



Funding Youth Permanency

A County Guide to Funding Child-Centered Specialized
Permanency Services for Youth in Foster Care

Prepared by Families Now
(Formerly Mission Focused Solutions)
through a grant from Sierra Health Foundation

June 2015



SIERRA HEALTH
FOUNDATION



Acknowledgements

This guide could not have been completed without Sierra Health Foundation President and CEO Chet Hewitt and the foundation's support for and commitment to the urgent need for permanent families for youth in foster care. Thank you for your leadership.

The guide was enhanced by expert assistance from a team of committed child welfare professionals. Deep appreciation is offered to:

- California Child Welfare Council Permanency Committee
- Diana Boyer, California Welfare Directors Association
- Bob Friend, Director, National Institute for Permanent Family Connectedness
- Chet Hewitt, President and CEO, Sierra Health Foundation
- Howard Himes, Director, Napa County Health and Human Services Agency
- Lauri Kappe, i.e. communications
- Jeff Landre and Kit McDonald, Families NOW
- Marymichael Miatovich, California Judicial Council
- Sylvia Pizzini, Assistant Secretary, California Health and Human Services Agency
- Michael Wright, The Results Group

This guide was researched and written by Gail Johnson Vaughan

Families NOW

(Formerly Mission Focused Solutions)

Table of Contents

Introduction	3
Funding Youth Permanency Guide	5
Appendix A: Types of Specialized Youth Permanency Practice Models	7
Specialized Youth Permanency Practices	7
Clinically Enhanced – Specialized Youth Permanency Practices	7
Appendix B: General Fund vs. Realignment Funds	8
Non-IV-E Waiver Counties	8
IV-E Waiver Counties	9
Appendix C: Understanding County, State and Federal Shares of Cost	10
Federal Share of Cost	10
State and County Shares of Cost	11
Appendix D: Drawing Down Federal Share of Costs	13
Appendix E: County Share of Cost Impact Saving Accrued by Permanency	14
Appendix F: Maximizing Federal Funding for Youth Permanency Services	15
Appendix G: How Choice of Youth Permanency Practice Model Impacts Return on Investment	17
Appendix H: Considerations for Initiation of Specialized Youth Permanency Services	18
Decision Points	18
Funding Challenges	19
Appendix I: Youth Permanency Practice Resources	20
Endnotes	22

Introduction

In 2003, I embarked on a bold and meaningful adventure with my colleagues at California Department of Social Services, Sacramento County Department of Health and Human Services, Nevada County Health and Human Services Agency, Sierra Forever Families and LPC Consulting.¹ Our quest was to demonstrate that it is possible to find permanent families for older youth in foster care – a population usually considered the most likely to leave foster care alone, without the safety net of a family. This effort, entitled Destination Family Youth Permanency Project, was funded by a five-year Adoptions Opportunity federal grant.

This project was led by a steering committee that met weekly for the first year, then semi-monthly and monthly in the final years. We worked hard to identify our own barrier beliefs and attitudes that might hold the collaboration back. We brought in valuable mentors including Bob Lewis, Pat O'Brien, Denise Goodman, Cheryl Jacobson and Kevin Campbell, and we relied heavily on the wisdom and work of Pat Reynolds-Hubbard and her California Permanency for Youth Project.

We went into this project determined to sustain services long term by tracking and reinvesting achieved savings. We conducted a rigorous analysis of funding streams supporting both foster care and post permanency subsidies, such as adoption assistance or guardianship subsidies. We educated ourselves about federal IV-E waiver eligibility, discount and penetration rates, and the share of cost to counties, state and federal budgets.

Additionally, we looked for ways to strengthen the practice of permanency and maximize federal financial participation. This led to the development of an integrated mental health youth permanency practice with a high share of state and federal funding and minimal county general fund match.

Historically, since the counties paid the highest percentage share of cost, they also accrued the largest percentage of savings. We looked at county departmental fiscal structures to determine where savings would accrue and which departments have the authority to reinvest.

*We are programed
as a species to long
for family, not just
when very young,
but throughout our
entire lives.*

¹ Special thanks for the tireless leadership and rigorous adherence to weekly meeting schedules goes to Mary Tarro and Stephanie Lynch (Sacramento County), Kitty Vaars and Judy Tuttle (Nevada County), Bob Herne (Sierra Forever Families), Michelle McGibbon and Lynn Cannady (LPC Consulting), and Frank Sanchez and Carmen George (CDSS).

It became clear that the savings were accrued in the county general fund,² thus we invested time and resources into educating members of the Sacramento County Board of Supervisors. We were able to provide them with documentation of the dollars returning to the general fund because of the project – more than \$283,280 by the end of the federal funding. This amount is higher when taking into consideration the number of youth referred in the final years of the grant.

All of this was happening while we were on the cusp of the devastating fiscal crisis. At a time when a broad array of local advocates were begging the Board of Supervisors to not cut their programs, the Destination Family Youth Permanency Project was able to show how money returned to the general fund as a result of this life-saving program. In this most economically challenged time, the Board of Supervisors could see that the program had a strong dual bottom line – net county savings in both the short term and the long term, and their youth were leaving foster care with committed families. Armed with this knowledge, the Board of Supervisors approved the reinvestment of savings to create the Destination Family Youth Permanency Program, which continues to operate with more than 100% return on investment.

At the end of the five-year grant funding, the Destination Family Youth Permanency Project had provided services to 157 youth aged 11 to 18 living in residential treatment programs or foster families. Their collective experience included in-utero drug exposure, chronic neglect, physical abuse, sexual abuse, mental illness, physical disabilities and domestic violence. All had spent many years in foster care and experienced far too many placement changes. 87% achieved a lifelong permanent family through adoption, guardianship or reunification with family members, or other lifelong connections to caring adults accepting a parent role.

This guide has been prepared to assist counties with the fiscal analysis useful to replicating successful specialized youth permanency practice (see Appendix I). We hope your county will find it helpful as you strive to keep the promise of permanency made to children who are removed from their families and taken into protective custody.



Gail Johnson Vaughan

Executive Director

Families NOW

²Pre-realignment California savings accrued both to the county general fund and to the state. In our current realignment environment, all California savings are accrued to one of two county funds, the general fund and the prevention realignment fund.

