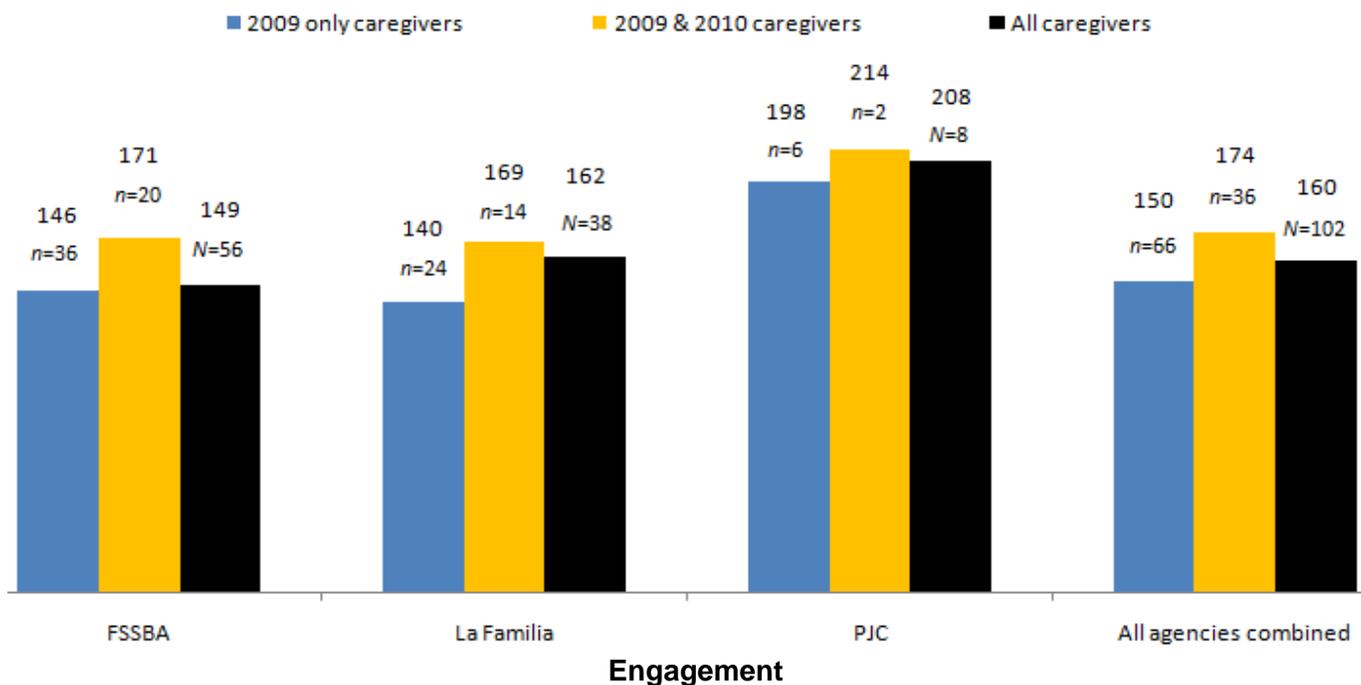
significant difference between the agencies. Specifically, caregivers served by PJC had an average of just over 1.6 of the three needs compared to .88 for FSSBA and 1.0 for La Familia. While PJC receives fewer P2S referrals (see Figure 1), these findings seem to suggest that PJC may be serving a population with more of these specific service types than the other agencies.

P2S Service Duration

Although the P2S program was designed to be 3 months in length, total service duration was 154 days or about 5 months, on average, and 85% of all families received services beyond 3 months. Since start-up and program capacity can affect service duration, we also examined whether service duration varied by the year(s) in which caregivers were enrolled and services were provided.

Figure 4 presents this information for all agencies combined as well as separately for each agency. Families who enrolled in 2009 and received services in both 2009 and 2010 had the longest service duration (Median days = 174; range = 89-319). This finding was observed for each agency, as well: FSSBA (Median days = 171; range = 89-319), La Familia (Median days = 169; range = 113-243), and PJC (Median days = 214; range = 205-223). In other words, caregivers enrolled during the mid-point of the program had the longest duration in P2S. We do not present duration for caregivers enrolled and receiving services only in 2010 because of the small sample size and the truncating effect of reporting service duration only for those cases that closed by June 30, 2010, which, by definition, had a shorter duration.

Figure 4: Median Number of Days in P2S by Year of Enrollment

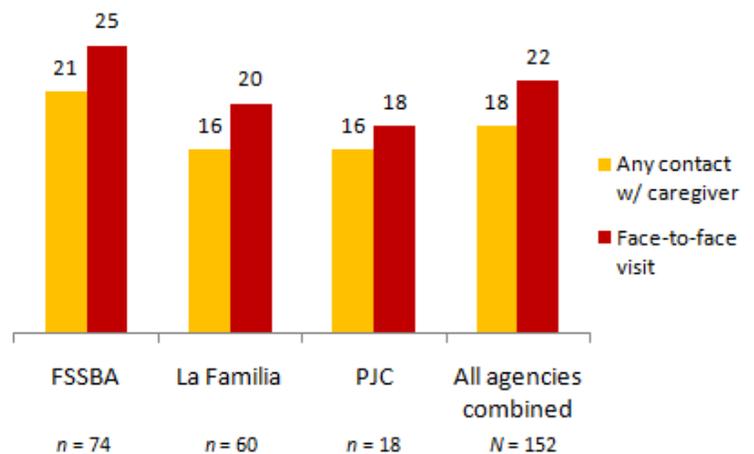


Time to Engagement

An underlying principle of the P2S program is to quickly engage families in their case plan services to improve follow-through and child welfare outcomes. Given the focus on early engagement, we examined time to first successful contact and to first face-to-face visit¹⁰ using the date when child welfare sent the P2S referral to one of the community-based organizations as the start date.

