STRATEGIC GOAL 2: IMPROVE HEALTHY DEVELOPMENT, SAFETY AND WELL-BEING OF CHILDREN AND YOUTH

RATIONALE

America's future – its civil society, economy and social fabric – depends upon how well the nation protects and nurtures its children. In ACF, Head Start, child care, child welfare, youth and TANF programs together provide a broad range of services that contribute to cognitive and social development, school readiness, health and safety of children and youth.

The request for an increase of $148 million for Head Start will maintain current service levels and increase enrollment of Head Start children. The FY 2004 Head Start reauthorization proposal will provide greater flexibility to target dollars and will reallocate resources to serve a greater number of low-income children and families. The request for an increase of $25 million will provide competitive grants to State and local organizations to mentor children of prisoners.

The President's welfare reauthorization proposal would make child well-being an explicit goal of welfare reform. Activities under this new goal would include funding demonstrations and research to promote healthy marriages and family formation. These funds will be provided to faith-based and community organizations and will fund projects of national significance focusing on public education and awareness, the use of mass media campaigns and the development of best practices, research and technical assistance.

ACF provides leadership and support for programs across the Nation that shelter runaway and homeless youth and promote positive youth development. These programs help the nation's young people to meet the challenges of adolescence and grow into adulthood.

OBJECTIVES AND MAJOR PROGRAM AREAS

5.   *Promote early childhood development*

      Child Care: Quality
      Head Start

6.   *Increase safety, permanency, and well-being of children and youth*

      Child Welfare
      Developmental Disabilities: Health
      Youth Programs
      Temporary Assistance for Needy Families: Child Well-Being

5.   PROMOTE EARLY CHILDHOOD DEVELOPMENT

Approach for the Strategic Objective: Provide high quality early childhood programs, such as Head Start or accredited child care programs, so that early childhood experiences enhance children's development and school readiness.

5.1   CHILD CARE: QUALITY

Program Purpose and Legislative Intent

Since the passage of PRWORA, one quarter of one percent of the CCDF has been set-aside for technical assistance (TA). The Bureau's TA efforts have included targeted TA and support to States in systems development. The Bureau has placed particular emphasis on helping States to collect, report, and manage child care data; improve quality; and meet Federal requirements for reporting and educate consumers.

Summary Table

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL: The quality of child care services and developmental outcomes for children will improve over time.			
Objective: Increase quality as recognized by national accreditation and certification.			
5.1a. Increase by one percent (95) the number of regulated child care centers and homes nationwide accredited by a nationally recognized early childhood development professional organization from the CY 2000 baseline.	CY 04: 9,917 CY 03: 9,822 CY 02: 9,725 CY 01: 9,630 CY 00: NA	CY 04: CY 03: CY 02: 12/03 CY 01: 9237 CY 00: 9,535	Px 80 HHS 7.2
5.1b. Increase by eight percent over the previous year the number of Child Development Associate credentials awarded nationwide.	CY 03: Dropped CY 02: 150,044 CY 01: 138,125 CY 00: NA	CY 02: 12/03 CY 01: 138,930 CY 00: 127,893 CY 99: 112,130	Px 81
Objective: Increase child care quality through incentives.			
5.1c. Increase the number of States that encourage provider training and education through bonuses or other compensation. (Developmental)	FY 04: FY 03: NA	FY 04: FY 03: Baseline	Px 81
Objective: Increase the basic health, safety and quality of child care.			
5.1d. Maintain the number of States and Territories conducting unannounced inspections of regulated providers from the FY 2000 baseline.[*]	FY 03: Dropped FY 02: 51 FY 01: NA	FY 02: 12/03 FY 01: 47 FY 00: 43 Baseline	Px 82

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
		Baseline	

*N=56 (50 States, the District of Columbia, and five Territories)

PROGRAM DESCRIPTION AND CONTEXT

In ACF's efforts to break the cycle of poverty and dependency, it is essential to focus both on parents and the next generation. Parents are more likely to succeed in employment and self-sufficiency if they have confidence in their child care arrangements. Beyond issues of health and safety, child care impacts the cognitive, emotional, and social development of children.

The Bureau works with State administrators, professional groups, service providers, and others on the following objectives: identify elements of quality and appropriate measures; inform States, professional organizations, and parents about the constituents of child care quality; influence the training and credentialing of child care workers and accreditation of child care facilities; improve linkages with health care services and Head Start; and take steps to improve the quality of child care nationally. (See also information under Strategic Goal 1, Child Care Affordability.)

The Bureau works to expand partnerships with States and among early childhood programs to improve quality in early care and education. With their infant and toddler earmarks, States are recruiting additional caregivers; providing health outreach, including training and consultation; offering incentives for provider accreditation and training; and sponsoring specialized training for infant and toddler caregivers. A number of States have implemented initiatives to improve the supply and quality of infant and toddler care—some through partnerships with Early Head Start.

With CCDF monies, including funds earmarked for school-age care and resource and referral, States reported efforts to improve both the supply and quality of school-age care. These efforts include incentives for providers seeking accreditation, specialized curriculum development, grants to programs seeking to improve the quality of their services, and development of specialized licensing standards for school-age programs. In many States, efforts to improve the quality and supply of school-age care target low-income neighborhoods, and non-English speaking populations.

In addition to the earmarks, States are required to spend at least four percent of CCDF funds to improve the quality and availability of child care and offer additional services to parents, such as resource and referral counseling on selecting appropriate child care providers.

In FY 2001, the Bureau awarded $2.5 million in discretionary grant funds appropriated to ACF for Technical Assistance to Improve Child Care Facilities. (Funds for this purpose were not appropriated in FY 2002.) Nine grantees around the country are providing technical assistance to

child care providers to improve the quality and supply of child care facilities, including child care for infants and toddlers and children with disabilities. A cooperative agreement was awarded to a university and its consortium of universities and early childhood organizations for the Center on the Social and Emotional Foundations for Early Learning. The purpose of this five-year project is to support the development of a national center to assist Head Start and child care programs to identify and implement practices that demonstrate effectiveness in promoting children's social and emotional competence. In FY 2001, the Child Care Bureau also awarded 26 new discretionary grants to local councils under the Early Learning Opportunities Act (ELOA). Another group of 31 ELOA grants was awarded in FY 2002. The Bureau is working with the FY 2001 and 2002 ELOA grantees to advance early learning and literacy and to assist them in evaluating the outcomes of their efforts.

As described under Strategic Goal 1, the Bureau provides technical assistance and support to grantees in implementing CCDF. Directly, and through its technical assistance contractors, the Bureau informs States about successful programs and models; offers on-site consultation; facilitates exchanges among peers; and sponsors meetings, conference calls, and conferences designed to provide training and peer linkages. In partnership with the HHS Maternal and Child Health Bureau, the Bureau sponsors the Healthy Child Care America campaign to develop and strengthen linkages between child care providers, health professionals, and families, and. ultimately to improve the health and safety of children in child care settings.

Program Partnerships

One key strategy for improving the quality of care, as well as its affordability and availability, is to create linkages between CCDF, early childhood programs and other agencies that provide crucial services to children and families. The Bureau has actively promoted collaboration through policy and technical assistance. In their biennial CCDF Plans, States are required to discuss both the coordination and collaboration that occurred in developing their plans and the results of that collaboration. The Bureau will monitor State progress toward the goal of collaboration through the State reports. As indicated in section 4.1, States submitted new plans on July 1, 2001, for the two-year period beginning October 1, 2001.

In addition, the Bureau coordinates with partners in ACF, HHS, and other departments to address barriers impeding States' efforts to provide quality services to children and families. This coordination includes encouraging grantees to provide high quality, full-day, full-year early childhood services by linking CCDF with Head Start and State pre-kindergarten programs. The HHS health agencies that assist with attaining health targets include the Maternal and Child Health Bureau, Community Health Centers, the Substance Abuse and Mental Health Services Administration, the Centers for Medicare and Medicaid Services, and their constituencies. The Bureau works with the Federal Interagency Coordinating Council (FICC) and others to ensure that children with special needs who are eligible for CCDF services also receive assessments and early intervention services. In 2002, the FICC and the Bureau co-sponsored two policy forums on child care and children with disabilities.

PROGRAM PERFORMANCE ANALYSIS

States continue to expand their innovative uses of CCDF quality improvement funds to assure more children are cared for in environments that support their developmental needs. In their FY 2002-2003 CCDF State Plans, States reported that they are using quality funds to educate parents about making good child care choices; to provide grants and loans to expand the number and quality of child care slots; to increase child care provider wages, benefits, and training; and to monitor the safety and quality of care.

The trend continues toward States implementing systems of tiered reimbursement whereby providers are paid more if they can demonstrate that they offer higher quality care. In their Plans, 29 States indicated that they provide rate differentials for various levels of quality. Most States indicated they are working toward a system of professional development for child care providers and workers. Nearly a dozen States have implemented the North Carolina TEACH model combining professional development and training with salary enhancements. State-funded pre-kindergarten programs now exist in 42 States and nearly all States reported efforts to link child care, Head Start, and pre-kindergarten programs more closely together.