A County Guide to Funding Child-Centered Specialized Permanency Services for Youth in Foster Care

Federal Mandate

The federal Preventing Sex Trafficking and Strengthening Families Act of 2014 (PL 113-183) creates new mandates on states and counties to provide intensive and ongoing efforts to place children waiting in foster care into permanent families. No longer can children under the age of 16 be given a permanency plan for placement into “another planned permanent living arrangement” (APPLA, also known as long-term foster care). For those children age 16 and older who are given a plan of APPLA, the county must provide the court with regular documentation of the intensive and ongoing efforts they have made to place the child into a permanent family.ⁱ

The Importance of Permanency

PL 113-183 recognizes the importance of permanent, stable families in preparing children for successful adulthood and providing a supportive safety net as they make that transition. Types of specialized youth permanency practice models are identified in Appendix A.

Young people aging out of foster care face enormous challenges. Studies show:

- More than 1 in 5 will become homelessⁱⁱ
- Only half will graduate from high schoolⁱⁱⁱ
- 1 in 4 will be incarcerated within two years of leaving foster care^{iv}
- Less than 3 percent receive college degrees^v

California counties unnecessarily spend thousands of dollars annually if they do not provide specialized permanency services for youth who remain in the system. These services pay for themselves.

Permanency Is Possible

A decade of innovation, including pilot projects in California and elsewhere, has identified best practices for specialized permanency services, with model programs in select jurisdictions across the country. The results are clear:

- Forming permanent connections for older foster youth is achievable; it increases their likelihood of avoiding dire consequences and achieving successful independence.^{vi}
- Two California-based federal demonstration projects^{vii} and five older youth adoption pilots^{viii} demonstrated that after a startup period, services can be sustained long term at no net cost to the counties or state.

Fiscal Implications of Permanency

Keeping youth in foster care creates an unnecessary financial burden for counties. Achieving permanent families for our youth not only improves their opportunities for success, it has significant positive fiscal impacts for the county. The cost of providing lifelong families is low in comparison to foster care, even after accounting for adoption and kin guardianship subsidies to help with the cost of caring for the children. Greater savings are accrued through second chance reunifications with birth families who have turned their lives around.

Intensive child-centered specialized permanency services more than pay for themselves. Reinvestment of these savings allows counties to sustain and expand the services to improve their permanency outcomes.

Additionally, permanency is a public safety issue. Achieving permanency for our youth reduces counties' long-term, 'downstream' costs as fewer youth leave foster care alone and join the rolls of those needing services for homelessness, substance abuse, indigent medical care, early pregnancy, unemployment, incarceration, etc.^{ix}

This guide presents a fiscal methodology for counties to meet the objective of achieving permanent families for all youth before they age out of foster care.

All savings based on available rate information at time of publication.

Achieving Permanency

Meeting the goal of no youth leaving foster care without a committed lifelong family connection is a challenging but doable process. It involves the introduction of new ideas and practices. It requires building within each child welfare professional's office, as well as our agencies, a new "filter" through which programs, procedures, practices, outcomes, staff, clients and paperwork must pass to ensure a permanent family connection.

California has benefited from the work of the California Permanency for Youth Project (2002-2010), Seneca Center's National Institute for Permanent Family Connectedness, two federal Youth Permanency Demonstration Programs, including Destination Family Youth Permanency Project led by Sierra Forever Families in partnership with Sacramento and Nevada counties since 2003, and Dumisha Jamaa Family Builders in partnership with Alameda County from 2004 to 2010 and San Francisco County since 2007, as well as five state older child adoption contracts.

Important keys to success were identified:

- Youth-centered practice
- Addressing youth's grief and loss
- Supporting children and families to successfully develop and maintain committed relationships
- Team approach (both within the department and using external partners)
- Commitment of the agency's top administrators

- Careful planning
- Identification of forces that would propel the project forward and restraining forces that would hinder success
- Training and development of a permanency culture throughout the agency
- Whatever-it-takes approach to the work
- Youth involvement throughout their process

Financial Mechanisms and Benefits

The cost of providing adoption and kin guardian assistance subsidies is minimal compared to the high cost of maintaining youth in group homes or long-term foster care placements, so much so, specialized permanency services pay for themselves. The shares of cost is outlined in Appendix C. An explanation of drawing down federal share of cost can be found in Appendix D and how to maximize federal funding can be found in Appendix F.

Savings below represent reduced county payments to providers after permanency is achieved for older children placed in foster family agencies and group homes. Additional savings not shown here are accrued from lower costs for county caseworkers, supervisors, administrators, treatment services and court costs.

Savings are further outlined in Appendixes B, E and G.

More details and resources on best practices of permanency are outlined in Appendixes H and I.

Typical Net County-Controlled Savings Achieved When Youth Move from Foster Care to Permanent Families

Achieved for every year the youth would have remained in care

From:	Into:	Annual IV-E Waiver County-controlled Savings	Annual Non-Waiver County-controlled Savings	Specialized Youth Permanency Services One-Time Cost per Youth Served \$12,000 to \$15,000
Foster Family Agency Home	Adoption	\$13,710	\$10,856	
Group Home Level 10		\$75,663	\$55,272	
Group Home Level 14		\$103,540	\$74,198	
Foster Family Agency Home	Kin Guardianship	\$11,442	\$11,281	
Group Home Level 12		\$92,477	\$67,582	
Foster Family Agency Home	Second Chance Reunification	\$23,537	\$15,770	
Group Home Level 10		\$90,663	\$62,772	

Appendix A: Types of Specialized Youth Permanency Practice Models

Specialized Youth Permanency Practices

Effective youth permanency practices are youth-centered and require small caseloads, significant involvement of the youth and a “whatever-it-takes” attitude. These practices often include a partnership with an external agency (either public or private). Basic components of youth permanency practice include:

- In-depth review of case file
- Family-finding, identifying and/or rekindling potential connections, relationship building and mending
- Building a trusting relationship with the youth
- Assessment of youth’s strengths, challenges, readiness for adoption or other forms of permanence
- Addressing and integrating the child’s history of trauma, separation and loss
- Network building and engaging caring adults in planning with the teen — both professional and social supports
- Individualized recruitment plan
- Preparation of permanent family to assure they are adequately prepared to meet the needs of the youth
- Post-placement support

Clinically Enhanced – Specialized Youth Permanency Practices

Since many of the permanency needs of youth in foster care are clinical in nature, permanency practices can be enhanced through specialty mental health services reimbursable through Medi-Cal for youth who meet medical necessity criteria. Using this funding stream has both programmatic and fiscal advantages.