Figure 5 presents this information. For all P2S caregivers, the average number of days to a successful contact was 18.3 days (Median = 14 days, SD = 17.5 days, range = 0-148 days). The first successful face-to-face visit occurred 4 days, on average, after the first successful contact, or 22 days following the P2S referral (Median = 19 days, SD = 18.6 days, range = 0-149). We also examined (results not reported here) the days to first *attempted* contact and face-to-face visit. We found minimal differences between average time to first attempted contact and successful contacts, which indicates that many, if not most, of the first attempts to engage families were successful.

Figure 5: Average Number of Days to First Successful Contact and Face-To-Face Visit



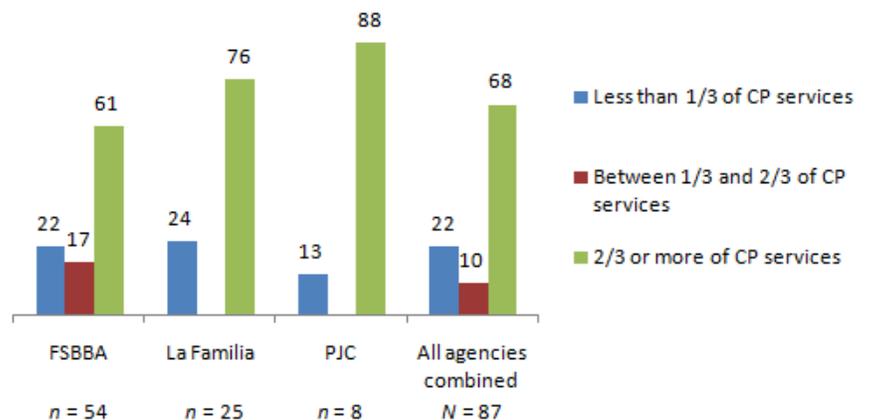
One concern is the time delay between the referral and first contact with the family. While the program aims to have family advocates contact caregivers within the first 7 days after a referral, only 20.4% of the family advocates recorded an attempted contact (e.g., by phone) within 7 days of referral receipt. Statistically significant differences were not detected for these engagement times by agency, which indicates that the number of days to successful contact with caregivers was similar across agencies. It may be that the process leading up to the first engagement inadvertently contributed to this delay because family advocates were asked to schedule co-visits with CWWs prior to initiating the first contact with caregivers.

Level of Engagement

Engagement in P2S is a critical program goal. Engagement is defined as participation in service goals as agreed upon during prior P2S contacts and is based on the assessments of the family advocates and clinical supervisors.

We examined the level of engagement for P2S caregivers with their case plan overall, and for service needs prioritized (by the evaluation team) as of greatest interest for program staff.

Figure 6: Percent of Caregivers for Each Level of Engagement with Case Plan (CP) Services at P2S Case Closure



Engagement in case plan service goals.

Using the closing summary form, we examined caregivers' level of engagement with their case plan service objectives supported by P2S at P2S closure.

Figure 6 presents the percent of caregivers for each level of engagement with their case plan service goals at P2S case closure. Of the caregivers, 22% were engaged in less than one-third of case plan services, 10% were engaged in between one-third and two-thirds of case plan services, and 68% were engaged in two-thirds or more at case closure. All three agencies had more than 60% of the caregivers engaged in two-thirds or more of their case plan services. Just under 25% of caregivers at FSSBA and La Familia were involved in less than one-third of their case plan services and 13% of caregivers were at this level of engagement at PJC. These minor differences between agencies in the percent of caregivers with different levels of service engagement were not statistically significant.

Engagement for six key service needs. As described above, the Alameda SSA and the evaluation team identified six service needs of most interest to program staff for investigating the level and patterns of engagement in more depth. These service needs included therapeutic treatment, substance abuse treatment, parenting classes/education, basic needs, anger management classes, and domestic violence education. In particular, we examined the median number of days to engagement, and whether engagement was ever achieved and in what pattern. Included in this is were those caregivers who enrolled in P2S after 2010, when this information became available, so sample sizes are smaller than the full P2S enrolled sample.

Table 3 summarizes the median number of days until engagement for those caregivers who enrolled in P2S during 2010. We report the median number of days until engagement, independent of case closure status, for all caregivers who engaged in the service. The shortest period of time prior to service engagement was 12.5 days for anger management classes ($n = 4$). The longest periods were for basic needs, 35 days, and substance abuse treatment, 31 days ($n = 11$ and 14 , respectively).

Engagement patterns for selected services. Table 4 displays more detailed engagement patterns for caregivers who were referred to one of the priority service needs. Given the introduction of engagement codes in 2010 (these codes were not available before then), we included only those caregivers who (a) were referred to P2S in 2010 and (b) whose case was closed. In addition, we only included those caregivers who received a referral for these specific service needs. Given these criteria, only a small number of caregivers are included ($n = 7$). This type of summary information will be more useful when more data become available. Due to the small sample size, we present only counts, not percentages. Because none of caregivers met these criteria for anger management classes and domestic violence education, these services are not included in this table.

As shown in Table 4, for the six participants referred to therapeutic treatment, three were consistently engaged in this service type throughout their enrollment and three were never engaged. For basic needs, all three families referred to basic need services remained consistently engaged. For substance abuse treatment, three of the four caregivers were consistently engaged and the other caregiver became disengaged. Two of the three caregivers referred to parenting education were consistently engaged and one was never engaged.

P2S Case Closure

It is important to examine P2S completion status given the program's emphasis on short-term services, designed to get families quickly and actively engaged in the system. Family advocates use completion status as a means to summarize caregivers' progress in the program given their own set of unique circumstances. Measures of P2S completion status serve as a touchstone of family functioning at P2S closure. In the service of providing a more complete picture of family adjustment at P2S case closure, we examined P2S completion status in two different ways: by using P2S closure reasons from multiple sources and by relying solely on the P2S case closure reasons from the Closing Summary forms.