Performance Report

The data needed for reporting performance on two of the current measures related to child care quality, i.e., accreditation of facilities (measure 5.1a) and the Child Development Associate (measure 5.1b) are furnished by independent national bodies. These organizations are credible sources of information about provider accreditation and certification. The Bureau established the baseline for measure 5.1a with CY 2000 data from the National Association for Family Child Care, the National Association for the Education of Young Children (NYAEC), and the National School-Age Care Alliance. Based on their combined data, there were 9,237 accredited child care facilities nationwide in CY 2001. It is unclear whether the changes in the NAEYC accreditation system resulted in the decrease in accredited facilities between CY 2000 and 2001. 5.1a measures the number of accredited facilities in relationship to the number of regulated child care centers and homes, as reported by the organizations listed above and the Children's Foundation. (*The 2001 Child Care Center Licensing Study*).

The NAEYC, one of several accrediting organizations reported 6,830 NAEYC-accredited child care facilities in 1999 and 8,332 in 2000. According to the National School-Age Care Alliance (NSACA), 211 of its member child care facilities were accredited in 2000. Therefore, of an estimated 106,246 regulated child care centers, 8,543 were accredited in 2000 through NAEYC and NSACA. In addition, 992 of the 290,667 regulated family and group child care homes reported by the Children's Foundation were accredited through the National Association for Family Child Care in 2000.

The NAEYC is revising its accreditation system. The new system will be announced in November 2002 and is scheduled to be operational in 2005. The effects of this new system on measure 5.1a cannot be determined at this time. However, the impact could be substantial

because NAEYC accredits a larger proportion of child care facilities annually than do the two other accrediting organizations that are sources of data for measure 5.1a.

Providing an accurate count of the total number of child care workers is also difficult. No reliable estimate of the number of such workers exists. The ability to provide the total number of workers is hampered by several factors; e.g., no common definition exists for the term "child care worker." The Bureau of Labor Statistics' National Industry-Occupation Employment Matrix includes at least three employee categories applicable to child care workers and omits some obvious providers such as the self-employed. In FY 2002, the Child Care Bureau funded two grants designed to increase knowledge about child care providers and staff.

The Council for Early Childhood Professional Recognition awards Child Development Associate (CDA) credentials to individual child care workers (measure 5.1b). In calendar year (CY) 2000, the Academy reported 127,893 individuals with CDA credentials and 138,930 in CY 2001, an increase of 11,037 or 8.6 percent.

Data Issues

As discussed in Strategic Goal 1, the Bureau has worked with States and Territories for several years to develop appropriate and achievable program goals and measures. The goals and measures in this document reflect the consensus-building and participatory process.

Some of these child care quality performance measures require new reporting and/or data gathering methods, including obtaining information from national organizations. The Bureau intends to address these data issues in several ways. Information relevant to measures already included in State Plans will be used to help tell the performance story. The State Plan Preprint submitted biennially by States has been, or will be, amended to include additional items related to the Bureau's performance measures.

Performance Plan

Performance Measures for FY 2004 and Final Measures for FY 2003

PROGRAM GOAL: The quality of child care services and developmental outcomes for children will improve over time.

Objective: Increase quality as recognized by national accreditation and certification.

> *5.1a.* **FY 2003***: Increase by an additional one percent the number of regulated child care centers and homes nationwide accredited by nationally recognized early childhood development professional organizations and accrediting entities from the CY 2000 baseline.*
>
> **FY 2004***: Increase by an additional one percent the number of regulated child care centers and homes nationwide accredited by nationally recognized early*

childhood development professional organizations and accrediting entities from the CY 2000 baseline.

Data Source: National Association for Family Child Care, the National Association for the Education of Young Children, and the National School-Age Care Alliance.

The above performance goal is an indicator of quality improvement. Accreditation of child care facilities has been linked to better outcomes for children and is increasingly accepted as a marker of good quality care. Several States use CCDF quality improvement funds in various ways to support accreditation for child care centers and homes.

Through intense efforts with program stakeholders to explore alternative ways to measure progress toward improving the quality of child care services, the goals in this section have been developed to address child health, safety, and development. This is done through inspection and monitoring of child care facilities, as well as incentives for program accreditation and staff training.

> ### 5.1b.   FY 2003: *Increase by eight percent over the previous year the number of Child Development Associate credentials awarded nationwide. (Dropped)*

Given that the CDA is only one approach to provider education and training, the Bureau is dropping this measure in FY 2003 in favor of 5.1c, which recognizes both training and compensation issues for providers.

Objective: Increase child care quality through incentives.

> ### 5.1c.   FY 2004: *Increase the number of States that encourage provider training and education through bonuses or other compensation from the FY 2003 baseline. (Developmental)*

Data Source. Biennially, data could be obtained by revising the State Plan Preprint. In alternate years, States could be required to submit the information as an addendum to the Annual Aggregate Report, ACF-800. (Subject to OMB approval.)

This new measure assesses State efforts to encourage or require increased provider training. Given the association that exists in research between provider training/compensation, child care quality, and outcomes for children, this measure serves as a proxy for quality and outcomes for children. Longer-term, in connection with reauthorization of the CCDF and Good Start Grow Smart, the Bureau will consult with States and others about a more direct approach to assessing child outcomes, which could include a measure based on State assessment of school readiness at kindergarten entry.

Objective: Increase the basic health, safety and quality of child care.

5.1d. FY 2003: *Increase the number of States and Territories conducting unannounced inspections of regulated providers from the FY 2000 baseline. (Dropped)*

Measure 5.1d is being dropped because research suggests that conducting unannounced visits indiscriminately on all providers is probably not the best use of limited State resources. Unannounced visits appear to be most useful with providers who have a history of low compliance with regulations.

5.2   HEAD START

Program Purpose and Legislative Intent

The purpose of Head Start is to provide comprehensive child development services to children and families. This is achieved through grants to local public and private non-profit and for-profit agencies. Head Start is authorized under Section 639 of the Head Start Act, as amended. Intended primarily for preschoolers from low-income families, Head Start promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services. Head Start programs emphasize cognitive, language and socio-emotional development to enable each child to develop and function at his or her highest potential. Head Start engages parents in their children's learning and helps them in making progress toward their educational, literacy and employment goals.

In FY 1995, the Early Head Start program was established in recognition of mounting evidence that the earliest years, from birth to three years of age, matter a great deal to children's growth and development. It is estimated that during FY 2004, 62,400 children will be enrolled in Early Head Start programs.

Summary Table

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL: Enhance Children's Growth and Development.			
Objectives: *(1) Children demonstrate improved emergent literacy, numeracy and language skills, and* *(2) Children demonstrate improved general cognitive skills.*			
5.2a. Achieve at least an average 34 percent gain (12 scale points) in word knowledge for children completing the Head Start program.	FY 04: 34% FY 03: 32% FY 02: 32% FY 01: 10 FY 00: NA	FY 04: FY 03: FY 02: 10 (32%) FY 01: 10 (32%) FY 00: 10 (32%)	Px 92 HHS 7.2
5.2b. Achieve at least an average 52 ~~percent gain (4 scale points) in~~	FY 04: 52% FY 03: 43%	FY 04: FY 03:	Px 92

percent gain (4 scale points) in mathematical skills for children completing the Head Start program.	FY 02: 43% FY 01: 3 FY 00: NA	FY 02: 3 (43%) FY 01: 3 (43%) FY 00: 3 (43%)	**HHS 7.2**
5.2c. Achieve at least an average 70 percent gain (3.4 scale points) in letter identification for children completing the Head Start program.	FY 04: 70% FY 03: 70% FY 02: 70% FY 01: 3.4 FY 00: NA	FY 04: FY 03: FY 02: 2 (38%) FY 01: 2 (38%) FY 00: 1.5 (35%)	Px 92 **HHS 7.2**

Objective: (3) Children demonstrate improved gross and fine motor skills.

5.2d. Achieve at least an average 43 percent gain (1.24 scale points) in fine motor skills for children completing the Head Start program.	FY 04: 43% FY 03: 43% FY 02: 43% FY 01: 1.24 FY 00: NA	FY 04: FY 03: FY 02: 1.05 (34%) FY 01: 1.05 (34%) FY 00: 1.05 (34%)	Px 92 **HHS 7.2**

Objectives:
(4) Children demonstrate improved positive attitudes toward learning.
(5) Children demonstrate improved social behavior and emotional well-being.

5.2e. Achieve at least an average 14 percent gain (2 scale points) in social skills for children completing the Head Start program.	FY 04: 14% FY 03: 10% FY 02: 10% FY 01: 1.4 FY 00: NA	FY 04: FY 03: FY 02: 1.9 (13%) FY 01: 1.9 (13%) FY 00: 1.4 (10%)	Px 92 **HHS 7.2**

Objective: (6) Children demonstrate improved physical health.

5.2f. Achieve goal of at least 80 percent of children completing the Head Start program rated by parent as being in excellent or very good health.	FY 04: 80% FY 03: 80% FY 02: 80% FY 01: 80% FY 00: NA	FY 04: FY 03: FY 02: 79% FY 01: 79% FY 00: 77%	Px 92

PROGRAM GOAL: Strengthen Families

Objective: (1) Head Start parents demonstrate improved parenting skills.

5.2g. Achieve goal of at least 70 percent the percentage of parents who report reading to child three times per week or more.	FY 04: 70% FY 03: 70% FY 02: 70% FY 01: 70% FY 00: NA	FY 04: FY 03: FY 02: 69% FY 01: 69% FY 00: 66%	Px 93 **HHS 7.2**

Objectives:
(2) Parents improve their self-concept and emotional well-being.
(3) Parents make progress toward their educational, literacy and employment goals.