Adding enriched clinical components to the permanency services improves outcomes. Clinically enhanced specialized

youth permanency practices utilize a clinical team to help address complex trauma issues and facilitate the development of attachment security. These include:

- Creating safety, self-regulation and self-reflection
- Traumatic experience integration
- Relational engagement and positive affect enhancement using a family-centered model
- Understanding the youth’s past, realizing his or her present situation and developing plans for the future
- Building a sense of empowerment and mastery over his or her situation and life by nurturing the youth’s participation and decision making about their case plan and work
- Providing individual, family, collateral and group therapy
- Case management and rehabilitation services
- Educating and supporting the youth and the families they live with on the issues of complex trauma and core permanency issues

Additionally, using the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal funding for the clinical component of creating permanency leverages county general fund dollars. All children in foster care who show medical necessity are eligible for EPSDT funding, while only 65% are eligible for federal Title IV-E foster care funding.



Appendix B: General Fund vs. Realignment Funds

Non-IV-E Waiver Counties

Counties utilize two separate funding streams to pay their share of costs for foster care and permanency caregiver subsidies: 1) county general funds and 2) revenues directed to the county through the state 2011 budget realignment. Realignment redirects specified state tax revenues to counties into a protective services realignment subaccount to fund these costs. Child welfare savings attributed to realignment revenue must be reinvested into child welfare or adult protective services activities. Realignment reinvestment decisions are typically made by the county department(s) providing the services with the approval of their boards of supervisors. Savings attributed to the general fund must first be reinvested to

meet the realignment requirement for county maintenance of effort (MOE), and then may be expended at the full discretion of the board of supervisors.

Counties have the flexibility to move up to 10% of total realignment funding between public safety realignment subaccounts, and to divert up to 5% of total realignment funding to a reserve account as a backstop against future scarcity. Counties are experimenting with transferring revenues from the protective services subaccount to the behavioral health subaccount to provide the required match for Medi-Cal reimbursable services for adoption and permanency competent clinical support to youth and their new families both before and after placement. This allows the county to increase the drawdown of Title XIX funding. The following chart shows a typical breakdown of county savings into the general fund and realignment protective services subaccount fund.

Typical Annual County Placement Savings Achieved by Moving Youth from Foster Care into Permanent Families (Non-IV-E Waiver Counties)

Savings accrued for each year the youth would have remained in care

From: Foster Care Level of Care	To: Permanency Type	General Fund (A)	Realigned Funds (B)	Total County Controlled Savings (A+B)	Federal Funds
Group Home Level 14	Adoption	\$47,144	\$27,054	\$74,198	\$29,342
Foster Family Agency		\$8,233	\$2,623	\$10,856	\$2,854
Licensed Foster Home		\$2,722	-\$1,051*	\$1,671	-\$1,671
Group Home Level 12	Kin Guardianship	\$42,300	\$25,282	\$67,582	\$30,562
Foster Family Agency		\$8,519	\$2,762	\$11,821	\$5,829
Licensed Foster Home		\$3,008	-\$913	\$2,095	\$1,304
Group Home Level 10	Second Chance Reunification	\$37,663	\$25,109	\$62,772	\$27,890
Foster Family Agency		\$9,462	\$6,308	\$15,770	\$7,767
Licensed Foster Home		\$3,950	\$2,634	\$6,584	\$3,243

*Realignment and IV-E Waiver funds are represented here based on the pre-realignment share of cost incurred by the county and state. As an incentive to counties to move foster children into adoptive families, the state took responsibility for 75% of the non-federal share of cost for adoption assistance program subsidies (compared to 40% of the non-federal share of foster care placement cost). The 75% share of cost is now funded with the realignment fund, hence the negative number.

IV-E Waiver Counties

Counties opting into the federal Title IV-E waiver pay for 100% of the cost associated with child welfare, including foster care, but excluding adoption assistance program subsidies. These counties utilize three separate funding streams to pay their share of costs: county general funds, revenues directed to the county through the state 2011 budget realignment, and Title IV-E funds block granted through the state to the county by the federal government.

General fund savings must first be reinvested to meet the realignment requirement for county maintenance of effort (MOE), and then may be expended at the full discretion of the board of supervisors.

Realignment revenue must be spent for child welfare or

adult protective services activities. The MOE requirement applies here as well. Typically, realignment reinvestment decisions are made by the county department(s) providing the services with the approval of their boards of supervisors. As with the non-waiver counties, these counties have the flexibility to move up to 10% of total realignment revenue between subaccounts, and to divert up to 5% of total realignment revenue to a reserve account as a backstop against future scarcity. The following chart shows a typical breakdown of county savings into general fund, realignment fund and IV-E waiver fund.

Note: Federal IV-E Waiver block grant savings must be reinvested in child welfare activities.

Typical Annual County Placement Savings Achieved by Moving Youth from Foster Care into Permanent Families (IV-E Waiver Counties)

Savings accrue for each year the youth would have remained in care

From: Foster Care Level of Care	To: Permanency Type	General Fund (A)	Realigned Funds (B)	Federal IV-E Funds (C)	Total County Controlled Savings (A+B+C)
Group Home Level 14		\$35,757	\$19,363	\$48,320	\$103,540
Foster Family Agency	Adoption	\$5,833	\$1,022	\$6,855	\$13,710
Licensed Foster Home		\$1,720	-\$1,720*	\$0	\$0
Group Home Level 12		\$32,364	\$18,451	\$43,827	\$98,144
Foster Family Agency	Kin Guardianship	\$6,029	\$826	\$6,855	\$17,710
Licensed Foster Home		\$1,916	-\$1,916	\$0	\$3,400
Group Home Level 10		\$37,663	\$19,362	\$42,258	\$90,663
Foster Family Agency	Second Chance Reunification	\$7,061	\$4,707	\$11,768	\$23,537
Licensed Foster Home		\$2,948	\$1,965	\$4,913	\$9,827

*Realignment and IV-E Waiver savings are represented here based on the pre-realignment share of cost incurred by the state. As an incentive to counties to move foster children into adoptive families, the state took responsibility for 75% of the non-federal share of cost for adoption assistance program subsidies (compared to 40% of the non-federal share of foster care placement cost). The 75% share of cost is now funded with the realignment fund, hence the negative number.