P2S Case Closure Reasons from Multiple Sources

The first, more general approach to examining case closure used data from multiple sources in an effort to obtain nearly complete data for all caregivers whose cases had closed by June 30, 2010. These sources included (a) information from the service and referral tracking logs, (b) Closing Summaries, (c) family advocates' comments regarding engagement at the time of P2S closure, and (d) a field from an older version of the Closing Summary form entitled, "reason for termination, for caregivers who participated in the program during 2009.

We found 89 caregivers with case closure information from these sources. For these caregivers, family advocates indicated that 63 caregivers successfully completed the program as indicated by their ratings of “engaged” at P2S closure. Such a completion rate (71%) for P2S appears to be a high rate of success. The remaining 26 caregivers (30%) enrolled in P2S but did not complete the program.

P2S Case Closure Reasons from the Closing Summary

We also coded closure reasons on the Closing Summary form into mutually exclusive categories since multiple closure reasons were possible. As shown in Table 5, the most common closure reason was “engaged in case plan services” (31% of caregivers) indicating P2S goals were met. The second and third most common reasons were “child removed” and “engaged *and* P2S case dismissed” (13.8% and 12.6%, respectively). With respect to distinguishing between the categories, for the reason “engaged in case plan services,” the family advocate selected this as the primary or sole reason for P2S case closure. This is in contrast to the following combined reasons “engaged in case plan services –and– case dismissed,” which indicates that the family was engaged in the case plan at the time of child welfare case dismissal, thereby denoting successful completion.

Analysis of the Effectiveness of P2S

We used multivariate analyses to examine the effect of P2S on re-reports and out-of-home placements. For these two sets of analyses, we used data from enrolled families who attained P2S case closure by June 30, 2010, and for whom we had full information for all variables used in this analysis. A small number of cases were dropped from each model due to a lack of variation in the outcomes (e.g., American Indians in the re-reports model and the service component prior to FM, “permanent placement,” in the out-of-home placement model). With these adjustments, the final sample sizes for the treatment and comparison groups for the outcomes analysis on re-reports were 97 and 202, respectively. For the outcomes analysis on out-of-home placements, the final sample sizes for the treatment and comparison groups were 90 and 151, respectively.

To examine the impact of P2S on these outcomes, we used a matched comparison group design. The variables we controlled for in our model included:

- Case parent’s ethnicity
- Case parent’s age at the start of their current episode in P2S or FM
- Age of the youngest child in the household at the start of the family’s current episode into P2S or FM
- Total number of adults in the household
- Total number of children in the parent’s household
- Most serious substantiated maltreatment type prior to the start of P2S or current FM episode
- Service component prior to current episode in FM
- Number of investigated referrals prior to current episode in P2S or FM, and
- Case plan planned services (mental health, domestic violence, and substance abuse).

Ultimately, while we found no significant differences in the effect of P2S on re-reports and out-of-home placement using logistic regression techniques and survival analysis, the size of the sample did not allow for an adequate investigation of these questions. Given the recent rollout of the program and thus the small number of program enrollees, the implementation in three community-based agencies (at the time of this evaluation), and the low frequencies for each of the outcome variables, we concluded that an impact analysis is not appropriate at this time. An analysis used to indicate the sample size needed when given a preliminary model specification such as this, called

a *power analysis*, indicated that the requisite sample size would need to be at least triple, if not more, than the sample size available at this time (L. Fike, personal communication, March 15, 2011).¹¹

In addition to sample size limitations, impact results would also need to be interpreted with caution for two additional reasons. First, the P2S sample families are significantly different from the comparison group families in terms of ethnicity, parent's age, and prior service component. Put simply, there are some important differences between the intervention and comparison groups. While we controlled for ethnicity, parent's age, and service components in our model, there may be other unmeasured family characteristics associated with these characteristics that could explain any differences (or lack thereof) in the outcomes. Second, because this is a new program, impact analyses would be more suitable once the program is well established, key components are identified, and program fidelity is also measured.

Life Skills Progression Scale: A Measure to Understand Family Competencies

Life Skills Progression Scale¹²

The Life Skills Progression Scale (LSPS) adult scale measures family competencies in six domains: (a) family and friend relationship quality, (b) relationships with children, (c) relationships with supportive networks, (d) physical health and medical care, (e) mental health and substance use/abuse, and (f) basic needs. Family advocates rated each caregiver on a 1 to 5-point scale with 1 indicating *inadequate* and 5 indicating *competent functioning*. The LSPS was developed as a tool to both measure and monitor a family's progress toward case goals and intervention outcomes. The scale was published in 2005 and, to date, there appears to be limited psychometric information about its use with child welfare populations.

The LSPS child scale summarizes developmental functioning from visit observations and parent reports. It is designed to screen children for special developmental needs and, as such, does not function as a formal assessment tool. Nonetheless, the ratings can be used as a proxy for developmental outcomes given the content of the statements.

LSPS Baseline Scores for Caregivers and Children

While we had hoped to examine family functioning before and after participation in P2S using the LSPS, we only received baseline data for 38 caregivers and 27 children and follow-up data for 11 caregivers and 7 children, which was too small to conduct this type of analysis. For the baseline data, scale completion rates were 25% for the caregiver survey, and 17% for the child scale, which was used to assess competencies of at least one child in the home. It is important to note that this scale's first use in the program occurred one year after P2S started, and as a result, contributed to the small number of completed surveys. Despite the small number of surveys, we do, however, describe baseline scores for those caregivers and children for whom we have this information, which provides a snapshot of family functioning within the first month of the program.

Table 6 displays the scores for each individual item; however, we present averages across the domains here as a summary.

For *family and friend relationship quality*, caregivers had an average score of 3.5, which reflects inconsistent or conditional support. On average, family advocates rated the *relationships with children* items as 3.7. This rating suggests that caregivers were bonded to their children and interested in their young ones' development but engaged in some inconsistent parenting. Family advocates indicated that caregivers' *relationships with supportive networks* was 3.7 on average, which reflects receptiveness toward information and resources provided by advocates. For the *physical health and medical care* domain, caregivers were rated as competent in meeting their own and their children's needs (Mean = 4.1). Similarly, the average rating for the *mental health and*

substance use/abuse domain was 4.0, which suggests little or no substance use and active management of any mental illnesses. Comparatively, for the *basic needs* domain, Family advocates rated caregivers with a score of 3.6, on average, indicating adequate (but not optimal or high-quality) housing, food, income, and child care.