5.2h. Maintain the percentage of Head Start employees who are parents of Head Start children.	FY 04: 30% FY 03: 30% FY 02: 30% FY 01: 30% FY 00: 30%	FY 04: FY 03: FY 02: 28% FY 01: 29% FY 00: 30.9%	Px 93

	FY 99: 30%	FY 99: 30.6% FY 98: 29%	

Head Start employed approximately 193,350 staff members. Of these 54,600 are parents of Head Start children.

PROGRAM GOAL: *Children receive educational services*.

***Objective*: (1) Programs provide developmentally appropriate educational environments.**

5.2i. Increase the percentage of classroom teachers with a degree in early childhood education (ECE), a child development associate credentia l, a State-awarded preschool certificate, a degree in a field related to ECE plus a State-awarded certificate or who are in CDA training and have been given a 180-day waiver, consistent with the provisions of Section 648A(a)(1) of the Head Start Act.	FY 04: 100% FY 03: 100% FY 02: 100% FY 01: 100% FY 00: 100% FY 99: 100%	FY 04: FY 03: FY 02: 90% FY 01: 86% FY 00: 94% FY 99: 93% FY 98: 95%	Px 93 HHS 7.2
5.2j. Increase the percentage of teachers with AA, BA, Advanced Degree or a degree in a field related to early childhood education	FY 04: 50% FY 03: 50% FY 02: 47%	FY 04: FY 03: FY 02: 51% FY 01: 45% FY 00: 41% FY 99: 37% FY 98: 32% FY 97: 33%	Px 93 HHS 7.2

24,797 Head Start teachers have an Associate Degree or better. An additional 10,565 teachers are enrolled in degree programs.

***Objective*: (2) Staff interact with children in a skilled and sensitive manner.**

5.2k. Maintain the average lead teacher score on an observational measure of teacher-child interaction.	FY 04: 73 FY 03: 73 FY 02: 73 FY 01: 73 FY 00: NA	FY 04: FY 03: FY 02: 72 FY 01: 72 FY 00: 73	Px 94 HHS 7.2

PROGRAM GOAL: *Children in Head Start receive health and nutritional services.*

***Objective*: Children in Head Start receive needed medical, dental and mental health services.**

5.2l. Increase the percentage of Head Start children who receive necessary medical treatment after being identified as needing medical treatment.	FY 04: 97% FY 03: 97% FY 02: 94% FY 01: 92% FY 00: 90% FY 99: 88%	FY 04: FY 03: FY 02: 89% FY 01: 88% FY 00: 88% FY 99: 87% FY 98: 88%	Px 94 HHS 3.2

807,959 children were up-to-date on a schedule of age appropriate preventive and primary health care. 171,190 children received medical treatment as a result of a diagnosed health condition.

5.2m. Maintain the percentage of Head Start children who receive necessary dental treatment after	FY 04: 95% FY 03: 95% FY 02: 90%	FY 04: FY 03: FY 02: 76%	Px 94

necessary dental treatment after being identified as needing dental treatment.	FY 02: 90% FY 01: 90% FY 00: 90% FY 99: 96%	FY 02: 76% FY 01: 77% FY 00: 78% FY 99: 81% FY 98: 83%	HHS 3.2
157,191 children received or are receiving dental treatment as a result of an examination and diagnosis.			
5.2n. Increase the percentage of Head Start children who receive necessary treatment for emotional or behavioral problems after being identified as needing such treatment.	FY 04: 90% FY 03: 90% FY 02: 85% FY 01: 83% FY 00: 81% FY 99: 81%	FY 04: FY 03: FY 02: 74% FY 01: 77% FY 00: 77% FY 99: 75% FY 98: 75%	Px 94 HHS 3.5
Of the children referred for mental health services outside the Head Start program, 15,544 received treatment.			
NEW EVALUATION MEASURES			
5.2o. Percentage of all Head Start grantees that are reporting child outcome data using the National Reporting System. (Developmental)	FY 04: NA	FY 04: Baseline	Px 95
5.2p. Proportion of Head Start grantees, using the National Reporting System, that meet or exceed numerical targets in selected dimensions of school readiness. (Developmental)	FY 04: NA	FY 04: Baseline	Px 95 HHS 7.2
Total Funding for All Head Start Programs (dollars in millions) **See detailed Budget Linkage Table in Part I for line items included in funding totals.**	FY 04: $6815.6 FY 03: $6667.5 FY 02: $6537.0 FY 01: $6199.8 FY 00: $3866.2 FY 99: $4658.1		

PROGRAM DESCRIPTION AND CONTEXT

In 2002, more than 912,000 children were enrolled in Head Start programs. These programs operated 18,500 centers with 49,800 classrooms. Of the children served, 34.5 percent are African-American; 30.4 percent are White; 28.7 percent are Hispanic; 3.3 percent are American Indian; and 2.0 percent are Asian.

Sixty-four percent of all Head Start programs enrolled children from more than one dominant language and 20 percent enrolled children from four or more dominant language groups. Head Start programs endeavor to meet the needs of diverse communities and cultures in America. Head Start enrolls and serves children in a myriad of settings, primarily community-based organizations operating north and south from Florida to Alaska, and east to west from Puerto

Rico to Micronesia through a network of 1,565 largely community based program grantees. In FY 2004, Head Start is projecting that it will increase enrollment levels to 923,000 children.

More than 244,000 Head Start children speak a language other than English. Besides staffing Head Start centers with staff speaking the same language as the children enrolled, Head Start provides special programs for special populations. In FY 2002, Head Start served more than 121,000 children with disabilities, 12 percent of the total enrollment. Disabilities included visual, hearing, speech, and health impairments, mental retardation, serious emotional disturbances, specific learning disabilities, and developmental delays.

The basic philosophy guiding the Head Start program is that children benefit from quality early childhood experiences and that effective intervention can be accomplished through high quality comprehensive services for children. Head Start supports families by providing direct and referral services when needed and fosters community involvement, especially in providing health and social services for enrolled children and their families. Almost 30 percent of Head Start program employees are parents of Head Start children.

Head Start continues to emphasize its role as a national laboratory to test and refine educational approaches, and to use child outcomes to help guide program development. Recognition of emerging research, changing needs and developing trends enable the Head Start Bureau to make resources available for targeted programmatic improvements. Head Start conducts research, demonstration, and evaluation activities to test innovative program models and to assess program effectiveness. During the first nine months of FY 2002 Head Start selected and allocated funds to successful competing applicants who will enrolled 6,742 additional children in the Early Head Start programs. This is a key area of focus as research demonstrates the critical significance of very early childhood as a time for laying the foundations necessary for optimal future development.

In response to the legislative mandate, substantial resources were allocated during the first nine months of FY 2002 to upgrade the credentials of Head Start classroom teachers. More than $80 million in annual funding was earmarked to pay for teacher training and to continue to increase staff compensation. Grantees were required to develop plans for using their allocation to increase the numbers of teachers with degrees, a factor which research indicates is strongly associated with positive child outcomes. Additionally, significant resource allocations have been targeted to train thousands of Head Start teachers in effective methods for implementing literacy curricula in Head Start programs across the country (see performance measures 5.2a and 5.2c). This activity, *Project Step*, conducted in concert with a Presidential initiative, began in FY 2002.

Project Step is not a curriculum; it is a professional training program to enhance the work going on in Head Start programs. *Project STEP* provides nationwide research-based literacy training to all Head Start programs, builds on existing quality improvement and professional development efforts; and creates a consistent foundation of staff knowledge and skills in early literacy to enhance the locally designated curriculum and staff development efforts. During four-day training conferences, teachers receive 32 hours of research-based training to support grantee-designated Early Literacy Specialists. Their training includes instruction on approaches to teaching strategies, optimum classroom arrangements, and the use and placement of materials to

promote children's literacy and language learning. Ultimately, more than 50,000 Head Start staff will be trained and there will be a literacy-enriched environment in all programs.

Health: Head Start emphasizes the importance of the early identification of health problems. Every child is in a comprehensive health program that includes immunizations, medical, dental, and mental health, and nutritional services. Basic to the philosophy of the Head Start program is that healthy children will be better able to learn. Head Start made funds available to programs to assist in meeting the costs of critical dental treatment for children in communities where Medicaid-funded dental services are difficult or impossible to access (see performance measure 5.2m). This will result in more Head Start children receiving needed dental treatment. Research shows that for optimal learning to occur, children's physical health and well-being are essential.

Head Start Program Monitoring: Head Start's legislation requires a team led by a Federal representative to examine Head Start program performance standard compliance at least every three years for each program. ACF regional office and central office staff conduct more than 500 on-site reviews each year.

Other Information and Management Systems: All local programs receiving Head Start funds are required to submit an annual Program Information Report tracking program participation statistics such as the age of children, the kind of education program they receive, and the medical, dental and mental health services the children receive. Annual one-time questions capture information about children's families and the kind of support services required such as job training, education, housing, counseling and other community based services. Head Start's new application includes a component which tracks costs hourly, daily and annually across service components and allows judgments to be made by Federal officials about the reasonableness of a Head Start grantee's proposed costs.