Appendix C: Understanding County, State and Federal Shares of Cost

Federal Share of Cost

Federal funding for foster care is authorized through the Social Security Act, Titles IV-B and IV-E. This funding is sometimes augmented with Title XIX Medicare (or Medi-Cal in California) funding for clinical services. Each state is assigned a Federal Medical Assistance Percentage (FMAP). The per capita income in the state determines the state's FMAP rate. California's FMAP rate is 50%. The FMAP rate is used to determine the Federal Financial Participation (FFP) in providing matching funds for Title IV-E foster care administration and maintenance payments, adoption assistance, kin guardianship payments and Title XIX Medi-Cal costs. Federal funds pay 50% of specified services provided to federally eligible children and families.

Eligibility for FMAP and FFP

Children in foster care are federally eligible based on the income level of their parents when the child entered care, based on 1996 Aid to Families with Dependent Children (AFDC) income eligibility requirements. In 1996, the income limit for a California family of three to qualify for AFDC was \$723. The income limit for the same family to qualify for CalWORKS cash assistance today is \$1,169, resulting in a smaller percentage of children in foster care that are eligible for a federal share of cost.

Federal Eligibility for FMAP and FFP Waived for Counties Opting into the Title IV-E Waiver

Counties can opt into Title IV-E Waiver to accept a capped IV-E block grant in exchange for the ability to fund a wider scope of child welfare services beyond the current Title IV-E rules, and for the ability to use the block grant funds to provide services to children who are not otherwise federally eligible for Title IV-E funding. Nine California

counties have opted into the Title IV-E Waiver, including Alameda, Butte, Lake, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara and Sonoma.

Title IV-E Foster Care Maintenance^x Funds

These funds reimburse the state, which in turn reimburses counties, for 50% of the expenditures for federally eligible children for room and board payments made to licensed foster parents, foster family agencies, group homes and residential child care facilities. Currently, 65% of California children in foster care are federally eligible for a federal share in Title IV-E maintenance funds.

Title IV-E Adoption Assistance Funds

These funds reimburse the state, which in turn reimburses counties, for 50% of adoption assistance grants (AAP) for federally eligible children. Currently 83.2% of California children adopted from foster care are federally eligible for a federal share of cost for AAP. Federal eligibility for adoption assistance grants (AAP) is delinked from the 1996 AFDC lookback for any AAP-eligible child adopted at age 8 and older as of October 1, 2014. Each federal fiscal year, the age of delinking decreases by two years through FY 2018 when all AAP-eligible children are eligible for the 50% federal share of cost. The schedule is as follows:

- October 1, 2015: all children age 6 and older
- October 1, 2016: all children age 4 and older
- October 1, 2017: all children age 2 and older
- October 1, 2018: all children

PL 113-183 requires states and counties to reinvest the savings achieved from AAP delinking into child welfare activities. A state is required to spend no less than 30% of any such savings on post-adoption services, post-guardianship services and services to support and sustain positive permanent outcomes for children who otherwise might enter into foster care. At least two-thirds of that spending by the state must be spent on post-adoption and post-guardianship services.

Federal KinGap Subsidies

These funds reimburse the state, which in turn reimburses counties, for 50% of subsidies provided to kin legal guardians (KinGap) for federally eligible children. KinGap was not delinked from the 1996 AFDC lookback.

Title XIX Medi-Cal Funds

These funds reimburse the state, which in turn reimburses counties, for 50% of expenditures for Medi-Cal-eligible children for medically necessary physical and mental health services. 100% of children in foster care and those adopted from foster care are Medi-Cal eligible for medically necessary services.

State and County Shares of Cost

Counties have two sources of non-federal funding streams to apply to costs of child welfare programs: 1) county general funds allocated to child welfare activities and 2) realignment funds dedicated to the child welfare and children's mental health activities.

In 2011, California realigned the way in which the non-federal share of costs for a number of safety-net services, including health and human services programs, are paid for. Realignment reassigned the responsibility for 100% of the non-federal costs to the counties along with a shift of tax revenues to the counties in lieu of state general fund support.

The funding for these programs now bypasses the state general fund and budget process entirely. Instead, realignment diverts a portion of total state sales and use tax to a new state special fund, the 2011 local revenue fund, from where dollars are disbursed directly to the state's 58 counties according to a complex set of allocation formulas based primarily on historical spending. Because realignment provides counties with a portion of total revenue rather than a specific allocation of dollars, and because the primary revenue source is responsive to the economy, in the current strong state economy, realignment provides for revenue growth. According to statute, this growth must be

used to fund the programs included in each realignment subaccount.

Under realignment, counties are provided increased flexibility to prioritize revenues to meet the individual needs of their communities. This flexibility is provided structurally and realignment groups or subaccounts were developed to provide firewalls to keep savings achieved through improved outcomes within that subaccount. Two of these subaccounts directly impact children in foster care:

- **Protective Services:** Child Protective Services (including preventive services, family maintenance, foster care and after care) and Adult Protective Services (including In-Home Supportive Services, homelessness issues and indigent medical care)
- **Behavioral Health:** Early Periodic Screening Diagnosis and Treatment (EPSDT) and Community Mental Health

Statute makes clear that within each of these subaccounts, counties are free to reallocate funding among the included programs and to allocate revenue growth according to the particular needs of their communities and systems. This is exactly what has been happening with protective services, with counties making choices to expand certain programs both by reducing or eliminating funding to others or by allocating growth revenues. The current situation of the behavioral health subaccount is somewhat different. These programs are more constrained by federal mandate.

Realignment was designed to give counties the flexibility to design and implement innovative practices to improve outcomes for children and families in the child welfare system. As stated above, realigned revenues received by the counties must be used for child welfare or adult protective services. For instance, if the county reduces the number of children in foster care resulting in a reduction of payments to foster parents and group homes, the county's realigned revenue will not be reduced, but must be spent for other child welfare or adult protective services activities. These funds may not be used to supplant county funds and may not be reverted to the county general fund.

Also as previously mentioned, counties have the flexibility to move up to 10% of total realignment funding between subaccounts, and to divert up to 5% of total funding to a reserve account as a backstop against future scarcity. For example, a county could transfer a portion of the savings achieved through specialized youth permanency services to the behavioral health subaccount and use them to draw down federal Medi-Cal funds to pay for an integrated mental health youth permanency program.