Each family advocate selected one child for the LSPS screen. Scores between 1 and 3 meet the criteria for early intervention; a score of 3.5 indicates emerging or improving delays. Overall, family advocates rated child well-being highly (Mean = 4.5), which suggests no delays and at least average normative development.

Implications and Future Research

In recent years, flexible funding waivers have been linked to large reductions in foster care populations in a handful of states through the reinvestment of millions of dollars in IV-E savings resulting from foster care cost reductions associated with an expanded array of child welfare services and agency improvements.¹³ This evaluation provides rich descriptive data on the caregivers served by P2S, program elements, and differences and similarities by agency. This information is useful for ongoing program monitoring purposes to assess whether time to engagement, extent of engagement, and service needs are adequately being met according to program goals.

Given the low frequency of re-referrals and out-of-home placements, and the relatively new and small-scale nature of this program, we were unable to address questions about whether P2S affects child welfare outcomes. These real-world constraints are faced by many similar locally implemented programs. By no means do they signify a failure of this program—just an inability to make conclusions about program effectiveness at this time.

If the program expands and as more caregivers enroll, data could be used to address questions related to overall effectiveness. Eventually, additional questions about whether P2S is more effective with certain types of families might be answered. For example, is P2S more successful in reducing placements for certain ethnic groups? Ages of children? Type of maltreatment referral? Severity of maltreatment (e.g., as defined by a structured decision making risk score)? Additional research could explore the high number of referrals for some families before entering P2S by prior service component to assess whether enrollment in P2S is occurring at the most opportune time to best meet the families' needs. Further, narratives drawn from the data and potentially from stand-alone case studies could be used to provide valuable information on families' service trajectories and P2S experiences as illustrative examples and context for the service providers and program administrators.

In addition to the value of the descriptive results for continuous quality improvement, the collaboration between the Alameda County SSA Program Evaluation and Research Unit and Casey Family Programs Research Services served to build agency capacity for ongoing work in this area. Together with Alameda County SSA DCFS, the Program Evaluation unit will need to determine which of these data to continue tracking and how to use them for performance management. As a result of the effort put into compiling and analyzing the data, we have developed several recommendations for improving the utility of the data that are collected. These are described in Appendix A.

Conclusion

Although Alameda County, P2S program staff, and those interested in finance reform are interested in immediate results from demonstration programs on child welfare outcomes, the reality is that given the small project scale and the developmental phase of the program, these results are not obtainable. The descriptive data in this report, however, provide a window into the first year and a half of the P2S program. Information on who received services, what types, and the timing of engagement can be used to refine, enhance, or improve the P2S program in the context of CW finance reform.

Building on what we know about the positive association between family engagement and greater placement stability,¹⁴ this experimental pilot, made possible through the Title IV-E Waiver, could hold promise for reducing out-of-home placement given program elements that have been shown to be associated with better outcomes for children and families. Alameda County could continue to build capacity for ongoing data collection and analysis, performance monitoring, identification of critical program elements, development of associated fidelity measures, and tracking outcomes on a case-by-case basis. This type of performance management, which relies on the systematic data collection and analysis by program managers and staff improves program effectiveness¹⁵ and exemplifies responsible use of scant CW reform dollars. Our collaborative efforts over the past two years demonstrate this type of accountability.

As the child welfare field makes the shift towards emphasizing keeping children safely in their homes rather than out-of-home placement, and consistent with Casey's vision of moving toward holistic program models focused on family and community strengthening,¹⁶ innovative programs such as this warrant large-scale replication and evaluation.

Acknowledgements

We gratefully acknowledge the many efforts of Jennifer Uldricks and Hollis Williams, who responded to numerous data requests and provided these data. In addition to these activities, they also shaped the research questions of interest and evaluation plan in concert with the other evaluation team members: Michelle Love, Gumaro Garay, Elizabeth McAllister, and Stacie Buchanan. We would also like to express our appreciation to Peter J. Pecora for his helpful review comments.

Authors and Contacts

For additional information about this evaluation report, please contact Lyscha Marcynyszyn, Ph.D. (lmarcynyszyn@casey.org) or Erin Maher, Ph.D. (emaher@casey.org) at Casey Family Programs. For additional information about the Paths to Success program, please contact Michelle Love, (lovemi@acgov.org). For more information about the partnership between the Alameda County Social Services Agency and Casey Family Programs, please contact Stacie Buchanan (sbuchanan@casey.org), also at Casey Family Programs.

Appendix A: Data Tracking Log Recommendations

Overall

1. The P2S engagement measure in the P2S tracking log is central for monitoring a key goal of the program. It is critical that the family advocates use this measure consistently for each family. Family advocates should track information on engagement regularly and consistently for each caregiver for each service type as families' engagement trajectories change over time. Ideally, family advocates should track this information on a regular and prescribed schedule for each family.
2. Greater consistency is needed in how family advocates track referrals and completion for each service type. For example, while some tracking logs indicate "complete" for a service and continue to do so throughout the remainder of the P2S entries, other tracking logs indicate "complete" only once for a service, during the week the service was completed. These inconsistencies in recording service engagement could be easily remedied through additional training on how to use the P2S Service and referral tracking logs.
3. If multiple needs are met within a particular service type, it is important to indicate this in the comments section. Alternatively, the tracking log could be modified accordingly to allow for multiple needs within each service type.
4. Similarly, engagement should be tracked separately for each need that is addressed within a particular service.
5. Use the "comments" section often. This section adds further detail that is extremely helpful in understanding the data, especially for successful visits/phone calls versus "no shows" or "no answers" or "left voicemails."
6. When "other" is indicated for a type of visit or type of service referral, please also include in the comments section *what type* of "other" visit or service occurred.