Head Start Training & Technical Assistance Network and Quality Improvement Centers: Head Start makes a substantial annual investment to support regional and sub-regional Head Start quality improvement centers. The national Early Head Start Resource Center for leadership and support provides training and technical assistance for programs enrolling infant, toddlers and pregnant women. All training and technical assistance services foster collaboration between community agencies, governments, academic institutions and Head Start programs. Head Start sets aside funds for training and technical assistance to help local projects meet the Head Start program performance standards and maintain and improve the quality of local programs, emphasizing early literacy and school readiness and improved credentials for classroom teachers.

Program Partnerships

The Administration for Children and Families and the Head Start Bureau work closely with several agencies within HHS, the Department of Education and other agencies and institutions of higher learning in support of efforts to maintain and improve the quality and scope of Head Start program services.

- Health Resources and Services Administration: The Head Start Bureau signed an inter-agency agreement to support the provision of technical expertise in the area of oral health to both the Head Start Bureau and Regional Offices.
- Public Health Service, Maternal and Child Health Bureau: Inter-agency agreement to fund activities of the National Early Hearing Detection and Intervention Technical Assistance Centers to provide expertise in hearing screening, diagnosis and intervention services to infants, toddlers and young children.
- Department of Education and National Institutes of Health: Early Head Start Fathers Study to help develop strategies to involve fathers in aspects of the Early Head Start program.
- Department of Education: Collaboration on Early Childhood Longitudinal Study, kindergarten and birth cohorts, to increase knowledge about predictors of school readiness.
- National Institute of Child Health and Human Development, Department of Education and the National Institute of Mental Health: Inter-agency collaboration on research initiative to identify child development interventions to promote school readiness.
- America Reads and the Department of Education: to develop and implement literacy curricula in early childhood settings.
- Partnership with Office of Child Support Enforcement: to foster collaboration between Head Start and OCSE agencies in furthering the support of children.
- National Center on Family Literacy: to assist Head Start in developing literacy curricula.
- Historically Black Colleges and Universities, Hispanic Serving Institutions of Higher Learning, and Indian Controlled Land Grant Colleges and Universities: to develop faculty support for curricula in early childhood development for training of teachers.

PROGRAM PERFORMANCE ANALYSIS

Head Start sets goals and measures program outcomes for children related to children's health, emergent literacy, numeracy and language skills, cognitive skills, gross and fine motor skills, attitudes towards learning, social behavior, and emotional well-being (selected indicators are reported below). Other reported indicators include parental involvement in educational activities, professional development of teaching staff, observed classroom quality, and provision of needed physical, dental, and mental health services.

During the Head Start experience, children improve the cognitive and social skills that indicate readiness to learn more in kindergarten. Head Start's Family and Child Experiences Survey (FACES) uses measures of child performance for which national norms are available, such as the Peabody Picture Vocabulary Test -- III and subtests of the Woodcock-Johnson Psychoeducational Battery-Revised. Note that national mean scores are the average scores achieved by children at all levels of income. Head Start works to narrow the gap between disadvantaged children and all children in school readiness skills during the program year.

None of Head Start's 48,000 classrooms scored below a minimal level of quality, unlike many other pre-school and child care settings. Head Start classroom quality is linked to child outcomes. For example, children score higher on early literacy measures when they experience richer teacher-child interaction, more language learning opportunities, and a classroom well equipped with learning resources. This outcome, among others, is a proxy measure of the

effectiveness of Head Start's national training and technical assistance network in which substantial funds are invested.

Performance Report

For the program goal "Enhance children's growth and development", the targets have been set to be both educationally meaningful and realistically achievable. Head Start's Family and Child Experiences Survey (FACES), a longitudinal study, is showing encouraging results. The most current data (2002) indicate that Head Start children completing the program are achieving an average 32 percent gain in word knowledge (measure 5.2a) compared to average gain among all children during the pre-K year of 19 percent. In addition, Head Start children are achieving an average 43 percent gain in mathematical skills (measure 5.2b) compared to the average gain for all pre-K children of 30 percent. Considering most Head Start children enter the program with scores below national norms on most measures of school readiness, these early indications of program performance are quite impressive.

However, in other areas, such as letter identification (measure 5.2c), increased programmatic attention will be required. The target represents an aggressive goal relative to previous performance. This increased attention is addressed through multiple approaches at the program level, including new initiatives in family literacy, teacher credentialing, a new emphasis on local program use of child outcome data in self-evaluations, and a major teacher training initiative focused on developing literacy-rich classrooms.

FACES also showed encouraging results on program quality. Head Start classroom quality is good on average, with approximately 75 percent of over 500 observed classrooms rating good quality or higher on the Early Childhood Environment Rating Scale.

Head Start continues to employ and provide training to 55,900 parents of Head Start children (measure 5.2h); 28 percent of present Head Start employees are parents of Head Start children. Head Start parents achieve required credentials thereby benefiting from career training, and enjoy long term stable employment in Head Start. These parents, many of whom were participants in temporary public assistance, participate in employer provided health care and retirement benefits accruing benefits not only for themselves, but also for their children.

The target established in the Head Start Act for qualified teaching staff (measure 5.2i) was 100 percent; the actual was 90 percent. This shortfall may be due to a combination of staff turnover and/or limited access to training and credentialing opportunities in certain areas of the country. In partnership with institutions of higher education, Head Start is working to ensure that a majority of teachers obtain associate's or bachelor's degrees in early childhood education over the next few years.

The Head Start program has maintained a high level of effort in accomplishing a nearly 100 percent rate for child immunizations and rates approaching 90 percent for health examinations. While performance has remained somewhat stable for measures 5.2m-n with a slight increase in 5.2l; all three Head Start health indicators (measures 5.2l-n) are below the projected target levels. However, the number of children identified as needing treatment has increased for all three

measures. The Head Start Bureau is committed to improving performance for these three measures for FY 2004 because health plays such a critical role in the overall positive development of children.

Head Start has been selected as a pilot for linking resources, outputs, and outcomes, as a way of using performance information to improve program effectiveness. This pilot will help to lay the groundwork for informing management decisions for resource allocation, improving internal management, and providing greater accountability through more integrated financial and performance reporting. The table below illustrates the use of selected resources to support child progress.

BUDGET TABLE LINKING INVESTMENTS TO ACTIVITIES/OUPUTS/OUTCOMES

Investments*	Activity	Outputs	Outcome
$49,293,000	Training & Technical Assistance	Training, mentoring and coaching in implementing early childhood curriculum, with major focus on early literacy and numeracy activities. Collaboration with Department of Education Early Reading First for literacy and training materials.	Children ready to learn. Successful transition to kindergarten
$3,000,000	Implement Family Literacy Activities	Revamped literacy-enriched training and technical assistance provided by the National Center on Family Literacy. Research based training and materials.	Increased capacity of families to support children's development and learning.
$6,663,416	Implement plan for training and credentialing of Head Start teachers (Note: Program Description and Context *Project Step)*	Formal college course work leading to Associate's and Bachelor's degrees in Early Childhood Education via partnerships with Institutions of Higher Education.	Increased number of college degreed teachers. Developmentally appropriate learning environments and activities. Supportive adult-child interactions.
$1,100,000	Implement dental health and social-emotional grants/contracts	Training and Technical Assistance for Regional Office staff and Head Start programs.	Increased capacity of Head Start staff to address children's health needs. Improved oral health and social-emotional outcomes for

			children.

* When integrating budget and performance information, ACF programs were encouraged to focus on primary investments used to accomplish program outcomes. Some ACF programs use mainly training and technical assistance resources, while others factor in total budget figures when measuring program impacts. Investment data presented in this table reflect the most appropriate resource base for the program.

Data Issues

The Family and Child Experiences Survey (FACES) is a longitudinal study of a nationally representative sample of 3,200 children and families in 40 Head Start programs which provides data for the Head Start child outcomes measures. OMB granted approval in July 1997, following a field test of 2,400 children in the spring of 1997. Full implementation began in the fall of 1997 and includes assessment of the same children before and after their Head Start experience (whether one or two years), as well as in the spring of kindergarten and the spring of first grade. Data sources include parent interviews, staff interviews, teacher questionnaires, classroom observations, and direct child assessments. FACES, designed as a periodic, longitudinal data collection activity, provided the baseline data for 1999.

Because of the need to collect longitudinal data, (including pre- and post-test and follow-up data on child performance to assess progress), it is not feasible to provide FACES data on an annual basis. However, regular, periodic data collection for additional program quality and outcome measures provided by the Head Start Program Information Report will ensure a regular, national picture of program quality. The 2001-2002 cohort of FACES included a new nationally representative sample of 43 programs. Data collection began in fall 2000, following children and families for one or two years of program attendance, with a kindergarten follow-up. Targets established for FY 2003-2004 were based on this cohort. Current plans project a third three-year cycle of FACES data collection for FY 2003-2004.

Head Start's Program Information Report provides on-time verified data that are collected annually from all Head Start programs using an OMB-approved data collection instrument. This instrument is revised periodically to capture information that is relevant to reporting on program objectives. The data yields are used for several performance measures reported in the summary tables in this plan. This data collection is automated to improve the efficiency in the collection and analysis of data. Head Start achieves a 100 percent response rate annually from 2500 respondents.

Performance Plan

Performance Measures for FY 2004 and Final Measures for FY 2003

PROGRAM GOAL: Enhance children's growth and development.

Objectives: Children demonstrate improved emergent literacy, numeracy and language skills. Children demonstrate improved general cognitive skills.