Realigned funds are calculated in part by the county and state pre-realignment sharing ratios for the non-federal share of costs as follows:

Pre-Realignment Shares of Cost		
	County Share	State Share
Foster Care	60% of non-federal share	40% of non-federal share
AAP	25% of non-federal share*	75% of non-federal share

*As an incentive to counties to move foster children into adoptive families, the state took responsibility for 75% of the non-federal share of cost for Adoption Assistance Program subsidies (compared to 40% of the non-federal share of foster care placement cost).

Appendix D: Drawing Down Federal Share of Costs

The federal government provides matching funds for Medi-Cal, foster care, adoption assistance and KinGap payments, and other medical/social programs. This Federal Medical Assistance Percentage (FMAP) varies from state to state based on per capita income in the state. California's FMAP rate is 50%. If a child is federally eligible (based on his or her parents' income when the child entered foster care based on 1996 Aid to Families with Dependent Children (AFDC) income eligibility requirements — \$723 for a California family of 3), the federal government will pay 50% of foster care Title IV-E maintenance payments for that child. Currently, all children adopted from foster care at age 8 and older^{xi} are federally eligible for the 50% federal match on adoption assistance payments. This is intended as an incentive to states and counties to prevent children growing up without permanent families.

The amount of federal dollars drawn down by the state for IV-E foster care maintenance payments and adoption assistance and KinGap subsidies to care providers is based on the specific federal eligibility of each child.

The amount of federal dollars drawn down by the state for IV-E foster care administration costs depends on the total percentage of children in care that are federally eligible. This is called the penetration rate or federal discount rate.

Federal eligibility differs for foster care, adoption assistance and federal Kin-Gap based on the actual percentage of children receiving the benefit that are federally eligible.

California Federal Eligibility Penetration Rate (2015)

Foster Care	AAP	Federal Kin-Gap
65%	83.2%	43.9%

To determine the actual percentage paid by the federal government, multiply the penetration rate by the state's FMAP rate.

	Foster Care	AAP	Federal Kin-Gap
CA Penetration Rate	65%	83.2%	43.9%
Multiplied by FMAP Rate	50%	50%	50%
Net Federal Financial Participation	32.5%	41.6%	21.85%

Counties have the flexibility to fund their foster care maintenance and adoption assistance costs from the general fund or realignment fund. The pre-realignment sharing ratio is a useful rule of thumb.

Pre-realignment County Shares of Non-Federal Cost

	County General Fund Share	State Realigned Share
Foster Care	60% of non-federal share	40% of non-federal share
AAP	25% of non-federal share	75% of non-federal share

Appendix E: County Share of Cost Impact Saving Accrued by Permanency

The Non IV-E Waiver counties save twice, first with a lower share of cost, and second with an adoption assistance program subsidy rate at significantly lower cost than keeping a child in care. Examples are included below:

Federally eligible 15-year-old Jeanette is adopted from a Level 12 Group Home. The county saves \$44,784 for every year she would have remained in care.	Federally Eligible Youth	Non IV-E Waiver County Shares of Cost					
	15-year-old in GH 12	Foster Care		AAP		Savings	
		as %	in \$	as %	in \$	Monthly Savings	Annual Savings
Total		100%	\$8,714	100%	\$1,250	\$7,464	\$89,568
Federal Share		50%	\$4,357	50%	\$625	\$3,732	\$44,784
County General Fund Share		30%	\$2,614	13%	\$156	\$2,458	\$29,495
County Realigned Share		20%	\$1,742	38%	\$469	\$1,274	\$15,289
Total County Share		50%	\$4,357	50%	\$625	\$3,732	\$44,784

Non-federally eligible Anthony is adopted from a Level 12 Group Home. The county saves \$97,068 for every year he would have remained in care.	Non-federally Eligible Youth	Non IV-E Waiver County Shares of Cost					
	15-year-old in GH 12	Foster Care		AAP		Savings	
		as %	in \$	as %	in \$	Monthly Savings	Annual Savings
Total		100%	\$8,714	100%	\$1,250	\$7,464	\$89,568
Federal Share		0%	\$0	50%	\$625	-\$625	-\$7,500
County General Fund Share		60%	\$5,228	25%	\$156	\$5,072	\$60,866
County Realigned Share		40%	\$3,486	75%	\$469	\$3,017	\$36,202
Total County Share		100%	\$8,714	100%	\$625	\$8,089	\$97,068

Because Adoption Assistance Program costs are not included in the IV-E Waiver, waiver counties enjoy the highest county-controlled savings rate when youth are moved from foster care into adoption. An example is included below:

15-year-old Jose is from a IV-E Waiver County and adopted from a Level 12 Group Home. The county saves \$89,568 for every year he would have remained in care.	Federally Eligible and Non-federally Eligible Youth		IV-E Waiver County Shares of Cost				
	15-year-old in GH 12	Foster Care		AAP		Savings	
		as %	in \$	as %	in \$	Monthly Savings	Annual Savings
	Total	100%	\$8,714	100%	\$1,250	\$7,464	\$89,568
	Federal share AAP (not waived)			50%	\$625	-\$625	-\$7,500
	Federal Share Foster Care	50%	\$4,357	0%	\$0	\$3,732	\$44,784
	County General Fund Share	30%	\$2,614	13%	\$156	\$2,458	\$29,495
	County Realigned Share	20%	\$1,743	38%	\$469	\$1,274	\$15,289
Total County Share	100%	\$8,714	50%	\$625	\$7,464	\$89,568	

Appendix F: Maximizing Federal Funding for Youth Permanency Services

Elements of effective youth permanency services tend to fall into three major categories with several subcategories. The ability to draw down federal funds is different for each.

1. Recruitment of Permanent Families

- a. Family finding
- b. Family engagement
- c. Child specific recruitment
- d. Targeted recruitment
- e. General recruitment

2. Case Management

- a. Assessing the child's and family's needs
- b. Developing the case plan
- c. Monitoring progress in achieving case plan objectives
- d. Ensuring that all services specified in the case plan are provided
- e. Providing services specified in the case plan

3. Youth Permanency Mental Health Services

- a. Activities delivered in a rehabilitation mental health environment aimed to ameliorate a significant impairment in an important area of life functioning
- b. Assessment of youth's emotional or behavioral health
- c. Plan development including approval of the client plans, and/or monitoring and recording the client's progress in the plan
- d. Individual and/or group therapy with therapeutic intervention that focuses primarily on symptom

reduction as a means to improve functional impairments

- e. Individual and/or group rehabilitation that includes, but is not limited to, assistance in improving, maintaining or restoring a child or group of children's functional skills, daily living skills, social and leisure skills, and grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education
- f. Collateral provided to a significant support person in the child's life for the purpose of meeting the needs of the child in terms of achieving the goals of the child's client plan

Note: "A significant support person" is defined as a person who, in the opinion of the youth or the person providing services, has or could have a significant role in the successful outcome of treatment.