Capturing information/variables of interest

1. Caregivers' household structure can change over time. If capturing these changes in stability (i.e., who resides in a household) is of interest, consider collecting this information at multiple and prescribed periods.
2. Given the usefulness of the LSPS as a measure of competencies for at-risk families, collecting this information more consistently at the time of referral and at case closure would be valuable. This could be a rich source of evaluation data if pre- and post-test data were consistently obtained on all caregivers and children. This would allow for assessment of whether the level of family competence changes following participation in the program.
3. In the case plan closure summaries, whenever possible, err on the side of including more information rather than including less. In training family advocates, it is key that there is a consistent understanding of the closing codes across advocates (e.g., non-participation might not mean the same thing to all family advocates).
4. Also, consider providing clear definitions of case closure reasons for family advocates to use and how combinations of categories should be used. Or, conversely, create mutually exclusive and well-defined case closure reasons to ensure that these codes are being consistently used across all cases.
5. Families with multiple caregivers in P2S (e.g., when the mom and dad have separate cases) should be distinguished from those families with only one caregiver served by P2S.
6. Maintain a consistent method for identifying cases across data types (i.e., LSPS, tracking data, ASQ). If possible, avoid changing the identifiers throughout the study period.

Table 1. Demographic and Service Characteristics for Families and Children Served by Each CBO and for the Enrolled P2S Sample

Variable	FSSBA		La Familia		PJC		All Agencies Combined		N
	Mean	Range	Mean	Range	Mean	Range	Mean	Range	
Community-based agency (%)	50	--	39	--	12	--	100	--	155
FM service duration pre-P2S	92.4	0-1410	119.5	0-883	138.8	0-1574	108.2	0-1574	154
Case parent age at P2S start	33.4	17.9-49.9	34.0	17.2-49.7	38.1	19.7-56.3	34.2	17.2-56.3	153
Case parent's ethnicity (%):									155
Latino/Latina*	25	--	42	--	11	--	30	--	--
African American**	62	--	27	--	83	--	51	--	--
White*	7	--	20	--	6	--	12	--	--
Asian	4	--	8	--	0	--	5	--	--
American Indian	3	--	3	--	0	--	3	--	--
Age of youngest child at P2S entry	5.2	.1-17.2	6.4	.1-16.7	6.2	.8-16.5	5.8	.1-17.2	122
Household size									123
Total no. of residents	4.7	2-11	4.4	2-10	4.9	2-10	4.6	2-11	--
No. of adults	2.4	1-6	2.2	1-5	2.5	1-4	2.3	1-6	--
No. of children	2.3	1-6	2.3	1-7	2.5	1-6	2.3	1-7	--
Most serious substantiated maltreatment prior to P2S (%):									148
None	4	--	5	--	6	--	5	--	--
Substantial risk	7	--	5	--	0	--	5	--	--
Emotional abuse	1	--	2	--	0	--	1	--	--
Neglect	47	--	47	--	53	--	47	--	--
Physical abuse	37	--	28	--	35	--	33	--	--
Sexual abuse	4	--	14	--	6	--	8	--	--
Service component prior P2S start (%):									154

Emergency response	78	--	76	--	61	--	75	--	--
Family reunification	17	--	22	--	33	--	21	--	--
Permanent placement	5	--	2	--	6	--	4	--	--
Number of prior investigated referrals at P2S start ^a	4.6	0-16	3.5	0-13	4.3	1-14	4.1	0-16	148

^a Investigated referrals occurring on the same date or within 5 days of one another, are considered part of the “same” referral and are thus counted only once.

* $p < .05$; ** $p < .01$. Differences between agencies are statistically significant.

Table 2. Percent of Caregivers Referred to Each Service and the Average Number of Contacts with Family Advocates

Service Type	FSSBA (n = 61)			La Familia (n = 40)			PJC (n = 8)			All Agencies Combined (N = 109)		
	Referred %	Mean	Range	Referred %	Mean	Range	Referred %	Mean	Range	Referred %	Mean	Range
Basic needs	77	4.2	1-23	58	3.4	1-12	100	5.8	1-23	72	4.6	1-23
Therapeutic treatment	62	9.6	1-30	75	3.8	1-5	75	6.5	1-15	68	7.8	1-30
Medical care	62	5.4	1-21	60	2.0	1-3	25	4.1	1-23	59	4.8	1-23
Educational needs	56	6.3	1-23	53	4.3	1-7	75	3.6	1-10	56	5.2	1-23
Housing	52	5.7	1-26	50	4.5	1-9	75	3.8	1-12	53	4.9	1-26
Public benefits	46	2.7	1-8	48	1.0	1-1	38	3.7	1-12	46	3.0	1-12
Child care/respite	44	3.2	1-14	45	3.0	1-6	38	3.6	1-13	44	3.3	1-14
Substance abuse treatment	43	6.7	1-20	43	5.8	2-9	63	5.4	1-15	44	6.2	1-20
Parenting classes/education	41	4.9	1-14	40	2.0	1-3	38	3.7	1-11	40	4.3	1-14
Employment counseling	39	3.8	1-17	33	1.5	1-3	50	4.5	1-17	38	3.8	1-17
Legal assistance	34	2.5	1-13	25	1.7	1-3	38	2.9	1-13	31	2.6	1-13
Extracurricular activities	28	2.7	1-8	5	1.8	1-3	50	2.0	1-3	21	2.5	1-8
Dental care	20	5.0	1-20	13	1.7	1-3	38	2.4	1-5	18	3.9	1-20
Other needs ^a	25	2.1	1-10	10	1.0	1-1	13	1.8	1-3	18	2.0	1-10
Domestic violence education	13	5.0	1-15	25	1.5	1-2	15	5.0	1-15	15	4.8	1-15
Transportation	10	2.0	1-6	15	3.0	1-6	50	1.5	1-3	15	2.1	1-6
Regional center (with case manager)	18	3.4	1-15	8	--	--	0	7.3	2-12	13	4.2	1-15
Parent orientation by SSA	10	1.2	1-2	8	1.5	1-2	25	1.3	1-2	10	1.3	1-2
Mentoring	8	1.6	1-3	13	--	--	0	1.2	1-2	9	1.4	1-3
Anger management classes	5	3.3	2-4	10	1.5	1-2	25	1.8	1-2	8	2.2	1-4
Team decision making	5	1.3	1-2	10	1.0	1-1	25	1.8	1-3	8	1.4	1-3

^a Examples of other needs include access referrals, Healthy Communities Inc., and Craig's list.