5.2a. **FY 2003***: Achieve at least an average 32 percent gain (10 scale points) in word knowledge for children completing the Head Start program. (The average gain among all children during the pre-K year is 19 percent.)*

FY 2004: *Achieve at least an average 34 percent gain (12 scale points) in word knowledge for children completing the Head Start program. (The average gain among all children during the pre-K year is 19 percent,)*

5.2b. **FY 2003***: Achieve at least an average 43 percent gain (3 scale points) in mathematical skills for children completing the Head Start program. (The average gain among all children during the pre-K year is 30 percent.)*

FY 2004*: Achieve at least an average 52 percent gain (4 scale points) in mathematical skills for children completing the Head Start program. (The average gain among all children during the pre-K year is 30 percent.)*

5.2c. **FY 2003***: Achieve at least an average 70 percent gain (3.4 scale points) in letter identification for children completing the Head Start program. (The average gain among all children during the pre-K year is 50 percent.)*

FY 2004: *Achieve at least an average 70 percent gain (3.4 scale points) in letter identification for children completing the Head Start program. (The average gain among all children during the pre-K year is 50 percent.)*

Objective: Children demonstrate improved gross and fine motor skills.

5.2d. **FY 2003***: Achieve at least an average 43 percent gain (1.24 scale points) in fine motor skills for children completing the Head Start program.*

FY2004: *Achieve at least an average 43 percent gain (1.24 scale points) in fine motor skills for children completing the Head Start program.*

Objectives: Children demonstrate improved positive attitudes toward learning.
Children demonstrate improved social behavior and emotional well-being.

5.2e. **FY 2003***: Achieve at least an average 10 percent gain (1.4 scale points) in social skills for children completing the Head Start program.*

FY 2004: *Achieve at least an average of 14 percent gain (2 scale points) in social skills for children completing Head Start program.*

Objective: Children demonstrate improved physical health.

5.2f. **FY 2003***: Achieve goal of at least 80 percent of children completing the Head Start program rated by parent as being in excellent or very good health.*

FY 2004: *Achieve goal of at least 80 percent of children completing the Head Start program rated by parent as being in excellent or very good health.*

Objective: Head Start parents demonstrate improved parenting skills.

    5.2g.   **FY 2003***: Maintain the increase from the baseline year at 70 percent the percentage of parents who read to child three times per week or more.*

           FY 2004: *Achieve goal of at least 70 percent of parents who read to child three times per week or more.*

Objectives: Parents improve their self-concept and emotional well-being.
              Parents make progress toward their educational, literacy and employment goals.

    5.2h.   **FY 2003***: Maintain at 30 percent the percentage of Head Start employees who are parents of Head Start children.*

           FY2004*: Maintain at 30 percent the percentage of Head Start employees who are parents of Head Start children.*

           Data Sources: Head Start Program Information Report.

PROGRAM GOAL: Children receive educational services.

Objective: Programs provide developmentally appropriate educational environments.

    5.2i.   **FY 2003***: Achieve the goal of 100 percent of classroom teachers with a degree in early childhood education (ECE), a child development associate credential, a State-awarded preschool certificate, a degree in a field related to ECE plus a State-awarded certificate, or who are in CDA training and have been given a 180 day waiver, consistent with the provisions of Section 648A(a)(2) of the Head Start Act.*

           FY 2004*: Maintain at 100 percent of classroom teachers with a degree in early childhood education (ECE), a child development associate credential, a State-awarded preschool certificate, a degree in a field related to ECE plus a State-awarded certificate, or who are in CDA training and have been given a 180 day waiver, consistent with the provisions of Section 648A(a)(2) of the Head Start Act.*

    5.2j.   **FY 2003:** *Increase the percentage of teachers with an AA, BA, Advanced Degree or a degree in a field related to early childhood education.*

           FY 2004: *Increase the percentage of teachers with an AA, BA, Advanced Degree or a degree in a field related to early childhood education.*

Administration for Children and Families   *Page M-93*
Government Performance and Results Act Requirements   *FY 2004 Performance Plan*
                                                           FY 2002 Performance Report

Objective: Staff interact with children in a skilled and sensitive manner.

> *5.2k.* **FY 2003***: Maintain at the FY 1999 baseline of 73 points the average lead teacher score on an observational measure of teacher-child interaction.*
>
> **FY 2004***: Maintain at the FY 1999 baseline of 73 points the average lead teacher score on an observational measure of teacher-child interaction.*
>
> Data Sources: Family and Child Experiences Survey (FACES) observation of classroom teachers

PROGRAM GOAL: Children in Head Start receive health and nutritional services.

Objective: Children in Head Start receive needed medical, dental and mental health services.

(Note: Beginning with the FY 2004 plan, ACF has integrated its Head Start measures into a single strategic objective area. Measures 5.2l-n were formerly 6.1a-c.)

> *5.2l.* **FY 2003***: Increase from 88 percent in FY 1998 to 97 percent the percentage of Head Start children who receive necessary medical treatment after being identified as needing medical treatment.*
>
> **FY 2004***: Increase from 88 percent in FY 1998 to 97 percent the percentage of Head Start children who receive necessary medical treatment after being identified as needing medical treatment.*
>
> *5.2m.* **FY 2003***: Increase to 95 percent the percentage of Head Start children who receive necessary dental treatment after being identified as needing dental treatment.*
>
> **FY 2004***: Increase to 95 percent the percentage of Head Start children who receive necessary dental treatment after being identified as needing dental treatment.*
>
> *5.2n.* **FY 2003***: Increase from 75 percent in FY 1998 to 90 percent the percentage of Head Start children who receive necessary treatment for emotional or behavioral problems after being identified as needing such treatment.*
>
> **FY 2004***: Increase from 75 percent in FY 1998 to 90 percent the percentage of Head Start children who receive necessary treatment for emotional or behavioral problems after being identified as needing such treatment.*

National Reporting System

"President Bush has directed HHS to develop a strategy to ensure that, for the first time, every Head Start center assesses the standards of learning in early literacy, language, and

numeracy skills. This new accountability system will be field tested in the 2002-2003 academic year, with full implementation planned for fall 2003. Every local Head Start program will be required to assess all participants between the ages of three and five on these indicators at the beginning, middle, and end of each year and to analyze the assessment data on the progress and accomplishments of all enrolled children. Federal program monitoring teams will conduct on-site reviews of a program's implementation of these requirements. HHS is also designing a national reporting system to collect data from every local program. This system, together with ongoing Head Start research and from Head Start on-site program monitoring reviews, will create comprehensive information on local program effectiveness. Local program data will be used to target new efforts in staff training and program improvement to enhance the capacity of Head Start to increase children's early literacy and school readiness. In addition, data on whether a program is successfully teaching standards of learning will be used in HHS evaluations of local Head Start agency contracts." Good Start, Grow Smart, April 2002.

ACF is in the process of planning for the design and implementation of a national reporting system on child outcomes. The Head Start Bureau engaged in consultations with experts and stakeholders and plans to procure contractor support to implement the field test in the pilot year:

- The "Workshop on Children's Early Learning, Development and School Readiness: Conceptual Frameworks, Constructs and Measures," convened in consultation with NICHD and ASPE on June 17-18, 2002;
- A planning meeting, convened at NICHD on July 9, 2002, seeking recommendations from experts on child development and assessment on critical features for the field test of the National Reporting System, and issues surrounding the eventual full-scale implementation of the NRS;
- Develop specifications and award contract to implement field test activities and preparation for full implementation of the national reporting system, August 2002; and
- Implement field test of new assessment and reporting procedures in a representative set of local Head Start programs. The field test will examine the feasibility of implementing one or more approaches on key outcome areas and will pilot test approaches for assembling and analyzing this information in a national reporting system. September 2002-April 2003.

Developmental Measures

    5.2o. **FY 2004**: *Percentage of all Head Start grantees that are reporting child outcome data using the National Reporting System.*

    5.2p. **FY 2004**: *Proportion of Head Start grantees, using the National Reporting System that meet or exceed numerical targets in selected dimensions of school readiness.*

These measures will be under development in FY 2003 to pilot test the implementation and utilization of Head Start's National Reporting System of local child development outcomes.

Administration for Children and Families   *Page M-95*
Government Performance and Results Act Requirements   *FY 2004 Performance Plan*
FY 2002 Performance Report

6. INCREASE SAFETY, PERMANENCY, AND WELL-BEING OF CHILDREN AND YOUTH

Approach for the Strategic Objective: Help children and youth while they are living with their own families, when appropriate. When necessary, place children and youth in stable, family-like settings consistent with the needs of each child or youth. Support children and youth with developmental disabilities in individual and small group dwellings that will include them in community life.

6.1 CHILD WELFARE

Program Purpose and Legislative Intent

The purpose of ACF's Child Welfare programs is to prevent maltreatment of children in troubled families, protect children from abuse, and find permanent placements for those who cannot safely return to their homes. Programs such as Foster Care, Adoption Assistance, and Independent Living provide stable environments for those children who cannot remain safely in their homes, assuring the child's safety and well-being while their parents attempt to resolve the problems that led to the out-of-home placement. When the family cannot be reunified, foster care provides a stable environment until the child can be placed permanently with an adoptive family. Adoption Assistance funds are available for a one-time payment for the costs of adopting a child as well as for monthly subsidies to adoptive families for care of the child.