Applicable Federal Funding Streams

Activity	IV-E Admin FFP = 50% x penetration rate		XIX EPSDT Medi-Cal FFP = 50%
	Performed by county social worker	Performed by external partner	Performed by county staff or external partner
RECRUITMENT			
Family Finding	Yes	Yes	No
Family Engagement	Yes	Yes	Yes
Child-Specific Recruitment	Yes	Yes	No
Targeted Recruitment	Yes	Yes	No
General Recruitment	Yes	Yes	No
CHILD WELFARE SERVICES			
Case Management*	Yes	No	No
Assessing the child's/family's needs	Yes	No	No
Developing the case plan	Yes	No	No
Monitoring progress in achieving case plan objectives	Yes	No	No
Ensuring that all services specified in the case plan are provided	Yes	No	No
Providing child welfare services specified in the child welfare case plan	Yes	Yes	No
SPECIALTY MENTAL HEALTH YOUTH PERMANENCY SERVICES			
Plan Development	No	No	Yes
Mental Health Assessment	No	No	Yes
Individual/Group Therapy	No	No	Yes
Individual/Group Rehabilitation (see above)	No	No	Yes
Collateral (see above)	No	No	Yes

*California Child Welfare Manual of Regulations specifies that case management is the responsibility of the county social worker. Case management is defined as: 31-002 (c)(2) a service-funded activity performed by the social worker that includes assessing the child's and/or family's needs, developing the case plan, monitoring progress in achieving case plan objectives, and ensuring that all services specified in the case plan are provided.

California regulations do not specify that service provision must be provided by the county social worker. There is significant precedent for county use of external partners for child welfare service delivery:

- Use of foster family agencies to recruit, train, approve and support foster families
- Use of wraparound service providers to conduct family finding and engagement
- Use of licensed private adoption agencies to recruit, train, approve and support adoptive families
- Use of licensed private adoption agencies and wraparound providers to conduct specialized youth permanence services and support
- Use of licensed private agencies to provide family preservation and post-adoption service supports

Appendix G: How Choice of Youth Permanency Practice Model Impacts Return on Investment

Although maximizing draw down of federal dollars can influence a county's choice of practice models, it should not be the only consideration. Specialized youth permanency services can be funded with county-only funds or may draw down Title IV-E Admin and/or Title XIX Medi-Cal funds to support the work.

Federal Funding Stream	Fiscal Considerations	Program Considerations
IV-E Admin	<ul style="list-style-type: none"> Federal financial participation (FFP) is discounted by the % of children in foster care that are federally eligible. Currently, 65% of California children in foster care are federally eligible, making the FFP 32.5% ($50\% \times 65\% = 32.5\%$) 	<ul style="list-style-type: none"> Covers recruitment, family finding, case management and service provision. Can be done by staff with a range of educational backgrounds California regulations require case management to be done by the county social worker. California regulations do not prohibit external partners from providing services.
XIX EPSDT Medi-Cal	<ul style="list-style-type: none"> All children in foster care with medical necessity are federally eligible for EPSDT Medi-Cal specialty mental health services, making the FFP 50% for those children County general fund share of cost is 5%-10%. State's 40-45% share of cost was realigned in 2012. Realignment included new revenues to cover the additional county payment responsibility plus revenue growth with an expanding economy. 	<p>Positive impacts:</p> <ul style="list-style-type: none"> Allows for a range of specialty mental health services including the rehabilitation option. Includes services to ameliorate a significant impairment in an important area of life functioning (CCR Title 9, 1830.205, 1830.210). Funds pre- and post-placement and post-adoption/permanency clinical support to prevent disruption. Allows unlicensed staff for some elements of rehabilitation work (e.g. life skills training). <p>Negative impacts:</p> <ul style="list-style-type: none"> EPSDT Medi-Cal requires heavy paperwork documentation, diverting staff from direct services. Requires licensed or licensed-eligible mental health staff. Some counties will not allow children to have more than one EPSDT service at a time. In those counties, if a youth is receiving any EPSDT service, even if unduplicated by the permanency services, that youth will not be allowed to access EPSDT-funded specialized permanency services.

Appendix H: Considerations for Initiation of Specialized Youth Permanency Services

Decision Points	Options	Considerations & Resources
Target population	<ul style="list-style-type: none"> • Age • Current level of care 	<ul style="list-style-type: none"> • Federal legislation eliminates the use of “another planned permanent living arrangement” (APPLA or long-term foster care) for children under age 16. • The legislation requires counties to report to the court on <i>intensive and ongoing efforts</i> to place youth with a permanency plan for APPLA (long-term foster care) into a permanent family. • Time available to achieve permanent families for older youth is short. This may be their last chance. • Achieving permanent families for younger youth may prevent additional traumas while in foster care. • Permanence for younger youth increases the overall savings. • Common belief that youth in higher levels of care cannot achieve permanence is not true; savings are greater in higher levels of care.
Practice model	<ul style="list-style-type: none"> • Youth-specific recruitment • Integrated mental health model • Combination 	<ul style="list-style-type: none"> • Model Program: San Francisco County/Family Builders • Model Program: Sacramento County/Sierra Forever Families • Model Program: Sacramento/Sierra Forever Families
Service provider	<ul style="list-style-type: none"> • County staff • External partner <ul style="list-style-type: none"> • Collaborative model with other public agencies • Private nonprofit 	<ul style="list-style-type: none"> • Alameda County, Los Angeles County and others • CDSS Sacramento District Adoption Office and rural counties in previous older youth adoption contract • Kinship/Seneca, Family Builders, Sierra Forever Families
Start-up funding (need depends on practice model and if the county leverages federal EPSDT Medi-Cal funding)	<ul style="list-style-type: none"> • Existing county resources • New county resources • Venture philanthropy • Government grants, contracts and allocations • Social Impact Bonds and Pay for Success Initiatives 	<ul style="list-style-type: none"> • Current allocations, realignment growth, realignment savings, AAP delink reinvestment, etc. IV-E Waiver counties can also use federal waiver funds • Federal Promoting Safe and Stable Families Funds • Maintenance of effort (MOE) fund reinvestment required for realignment funds and IV-E Waiver funds (waiver counties only) • General fund startup investment to generate future savings to sustain services at no net cost • Charitable start-up \$\$ provided with expectation of sustaining program by tracking and reinvesting savings • State Continuum of Care Reform (CCR) “down payment” funds in the governor’s 2015 budget. • Federal adoption opportunity grants; state contracts such as older youth adoption contracts • Start-up funding loans repaid from future savings
Sustaining funding	<ul style="list-style-type: none"> • Tracking and reinvesting savings • Annual allocations 	<ul style="list-style-type: none"> • Program generates self-sustaining savings within 2-3 years. Requires support of county board of supervisors and county departments (Social Services, Mental Health, etc.) • General fund and realignment funds