Table 3. Days to Engagement for Those Caregivers Who Engaged in Selected Services and Who Enrolled in P2S during 2010

Service Need	Days to Engagement Median (N)	Range
Basic needs	35 (11)	14-105
Substance abuse treatment	31 (14)	7-89
Therapeutic treatment	22 (25)	7-117
Parenting classes/education	22 (13)	7-117
Domestic violence education	21 (3)	19-37
Anger management classes	12.5 (4)	7-19

Table 4. Count of Engagement Patterns for Selected Services ($n = 7$)

Service Need	Total Referred	Consistently Engaged	Engaged then Disengaged	Never Engaged
Therapeutic treatment	6	3	0	3
Basic needs	3	3	0	0
Substance abuse treatment	4	3	1	0
Parenting education	3	2	0	1

Table 5. P2S Case Closure Reasons from the Closing Summary Form ($n = 87$)

Reason	%
Engaged in case plan services (child welfare case still open)	31
Child removed	14
Engaged in case plan services and child welfare case dismissed	13
Non-participation	10
Refused services	7
Time expired	7
Other	6
Moved out of catchment area	3
Family engaged with similar program	3
Unknown	3
Child welfare case dismissed	2

Table 6. Life Skills Progressive Scale: Baseline Scores for Caregivers and Children (*ns* = 38 and 27, respectively)

Scale Domain	Mean	Range
Adult		
<i>Family and friend relationship quality</i>	--	
Family/extended family	3.9	1.0-5.0
Partner	3.2	1.0-5.0
Friends/peers	3.4	2.0-5.0
<i>Relationships with children</i>	--	
Attitudes to pregnancy	3.3	1.0-5.0
Nurturing	3.9	1.0-5.0
Discipline	3.8	1.0-5.0
Support of development	3.3	1.0-5.0
Safety	4.1	1.0-5.0
<i>Relationships with supportive networks</i>	--	
Relationship with home visitor	3.7	1.0-5.0
Use of information	3.7	1.0-5.0
Use of resources	3.7	2.0-5.0
<i>Physical health and medical care</i>	--	
Prenatal care	3.8	3.0-5.0
Parent sick care	4.0	1.0-5.0
Family planning	3.7	1.0-5.0
Child well care	4.2	1.5-5.0
Child sick care	4.1	2.0-5.0
Child dental care	4.1	1.0-5.0
Child immunizations	4.7	2.0-5.0
<i>Mental health and substance use/abuse</i>	--	
Substance use/abuse	3.9	1.0-5.0
Tobacco use	4.1	1.0-5.0
Depression/suicide	3.9	1.0-5.0
Mental illness	4.1	1.5-5.0
Self-esteem	3.4	1.0-5.0
Cognitive ability	4.6	2.5-5.0
<i>Basic needs</i>	--	
Housing	4.1	1.0-5.0
Food/nutrition	3.8	1.0-5.0
Transportation	3.8	2.0-5.0
Medical/health insurance	3.4	1.0-5.0
Income	2.9	2.0-5.0
Childcare	3.3	1.0-5.0
Child	--	
Communication	4.7	4.0-5.0
Gross motor	4.6	4.0-5.0
Fine motor	4.3	3.5-5.0
Problem solving	4.4	3.0-5.0

Personal-social	4.3	2.0-5.0
Social-emotional	4.4	4.0-5.0
Regulation	4.8	4.0-5.0
Breast feeding	2.9	1.0-4.5

¹ Casey Family Programs. (2010, May). *Ensuring safe, nurturing and permanent families for children: The need to reauthorize and expand Title IV-E Waivers*. Seattle, WA: Author.

² Casey Family Programs. (2011, May). *Going beyond the vision: A report on child welfare in America*. Seattle, WA: Author.

³ Parks, Y. (2009, April). *Children and families first: A Chronicle of the Alameda County Social Services Agency foster care system*. Retrieved from http://www.casey.org/Resources/Publications/pdf/Alameda_ChildrenFamiliesFirst_FIN_LO.pdf

⁴ Casey Family Programs. (2010, May). *Ensuring safe, nurturing and permanent families for children: The need to reauthorize and expand Title IV-E Waivers*. Seattle, WA: Casey Family Programs.

⁵ Ferguson, C., & Duchowny, L. (2010, March). *State of California Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) interim evaluation report*. Retrieved from http://www.childsworld.ca.gov/res/pdf/InterimEvaluationReport_March2010.pdf

⁶ Shusterman, G. R., Hollinshead, D., Fluke, J. D., & Yuan, Y. T. (2005). *Alternative responses to child maltreatment: Findings from NCANDS*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <http://aspe.hhs.gov/hsp/05/child-maltreat-resp/index.htm>

⁷ Washington State Institute for Public Policy. (2006, February). *Intensive family preservation programs: Program fidelity influences effectiveness—Revised*. Retrieved from <http://www.wsipp.wa.gov/rptfiles/06-02-3901.pdf>

⁸ US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children’s Bureau. (2010). *Family engagement*. Washington, DC: Child Welfare Information Gateway.

⁹ Those families with service plans indicating a need for mental health counseling are eligible to receive counseling services even without these more serious designations.

¹⁰ Most visits between caregivers and family advocates occurred in the home; however, in a few instances the visits occurred in an office or other setting.

¹¹ Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments, & Computers*, 28(1), 1-11.

¹² Peifer, K., Wollesen, L., & Peifer, V. M. (2005). *Life Skills Progression™(LSP): An outcome and intervention planning instrument for use with families at risk*. Baltimore, MD: Paul H. Brookes.