Summary Table

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL - SAFETY: Children are protected from abuse and neglect in their homes. The risk of harm to children will be minimized.			
6.1a. Decrease the percentage of children with substantiated reports of maltreatment that have a repeated substantiated report of maltreatment within 12 months.	CY 01: Dropped CY 00: 11% CY 99: 12%	CY 00: 14% CY 99: 11% CY 98: 10%	
6.1b. Decrease the percentage of children with substantiated reports of maltreatment that have a repeated substantiated report of maltreatment within six months.	CY 04: 7% CY 03: 7% CY 02: 7% CY 01: 7% CY 00: NA	CY 04: 9/05 CY 03: 9/04 CY 02: 9/03 CY 01: 9% CY 00: 9% CY 99: 8% CY 98: 8%	Px 103 HHS 7.4
PROGRAM GOAL - PERMANENCY: Provide children in foster care permanency and stability in their living situations.			

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
their living situations.			
6.1c. Maintain the percentage of children who exit the foster care system through reunification within one year of placement.	FY 04: 67% FY 03: 67% FY 02: 67% FY 01: 67% FY 00: 67% FY 99: NA	FY 04: 6/05 FY 03: 6/04 FY 02: 6/03 FY 01: 68% FY 00: 67% FY 99: 65% FY 98: 63%	Px 104 HHS 7.1/ 7.4
6.1d. Increase the percentage of children who exit care through adoption within two years of placement.	FY 04: 27% FY 03: 25% FY 02: 25% FY 01: 28% FY 00: 27% FY 99: NA	FY 04: 6/05 FY 03: 6/04 FY 02: 6/03 FY 01: 23% FY 00: 20% FY 99: 19% FY 98: 23%	Px 104 HHS 7.1/ 7.4
6.1e. Maintain percentage of children who exit foster care through guardianships within two years of placement.	FY 04: 62% FY 03: 60% FY 02: 60% FY 01: 67% FY 00: 67% FY 99: NA	FY 04: 6/05 FY 03: 6/04 FY 02: 6/03 FY 01: 57% FY 00: 59% FY 99: 64% FY 98: 70%	Px 104 HHS 7.1/ 7.4
6.1f. Increase the number of adoptions.	FY 04: 60,000 FY 03: 58,500 FY 02: 56,000 FY 01: 51,000 FY 00: 46,000 FY 99: 41,000	FY 04: 9/05 FY 03: 9/04 FY 02: 9/03 FY 01: 50,000 FY 00: 50,000 FY 99: 46,000 FY 98: 36,000 FY 97: 31,000 FY 96: 28,000 FY 95: 26,000	Px 104 HHS 7.1/ 7.4
6.1g. Twenty States will either increase the number of adoptions by relatives or the proportion of the adoptions by relatives over those in FY 2002	FY 03: Dropped		
PROGRAM GOAL - FAMILY AND CHILD WELL-BEING: Minimize the disruption to the continuity of family and other relationships for children in foster care.			
6.1h. For those children who had been in care less than 12 months, increase the percentage that had no more than two placement settings.	FY 04: 64% FY 03: 62% FY 02: 60% FY 01: 72%	FY 04: 6/05 FY 03: 6/04 FY 02: 6/03 FY 01: 60%	Px 105 HHS

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
placement settings.	FY 00: NA FY 99: NA	FY 00: 58% FY 99: 60% FY 98: 70%	7.4
Total Funding (includes Independent Living/Foster Care/Adoption-dollars in millions) **See detailed Budget Linkage Table in Part I for line items included in funding totals.**	FY 04: $7917.0 FY 03: $7574.4 FY 02: $7485.2 FY 01: $7197.8 FY 00: $6463.4 FY 99: $5639.7	Bx: budget just. sections Px: page # performance plan	

PROGRAM DESCRIPTION AND CONTEXT

ACF has undertaken a number of activities designed to improve overall performance in child welfare. Most significant is the publication in January 2000 of final regulations pertaining to aspects of the Adoption and Safe Families Act of 1997 (ASFA), including regulations about foster care eligibility reviews and State plan reviews. Central and Regional Office staff and the ten Child Welfare Resource Centers continue to provide training and technical assistance to States and local agencies around issues pertaining to the implementation of ASFA. The Resource Centers focus on permanency planning, adoption, family-centered practice, youth development, legal issues, abandoned infants, organizational development, child maltreatment, community-based family resource services, and information technology.

On January 25, 2000, HHS published a final rule in the *Federal Register* to establish new approaches to monitoring State child welfare programs. Of particular note are the Child and Family Services (CFS) reviews, which focus on outcomes for children and families in the areas of safety, permanency, and child and family well-being; and systemic factors that directly impact the State's capacity to deliver services leading to improved outcomes. In FY 2004, at least one CFS review will have been completed in each State and some States will begin a second review. The specific outcomes and their associated indicators are as follows:

Safety Outcomes:

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcomes:

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

Child and Family Well-Being Outcomes:

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

The systemic factors being reviewed are related to the State's ability to deliver services leading to improved outcomes. The systemic factors include: 1) statewide information systems; 2) case review system; 3) quality assurance system; 4) staff and provider training; 5) service array; 6) agency responsiveness to the community; and 7) foster and adoptive parent licensing, recruitment and retention.

Finally, ACF continues to focus on child welfare outcomes. In addition to the outcomes measured through the CFS reviews, ACF publishes an annual report on Child Welfare Outcomes for the States required by section 479a of the Social Security Act and awards adoption incentive funds to States that increase their number of finalized adoptions over their baselines. Harvard University has recognized ACF's achievements in its focus on outcomes in child welfare activities. ACF was one of 15 finalists out of 3,000 applicants in Harvard University's Innovations in American Government competition.

Program Partnerships

ACF's ability to promote improvement in child welfare services is dependent on working collaboratively with State child welfare agencies that are responsible for providing direct services to children and their families. This relationship has been significantly strengthened through the State-Federal partnership required and promoted by the CFS reviews. However, decisions about placing children are made by judges in juvenile and family court systems throughout the nation. Improved judicial handling of child welfare cases will be essential to achieving permanency goals for children. Children in the child welfare system have many medical and mental health problems, while chronic substance abuse, mental health problems, homelessness, limited education, and other problems incapacitate many of their parents. The availability of services from other sectors to meet these needs is uneven. The expansion or contraction of services in various parts of the country will affect performance.

To ensure that activities are coordinated with Federal partners which provide many of these services, ACF works closely on achieving its goals with the Department of Justice, the Substance Abuse and Mental Health Services Administration, the Temporary Assistance for Needy Families program and other national agencies and organizations whose responsibilities overlap with child welfare services.

PROGRAM PERFORMANCE ANALYSIS

Performance Report

ACF exceeded the goals for one of the five measures for which FY 2001 data are currently available (August 2002). Over 110,000 (68 percent) children who exited foster care through reunification did so within one year of placement (6.1c).

For two goals, the movement was in the right direction. The percentage of children who exited care through adoption within two years of placement increased from 20 percent in FY 2000 to 23 percent, over 10,000 children, in FY 2001 (6.1d). In addition, sixty percent, 33,000, of the children who had been in care less than 12 months experienced no more than two placement settings. A third goal, increase the number of adoptions to 51,000 in FY 2001, was missed by 1,000 (6.1f). However, the goal for the total number of adoptions from FY 1999 to FY 2001 was 138,000. The total number of adoptions actually finalized during this period, 146,000, exceeded the total target by 8,000.

The percentage of children who exited foster care through guardianships within two years of placement declined from 59 percent in FY 2000 to 57 percent (4,500) in FY 2001 (6.1e). Finally, the 12-month substantiated maltreatment recurrence rate (6.1a) increased from 11 percent to 14 percent between CY 1999 and CY 2000. This is most likely a result of the complexity in the calculation of this measure and the substantial change in the number of States reporting useable data. Nineteen States reported useable data for CY 1998, 23 States for CY 1999, and 30 States for CY 2000. The new measure of the six-month substantiated maltreatment recurrence rate (6.1b) to be used beginning in CY 2001 has proven to be more stable over time, ranging between eight percent and nine percent for the years CY 1998 through CY 2001. Forty States reported useable data for the CY 2001 calculation.

It should be noted that the three goals which are included as standards in the CFS reviews and for which data are available either exceeded their targets or moved in the right direction (6.1c, 6.1d, 6.1h). Two of these goals, 6.1c and 6.1d, are also directly affected by provisions of ASFA, particularly the change in the timing of the permanency hearing from 18 months to 12 months after removal. In addition, more detailed analyses of the Adoption and Foster Care Reporting and Analysis System (AFCARS) data have confirmed that the time to reunification and adoption is accelerating.

The reason goal 6.1f (increase the number of adoptions) was missed for the first time in FY 2001 was because most of the children who had been on the adoption track prior to the implementation of ASFA have completed the adoption process. Concurrently, many of the children who entered the adoption track after implementation of ASFA have not yet completed the process.

It is unclear whether or not the percentage of children who exited foster care through guardianships within two years of placement (6.1e) actually declined or if the figures are a reflection of data improvement. Guardianship, as a reason for discharge, has generally been under-reported and does not even exist as a discharge reason in some States. However, the

number of guardianships reported doubled between FY 1998 and FY 2001, from a little over 4,000 to 8,000.