Funding Challenges

Specialized youth permanency services, after a start-up period, pay for themselves, often in the same fiscal year. Several issues are common reasons why counties do not take advantage of this:

Challenge	Possible Remedies
Don't know where to find the start-up funds	<ul style="list-style-type: none"> • Realignment funds, including growth funds • Realignment savings • Prioritized general funds, including, but not limited to, maintenance of effort funds • Federal waiver flexible funds (for waiver counties) • Continuum of Care Reform (CR) “down payment” funds • Venture philanthropy investments • Social impact bonds and pay for success initiatives • State pilot program investments
Savings may not accrue to the department providing services	<ul style="list-style-type: none"> • Cross-departmental fiscal partnerships • Board of supervisors' commitment to prioritize general fund savings back to sustain youth permanency services • Board of supervisors' and human services directors' prioritization of realignment savings achieved through youth permanence to be directed to sustain those services • Counties have the flexibility to move up to 10% of total realignment funding between subaccounts, i.e. transfer a portion of the savings achieved through specialized youth permanency services to the behavioral health subaccount to draw down federal Medicaid funds to pay for an integrated mental health youth permanency program.
Counties have difficulty documenting savings	<ul style="list-style-type: none"> • Utilize existing savings documentation methodologies • Hold staff accountable to track necessary data elements
Counties only count savings from the year permanency is achieved	<ul style="list-style-type: none"> • Youth permanency savings accrue every year the youth would have remained in care without permanency
Counties don't maximize draw down of federal funds	<ul style="list-style-type: none"> • Increase understanding of acceptable use of Title IV-E Administration funds for provision of services by external partners • Utilize Title XIX EPSDT Medi-Cal funds for all clinical components of youth permanency activities. All youth in foster care are eligible and most can be shown to have medical necessity for services that ameliorate a significant impairment in an important area of life functioning
Counties see EPSDT funding as capped through realignment	<ul style="list-style-type: none"> • Integrated mental health youth permanency services fall under the “Katie A” target population and are a federal entitlement, but the 2011 realignment did not account for increased expenditures to meet “Katie A” requirements.
Belief that specialized youth permanency services will not result in better permanency outcomes (i.e. savings) than from “business-as-usual” county services	<ul style="list-style-type: none"> • Review county permanency outcome data, compare to data from specialized youth permanency services in own county or other counties using such services
Savings in the same fiscal year (after a start-up period) just seem too good to be true	<ul style="list-style-type: none"> • Review evidence in other counties

Appendix I: Youth Permanency Practice Resources

Bob Lewis

Bob Lewis Tool Kits – www.thetoolkit.org
Free Training Tools and Materials –
<http://www.rglewis.com/Free.html>

This rich array of practice resources include:

Adolescents and Families for Life: A Toolkit for Supervisors to guide, train and supervise staff to ensure permanence for the adolescents in their caseloads. The toolkit provides practical information, training ideas and exercises to help reinforce that youth need, want and are able to achieve permanent family connections.

The Family Bound Program: A Toolkit for Preparing Teens for Permanent Family Connections presents a program of nine workshop sessions and five weekends with “practice” families to prepare teens to enter or reunite with a permanent family.

Families for Teens: A Toolkit for Focusing, Educating and Motivating Staff is another way to begin the conversation on adolescent permanence. While originally conceived as a program for on-going support of staff already engaged in this work, the book addresses most of the major concepts and problem areas. Through group discussion of concepts and cases in hour-long weekly meetings, the building blocks of an effective teen permanence program will emerge.

The Video Project: Tools for incorporating the voices of children and youth into their own child welfare and juvenile justice records through the use of video captured in six sequential sessions.

Casey Family Programs

The Multi-Site Accelerated Permanency Project
Technical Report

http://www.casey.org/media/MSAPP_12Month_FR.pdf

An emerging strategy for increasing the number of youth who achieve legal permanency is the permanency roundtable (PRT), which is a structured meeting designed to reinforce the use of permanency practices by decision makers associated with a youth’s case. PRTs are intended to expedite legal permanency for youth by involving internal and external permanency consultants (the PRT team), encouraging thinking “outside the box,” and identifying and addressing systemic barriers to achieving permanency.

Child Welfare Information Gateway

<https://www.childwelfare.gov/topics/permanency/specific/youth/>

The ultimate goal for children and youth in foster care is for them to transition to safe and legally permanent families. As youth age, however, they are less likely than younger children in foster care to achieve legal permanency. Youth who exit care without achieving permanency are at risk for a number of negative outcomes, including lower income, poorer health and higher arrest rates. Agencies can and should seek legal permanency for youth, and there are various strategies for doing so. Additionally, agencies can help youth establish and maintain meaningful connections with caring adults who can provide guidance and support.

Darla Henry

Darla Henry 3-5-7 Model – A Practice Approach to Permanency

<http://darlahenry.org>

The 3-5-7 Model® is a state-of-the-art, evidence-informed relational practice that supports the work of children and youth, individuals and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. Separations from important, intimate caregivers and being in relationships that are abusive, rejecting or abandoning contribute to feelings of hurt and pain and beliefs of being unlovable and unwanted. The 3-5-7 Model® provides a strengths-based approach that brings continuity to the process for grieving losses and empowering individuals to engage in relationships that are secure and sustainable.