¹³ Casey Family Programs. (2010, May). *Ensuring safe, nurturing and permanent families for children: The need to reauthorize and expand Title IV-E Waivers*. Seattle, WA: Author.

¹⁴ US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children’s Bureau. (2010). *Family engagement*. Washington, DC: Child Welfare Information Gateway.

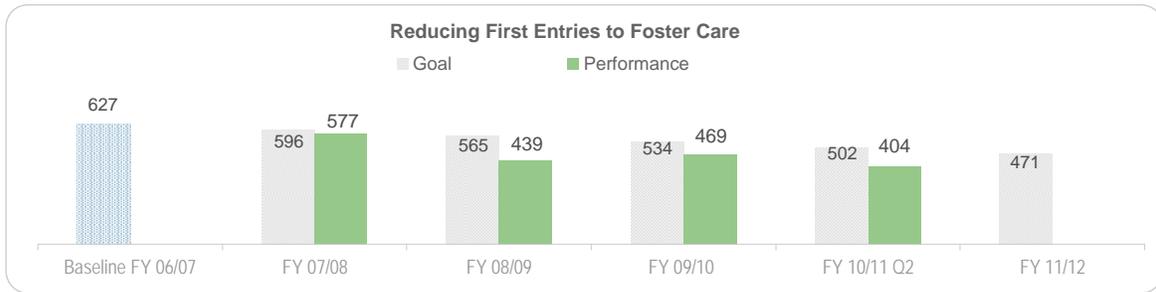
¹⁵ Walker, K. E. & Moore, K. A. (2011). *Performance management and evaluation: What’s the difference?* Washington, DC: Child Trends.

¹⁶ Casey Family Programs. (2011, May). *Going beyond the vision: A report on child welfare in America*. Seattle, WA: Author.

Alameda County Title IV-E Waiver Progress Report on Outcome Goals: Year 4, Quarter 2, Revised

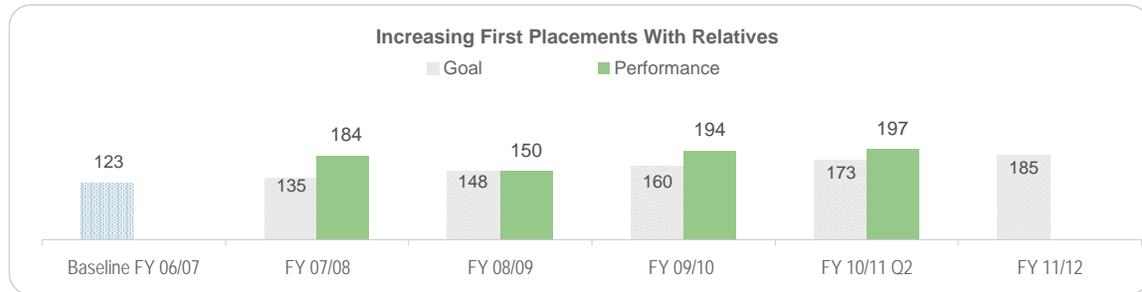
Reduce new entries to foster care by 25% over the next five years

Baseline 627 first entries in FY 06/07
 Goal 471 first entries in FY 11/12
 FY 10/11 Q2 404 first entries in the 12-month period ending December 2010



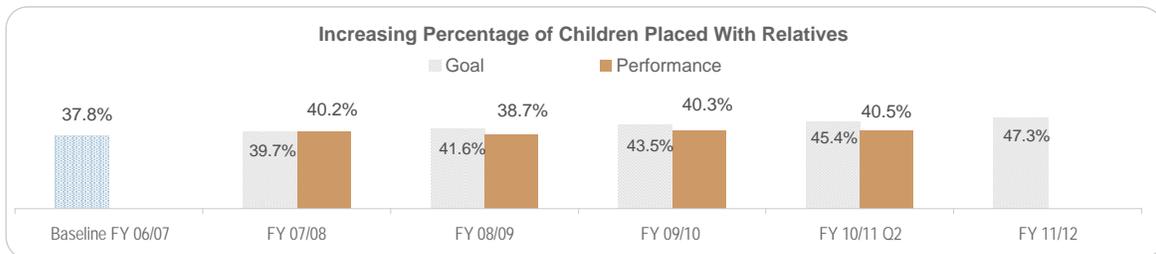
Increase relative placements as first placements by 50% over the next five years

Baseline 123 first placements with relatives in FY 06/07
 Goal 185 first placements with relatives in FY 11/12
 FY 10/11 Q2 197 first placements with relatives in the 12-month period ending December 2010



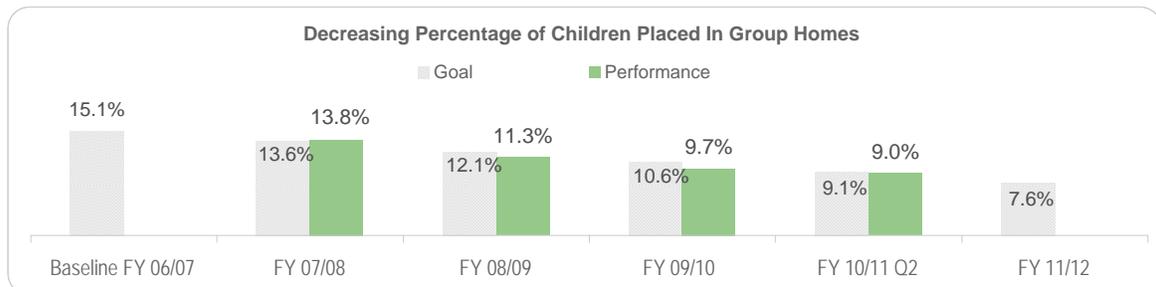
Increase percentage of children in relative placements at any given time by 25% over the next five years

Baseline 37.8% of children in relative placement on July 1, 2007
 Goal 47.3% of children in relative placement by June 30, 2012
 FY 10/11 Q2 40.5% of children in relative placement on January 3, 2011