There are a number of factors that have contributed to this increase in reporting. First, the use of guardianship as an exit strategy for relative foster care appears to be growing, primarily for children who may have been in a relative care placement for a long period of time, and many States wish to track it. Second, AFCARS reviews have identified problems in the coding of guardianships in a limited number of States and those States have taken action to correct the problems. Third, the Data Profile component of the Statewide Assessment used in the CFS emphasizes discharge reasons.

When States identify problems with the reporting of guardianships or other discharge reasons in their profile, they review and frequently resubmit their data. Early indications are that this process has generated improved data for those States that underwent CFS reviews in FY 2001 and FY 2002. Finally, the ACF-funded National Resource Center for Information Technology in Child Welfare is providing intensive technical assistance to States undergoing CFS reviews, particularly in relation to the Data Profile in the Statewide Assessment. ACF expects this technical assistance to result in an overall improvement in the reporting of discharge reasons.

A developmental measure (6.1g) proposed in the FY 2003 Performance Plan has been dropped. This measure fails to focus on permanency outcomes for children in foster care. In contrast, it focuses on a certain type of potential adoptive parent—a relative. Since there are no data to support superior outcomes for children adopted by any particular group—relatives, foster parents, or persons with no prior relationship to the child—ACF does not plan any activities specifically designed to promote adoption by relatives. (It should be noted that the increase in some States in the number of adoptions by relatives was not the focus of any activity promoting relative adoption, but was a by-product of initiatives promoting guardianship.) Measure 6.1f more than adequately assesses the output of adoption and measure 6.1d assesses the timeliness of adoption, both of which are directly related to the permanency outcome.

The following table has been included to illustrate how ACF is investing FY 2002 resources to improve outcomes for children and their families in the child welfare system. It should be noted that many dollars contribute to more than one outcome and, therefore, may be included up to three times in this table. In addition, some outcomes such as Family and Child Well-Being may require as many FTE as Safety and Permanency even though fewer dollars are available to spend on the related activities.

BUDGET TABLE LINKING INVESTMENTS TO ACTVITIES/OUTPUTS/OUTCOMES

Investments*	Activity	Outputs	Outcome
$5.8 billion	Training & Technical Assistance; monitoring of State programs; discretionary and formula grants to States,	Children reported to child protective services for maltreatment; investigated and substantiated for	Safety: children are protected from abuse and neglect in their homes. The risk of harm to children will be

	foster care entitlement; and data collection, research and demonstrations.	maltreatment; and recurrence of maltreatment.	minimized.
$7.2 billion	Training & Technical Assistance; monitoring of State programs; formula grants to States; and data collection.	Children re-united with family or other relatives, adopted, or in permanent guardianship.	Permanency: Provide children in foster care permanency and stability in their living situations.
$1.8 billion	Training & Technical Assistance; monitoring of State programs; and formula grants to States.	Children and families in the public child welfare system receive services that enhance their ability to relate to each other and to others.	Family And Child Well-Being: Minimize the disruption to the continuity of family and other relationships for children in foster care.
$1.4 billion	Training & Technical Assistance; monitoring of State programs; formula grants to States, and data collection	Youth exit care with skills to live on their own.	Foster Care Youth are prepared to live on their own.

* When integrating budget and performance information, ACF programs were encouraged to focus on primary investments used to accomplish program outcomes. Some ACF programs use mainly training and technical assistance resources, while others factor in total budget figures when measuring program impacts. Investment data presented in this table reflect the most appropriate resource base for the program.

Data Issues

Both AFCARS and the National Child Abuse and Neglect Data System (NCANDS) conduct extensive edit-checks for internal reliability. For AFCARS, more than 700 edit-checks are conducted to improve data quality and the results are sent to the States. In addition, all edit-check programs are shared with the States. Finally, compliance reviews for AFCARS are currently being piloted and State SACWIS systems are undergoing reviews to determine the status of their operation.

To speed improvement in these data, the agency funds the National Resource Center for Information Technology in Child Welfare. This Resource Center provides technical assistance to States to improve reporting to AFCARS and NCANDS, improve statewide information systems, and better utilize their data. These activities should continue to generate additional improvements in the data over the next few years.

Being able to report data in a timely manner is critical in guiding program improvement to achieve outcomes. The following summarizes why AFCARS foster care data are not available until nine months after the September 30 point-in-time date. AFCARS foster care data for September 30 of any year, under regulation, are reported by the States to ACF electronically by November 14. The data are processed, assessed for errors and compliance with regulatory standards, and the results are transmitted back to the States. Based on these results and other information provided by the Department, many States submit revised data to insure that accurate data are submitted. There are two other reasons States re-submit data. First, AFCARS foster care

data are used in the statewide assessment portion of the CFS reviews. When some States examine these data provided to them by the Department, they chose to re-submit more accurate data. In addition, AFCARS foster care data are used in the implementation of Program Improvement Plans, which result from the CFS reviews. States may resubmit data to insure that the data used for this purpose are accurate. The resubmitted data are then processed and the data are made available to the statistical analysts in May. The analysts review the data to determine which States' data are useable in this plan.

The AFCARS adoption data take a longer time to become available because States can submit data on any finalized adoption and still meet the requirements of the regulation. Frequently, adoption data are not entered into State information systems for some time after the adoption because the entry does not occur until the final paperwork is received from the court. For example, over 2,800 adoptions finalized in FY 2000 were not reported until the first reporting period in FY 2001, or by May 15, 2001. Because of the requirement of the Adoption Incentive Program that only adoptions reported by the first reporting period in the following fiscal year can be counted for incentive awards, almost all adoptions are now reported within that timeframe, though there are still a small number which are reported in subsequent reporting periods. After data are received (in this case by May 15 of the following year), they still must be downloaded, converted to analytical files and cleaned before they can be included in the plan.

The NCANDS data take even longer to become available. Data reported to NCANDS only once per year which delays the calculation of recurrence. For example, for a 12-month recurrence rate, for FY 2001, a first report could occur as late as December 31, 2001. To count as a recurrence, a second report can be received as late as December 2002. The NCANDS data are then compiled by the States, transmitted to the contractor, converted to analytical files, de-duplicated and cleaned before they are available to include in the plan. By replacing the measure (6.1a) to recurrence within six months (6.1b), the timeline is shortened by one year because the first occurrence can occur during the first six months of the year and the second occurrence only has to occur during the second six months of the year of interest. This makes the data available in early fall of the subsequent year. The information for 6.1a for CY 1998 is based on 19 States reporting and, for CY 1999, on 23 States. Due to the varying number of States reporting on this measure and on 6.1b, data are expected to continue to fluctuate.

Performance Plan

PROGRAM GOAL - SAFETY: Children are protected from abuse and neglect in their homes. The risk of harm to children will be minimized.

> *6.1b.* **FY 2003***: Decrease the percentage of children with substantiated reports of maltreatment that have a repeat substantiated report of maltreatment within 6 months from eight percent in CY 1998 to seven percent in CY 2003.*
>
> **FY 2004***: Decrease the percentage of children with substantiated reports of maltreatment that have a repeat substantiated report of maltreatment within 6 months from eight percent in CY 1998 to seven percent in CY 2004.*

Data Source: National Child Abuse and Neglect Data System (NCANDS)

PROGRAM GOAL - PERMANENCY: Provide children in foster care permanency and stability in their living situations.

6.1c. **FY 2003***: Of the children who exit the foster care system through reunification, maintain the percentage of children who do this within one year of placement at 67 percent.*

FY 2004*: Of the children who exit the foster care system through reunification, maintain the percentage of children who do this within one year of placement at 67 percent.*

Data Source: AFCARS

6.1d. **FY 2003***: Of the children who exit foster care through adoption, increase the percentage who are adopted within two years of placement from 23 percent in FY 1998 to 25 percent in FY 2003.*

FY 2004*: Of the children who exit foster care through adoption, maintain the percentage that are adopted within two years of placement at 27 percent in FY 2004.*

Data Source: AFCARS

6.1e. **FY 2003***: Of the children who exit foster care through guardianships, maintain the percentage of children who do this within two years at 60 percent.*

FY 2004*: Of the children who exit foster care through guardianships, increase the percentage of children who do this within two years to 62 percent.*

Data Source: AFCARS

6.1f. **FY 2003***: Make progress towards increasing the number of adoptions of children in the public foster care system between FY 1998 and FY 2003 by increasing adoptions from 36,000 in FY 1998 to 58,500.*

FY 2004*: Increase the number of adoptions to 60,000 as the initial step in achieving the goal of finalizing 300,000 adoptions from FY 2004 through FY 2008.*

Data Source: Baselines from the Adoption Incentive Program and the Adoption 2002 Initiative for FY 1997 and AFCARS for all subsequent years.

6.1g. **FY 2003***: Twenty States will either increase the number of adoptions by relatives or the proportion of the adoptions by relatives over those in FY 2002. (Dropped)*

This measure was dropped because it fails to focus on permanency outcomes for children in foster care and focuses on a certain type of potential adoptive parent – a relative. ACF does not plan any activities specifically designed to promote adoption by relatives.

PROGRAM GOAL - FAMILY AND CHILD WELL-BEING: Minimize the disruption to the continuity of family and other relationships.

6.1h. **FY 2003***: For those children who have been in care less than 12 months, increase the percentage who had no more than two placement settings to 62 percent.*

FY 2004*: For those children who have been in care less than 12 months, increase the percentage who had not more than two placement settings to 64 percent.*

Data Source: AFCARS

PROGRAM GOAL - **PREPARE FOSTER CARE YOUTH FOR INDEPENDENT LIVING**: (a) enhance the education, employment and other skills of foster care youth to avoid dependency; and (b) expand opportunities for youth to achieve self-sufficiency while under the auspices of the public child welfare agency.