National Resource Center for Permanency and Family Connections

Youth Permanency Toolkit

<http://www.nrcpfc.org/is/youth-permanency.html>

This web-based toolkit is based on a review of the literature and current practice, and is organized into five core components. It discusses each core component and provides related resources and policy examples. The toolkit also includes information on the adolescent brain, and an organizational self-study that child welfare agencies can use to review their policies and practices and identify technical assistance and training needs.

Seneca Center/California Permanency for Youth Project

Achieving Permanency: Guidelines for Expectations of County Child Welfare

http://www.californiacasa.org/Downloads/Achieving_Permanency_Expectations_Guidelines.pdf

This guide serves as a model for agencies in finding family permanency for children and youth. It suggests that child

welfare tasks focus on safety and on helping young people leave foster care for permanent homes. The guide can be used to:

- Clarify expectations with agency staff regarding permanency
- evaluate staff performance
- prioritize permanency tasks so that permanency becomes as intuitive as safety and well-being in the agency

University of Minnesota School of Social Work

Permanency or Aging Out: Adolescents in the Child Welfare System

http://casw.umn.edu/wp-content/uploads/2013/12/CW360_Sp2009_FINAL.pdf

LaLiberte & Snyder (2009) *CW360: A Comprehensive Look at a Prevalent Child Welfare Issue*

Focuses on permanency and aging out of foster care for adolescents, and includes recommended practice approaches and resources to assist those working with adolescents in the child welfare system.

Model Programs

- Destination Family Youth Permanency Program: A public-private partnership between Sacramento County and Sierra Forever Families (www.sierraff.org)
- Youth Permanency Program: A public-private partnership between San Francisco County and Family Builders (kids@familybuilders.org)

Endnotes

ⁱ PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

SEC. 112. Improving Another Planned Permanent Living Arrangement As a Permanency Option.

(a) Elimination Of Another Planned Permanent Living Arrangement For Children Under Age 16.—

(1) In General.—Section 475(5)(C)(i) (42 U.S.C. 675(5)(C)(i)) is amended by inserting “only in the case of a child who has attained 16 years of age” before “(in cases where”.

(2) Conforming Amendment.—Section 422(b)(8)(A)(iii)(II) (42 U.S.C. 622(b)(8)(A)(iii)(II)) is amended by inserting “, subject to the requirements of sections 475(5)(C) and 475A(a)” after “arrangement”.

(3) Delayed Applicability With Respect To Certain Children.—In the case of children in foster care under the responsibility of an Indian tribe, tribal organization, or tribal consortium (either directly or under supervision of a State), the amendments made by this subsection shall not apply until the date that is 3 years after the date of the enactment of this Act.

(b) Additional Requirements.—

(1) In General.—Part E of title IV (42 U.S.C. 670 et seq.) is amended by inserting after section 475 the following:

“SEC. 475A. Additional Case Plan and Case Review System Requirements.

“(a) Requirements For Another Planned Permanent Living Arrangement.—In the case of any child for whom another planned permanent living arrangement is the permanency plan determined for the child under section 475(5)(C), the following requirements shall apply for purposes of approving the case plan for the child and the case system review procedure for the child:

“(1) Documentation Of Intensive, Ongoing, Unsuccessful Efforts For Family Placement.—At each permanency hearing held with respect to the child, the State agency documents the intensive, ongoing, and, as of the date of the hearing, unsuccessful efforts made by the State agency to return the child home or secure a placement for the child with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that utilize search technology (including social media) to find biological family members for the children.

“(2) Redetermination Of Appropriateness Of Placement At Each Permanency Hearing.—The State agency shall implement procedures to ensure that, at each permanency hearing held with respect to the child, the court or administrative body appointed or approved by the court conducting the hearing on the permanency plan for the child does the following:

“(A) Ask the child about the desired permanency out-come for the child.

“(B) Make a judicial determination explaining why, as of the date of the hearing, another planned permanent living arrangement is the best

permanency plan for the child and provide compelling reasons why it continues to not be in the best interests of the child to—

“(i) return home;

“(ii) be placed for adoption;

“(iii) be placed with a legal guardian.

ⁱⁱ Pecora, P.J., Kessler, R.C., Williams, J, O’Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., Roller White, C., Wiggins, T. and Holmes, K. (2005). Improving family foster care: Findings from the Northwest foster care alumni study, Seattle, WA, Casey Family Programs

ⁱⁱⁱ Courtney, M.E. & Dworsky, A., Terao, S., Bost, N., Cusic, G.R., Keler, T., Havlicek, J. (2005). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19. Chicago: Chapin Hall Center for Children.

^{iv} Courtney, M.E., et.al.(2005).

^v Pecora, P.J., et.al.(2005).

^{vi} The California Permanency for Youth Project, two federal grants (Destination Family Youth Permanency Project - Sacramento and Nevada Counties and Dumisha Jamaa – Alameda County), and five Older Youth Adoption Pilots. Over 80% of the youth served in these programs achieved permanent families.

^{vii} Destination Family Youth Permanency final report, 2008, and Dumisha Jamaa final report, 2010.

^{viii} Older Youth Adoption Pilots, an Independent Report, Mission Focused Solutions, 2014.

^{ix} Hansen, Mary, The Value of Adoption, American University Economics Department, Working Papers Series, 2006.

^x Title IV-E Maintenance is the board and room payment made to licensed foster parents, group homes and residential child care facilities. For children that are Title IV-E eligible, the federal government reimburses California for 50% of the costs and the state pays the balance. This is California’s FMAP/FFP rate (Federal Medical Assistance Percentage/Federal Financial Participation.) In California the responsibility to pay the state’s share has been realigned to the counties, along with new revenues intended to cover the costs while adding incentives for innovations resulting in lower child welfare costs.

^{xi} Federal eligibility for adoption assistance grants (AAP) is delinked from the 1996 AFDC lookback for any AAP-eligible child adopted at age 8 and older as of October 1, 2014. Each federal fiscal year, the age of delinking decreases by two years through FY 2018 when all AAP-eligible children are eligible for the 50% federal share of cost. The schedule is as follows:

- October 1, 2015: all children age 6 and older
- October 1, 2016: all children age 4 and older
- October 1, 2017: all children age 2 and older
- October 1, 2018: all children



Families NOW
(formerly Mission Focused Solutions)
gail@FamiliesNOW.org
530.477.2900
www.FamiliesNOW.org



SIERRA HEALTH
FOUNDATION

1321 Garden Highway
Sacramento, CA 95833
916.922.4755
info@sierrahealth.org
www.sierrahealth.org