Decrease percentage of children in group home placements at any given time by 50% over the next five years

Baseline 15.1% of children in group home placement on July 1, 2007
 Goal 7.6% of children in group home placement by June 30, 2012
 FY 10/11 Q2 9.0% of children in group home placement on January 3, 2011



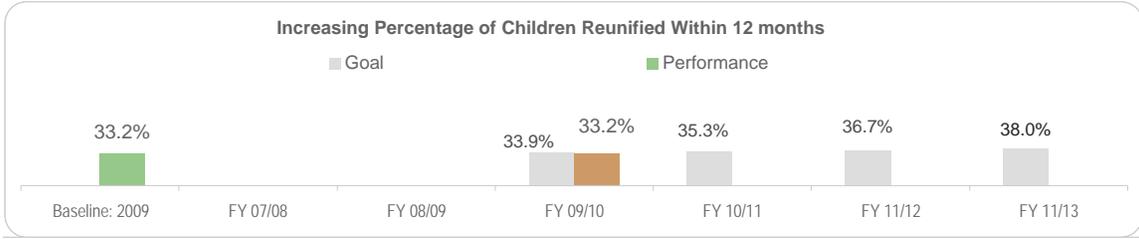
Alameda County Title IV-E Waiver

Progress Report on Outcome Goals: Year 4, Quarter 2, Revised

Increase percentage of children who reunify with their family within 12 months of first entry to 38% by June 2013

Entry Cohort Cohort: First Entries

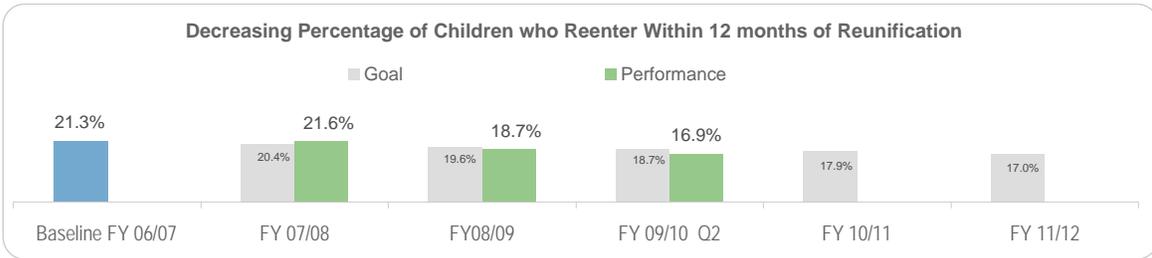
Baseline 33.2% of children who entered in 2009 for the first time exited to reunification within 12 months
 FY 09/10 Q2 33.2% of children who entered in 2009 for the first time exited to reunification within 12 months



Decrease number of children who reenter foster care after reunification by 20% over five years.

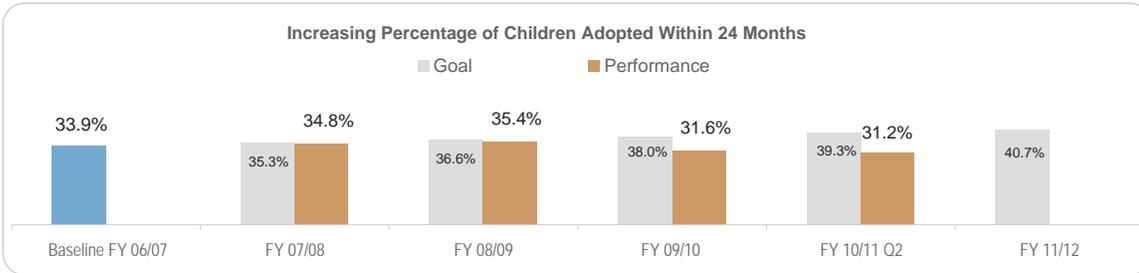
Reentry Within 12 months (exit to reunification after a placement episode of 8 or more days)

Baseline 21.4% of children reunified in FY 06/07 reentered foster care within 12 months
 Goal Less than 17.0% of children reunified will reenter foster care within 12 months
 FY 09/10 Q2 16.9% of children reunified in 2009 reentered foster care within 12 months



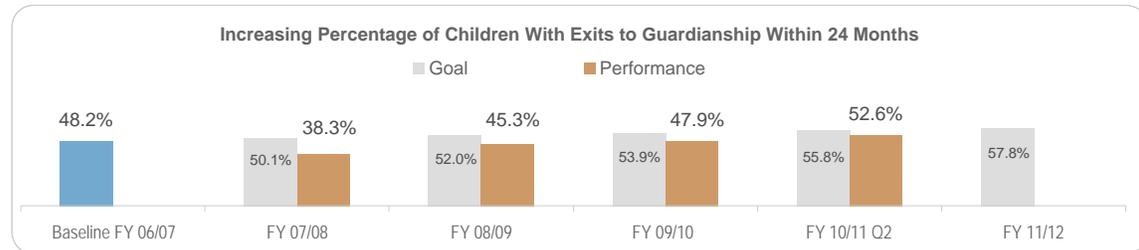
Increase percentage of children who exit to adoption within 24 months by 20% over 5 years

Baseline 33.9% of children who were adopted in FY06/07 exited foster care within 24 months
 Goal 40.7% of children adopted in FY11/12 will exit foster care within 24 months
 FY 10/11 Q2 31.2% of children who were adopted in 2010 exited foster care within 24 months



Increase percentage of children who exit to guardianship within 24 months by 20% over 5 years

Baseline 48.2% of children who exited to guardianship in FY06/07 exited foster care within 24 months
 Goal 57.8% of children who exited to guardianship in FY11/12 will exit foster care within 24 months
 FY 10/11 Q2 52.6% of children who exited to guardianship in 2010 exited foster care within 24 months



Increase the percent of youth who exit foster care with support services by 50% over the next 5 years

Baseline *to be determined*
 Goal *to be determined*