In FY 2000, Congress passed legislation authorizing a substantial increase in funds for independent living services for foster care youth under title IV-E of the Social Security Act. These services prepare them for independent living by enhancing their education, employment and other skills to avoid dependency; and by expanding opportunities for youth to live independently while under the auspices of the public child welfare agency. This legislation requires developing and implementing outcome measures and a data collection system for this program.

In FY 2003, ACF will finalize the outcomes to be tracked, data collection strategy, and the data elements to be collected. By FY 2004 and FY 2005, it is expected that we will have baseline data for the specific outcomes.

6.2   *DEVELOPMENTAL DISABILITIES (EDUCATION)*

The DD education goal is to increase the number of students with developmental disabilities who reach their educational goals. In order to reduce the total number of measures for the DD program, this performance measure is being dropped from the plan effective FY 2003.

(See information on DD program purpose and legislative intent under Strategic Objective 1, above.)

Summary Table

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL: Increase the number of students with developmental disabilities who reach their educational goals.			
6.2a. Increase the number of students with developmental disabilities who are served in more integrated/inclusive educational settings as a result of DD program intervention. (Dropped)	FY 03: Dropped FY 02: 11,500 FY 01: 11,000 FY 00: 8,800 FY 99: 8,000	FY 02: 3/03 FY 01: 10,288 FY 00: 10,054 FY 99: 10,901 (Baseline)	Px 107 HHS 6.3

PROGRAM DESCRIPTION AND CONTEXT

As described under Strategic Goal 1, the State Council, the UCEDD(s), and the P&A system in each State contribute to pursuing integrated/inclusive education for persons with developmental disabilities in accordance with State legislation. The P&A systems usually have the lead in promoting the development of integrated/inclusive education for persons with developmental disabilities. P&A interventions included counseling parents on advocating for their children, negotiating better placements, counseling school systems on the rights of students with disabilities, administrative remedies, and, in extreme cases, litigation.

PROGRAM PERFORMANCE ANALYSIS

The achievement of this performance target is principally affected by attitudes in each State about the desirability of educating youth with disabilities. In a less significant way, the education cost is influenced by economic factors in each State.

Performance Report

The reported number of students with developmental disabilities served in more integrated, inclusive educational settings (measure 6.2a) has fluctuated considerably in years prior to FY 1999. These fluctuations were caused by inconsistencies in State methods for reporting and setting performance targets and decisions States made to target resources at the changing needs in the service environment. In FY 2001, P&A systems in all 56 States and territories reported results for a total of 10,288 students with developmental disabilities served in more integrated/inclusive educational settings as a result of P&A system intervention. Although this is a 6.5 percent shortfall from the FY 2001 target, it represents an increase of 234 students over the FY 2000 actual performance.

Data Issues

Many of the same data issues discussed in the context of DD employment measures under Strategic Goal 1 affect the integrated/inclusive education measure (6.2a). P&A systems generate both target and outcome data for this indicator and submit target data to ACF via the EDS system as part of their Statement of Goals and Priorities (SGP). P&A systems submit the outcome data to ACF in the legislatively mandated Program Performance Report (PPR) which is also submitted on the EDS system. Both the SGP and the PPR are submitted annually on January 1.

Performance Plan

Performance Measures for FY 2004 and Final Measures for FY 2003

> **6.2a** **FY 2003:** *Increase the number of students with developmental disabilities who are served in more integrated/inclusive educational settings as a result of DD program intervention. (Dropped).*

This measure has been dropped. It was determined that the data are not a good measure of program effort or impact. ADD will focus on employment, housing, health and community support measures.

6.3 DEVELOPMENTAL DISABILITIES (HEALTH)

The DD health care goal is to improve the health of people with developmental disabilities and increase their access to the full range of needed health care services. This goal comprises issues such as access to health care information needed to make choices, the affordability, accessibility, and equitable distribution of health care resources. Significantly, health care personnel must be appropriately qualified to meet the health care needs of people with developmental disabilities. This indicator contributes to the New Freedom initiative in focusing on promoting access to healthcare.

Summary Table

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL: Improve the health of people with developmental disabilities and increase their access to the full range of needed health care services.			

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
6.3a. Increase the number of health care providers trained to meet the health needs of people with developmental disabilities as a result of DD program intervention.	FY 04: 4,350 FY 03: 4,200* FY 02: 4,200 FY 01: 5,000 FY 00: 4,825 FY 99: 4,000	FY 04: FY 03: FY 02: 1/03 FY 01: 4,112 FY 00: 4,032 FY 99: 4,100 Baseline FY 98: 3,733	Px 109 HHS 3.5
* FY 2003 target adjusted by DD partners to reflect more realistic expectations.			

PROGRAM DESCRIPTION AND CONTEXT

The State Council and the UCEDD(s) in each State contribute to pursuing training for health care providers. The UCEDDs serve as lead partners as required by their legislative mandate to provide training.

PROGRAM PERFORMANCE ANALYSIS

Health care provider training data is influenced by the need for UCEDDs to focus on an array of disabilities issues that impact on persons with developmental disabilities. Performance for this measure is affected by factors such as the cost of providing health care generally, and especially to people with disabilities. Access to health care is affected by social attitudes concerning the desirability and potential for people with developmental disabilities to benefit from full access to health care and the attitudes of health care providers toward this special needs population.

Because so few health care professionals are aware of the special health care needs of persons with developmental disabilities, there is a significant need for training. Actual performance remains unstable due to changes in allocation of training resources, but ACF believes there is potential for gradual improvement.

Performance Report

In FY 2001, UCEDDs reported 4,112 health care providers trained to meet the needs of people with developmental disabilities. This was a slight increase over both of the preceding years, but fell 18 percent short of the target for FY 2001.

Data Issues

UCEDDs generate both target and outcome data for this indicator. The data on the targets and outcomes is collected nationally as part of their UCEDD Annual Report. ACF's technical assistance to University programs will improve data stability and programmatic outcomes.

Performance Plan

Performance Measures for FY 2004 and Final Measures for FY 2003

Performance for this measure in FY 2004 is projected to increase slightly from the actual level in FY 2001 but it is below the target of 5,000 set for FY 2001. The targets for FY 2003 and FY 2004 are based on actual performance in FY 2000 with expectation of increases due to increases in core funding beginning in FY 2002.

PROGRAM GOAL: Improve the health of people with developmental disabilities and increase their access to the full range of needed health care services.

Objective: Increase the number of health care providers trained to meet the health needs of people with developmental disabilities.

> 6.3a. **FY 2003: *Maintain at 4,200 the number of health care providers trained to meet the health needs of people with developmental disabilities as a result of DD program intervention.***
>
> **FY 2004: *Increase to 4,350 the number of health care providers trained to meet the health needs of people with developmental disabilities as a result of DD program intervention.***
>
> Data Source: UCEDD annual report

6.4 YOUTH PROGRAMS

Program Purpose and Legislative Intent: The purpose of the Runaway and Homeless Youth Program is to establish and operate local runaway and homeless youth shelters; to address the needs of runaway and homeless youth and their families; to provide residential services to older youth; and to offer outreach services to street youth. Grants to local public and private organizations are used to develop or strengthen community-based programs that are not a part of the law enforcement, juvenile justice, child welfare and mental health systems. Prevention services for youth at risk for running away are also provided.

Summary Table

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL I: Provide appropriate shelter, counseling and other support services to youth and their families in high-risk situations.			
6.4a.1. Establish at X percent the proportion of youth living in safe and appropriate	FY 01: 96% FY 00: 95%	FY 01: NA FY 00: 83%	

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
of youth living in safe and appropriate settings after exiting ACF-funded services. (Revised baseline, using FY 2002 data from the new instrument, will be established during FY 2003.) (Replaced by 6.4a.2. in FY 2002.)	FY 99: 95%	FY 99: 86% FY 98: 81% FY 97: 82%	
6.4a.2. Increase to X+y percent the proportion of youth living in safe and appropriate settings after exiting ACF-funded services. (Revised baseline, using FY 02 data from the new instrument, will be established during FY 03.) (Developmental.)	FY 04: TBD FY 03: TBD	FY 04: FY 03: FY 02: 81.3%* baseline	Px 119 HHS 7.4

*FY 2002 baseline is not comparable to previous years due to new categories and definitions of RHYMIS.

PROGRAM GOAL II: Prevent or mitigate severe youth crises by maintaining the credibility of RHY services among youth.

6.4b. Increase the proportion of youth that call the National Runaway Switchboard when they are contemplating running away but before they do so.	FY 03: Dropped FY 02: N/A	FY 02: 10% FY 01: 11% FY 00: 9% FY 99: 9%	Px 119
6.4c. Maintain the proportion of youth that contact the National Runaway Switchboard for counseling and referral to safe shelter or other services, earlier rather than later in their runaway episode (up to the first week). (Developmental)	FY 04: TBD FY 03: 68%* FY 02: 68%	FY 04: FY 03: FY 02: 65% FY 01: 66% FY 00: 65% FY 99: 63%	Px 119 HHS 7.4

*FY 2003 target revised; FY 2004 target to be determined in FY 2003.

PROGRAM GOAL III.A: Increase the involvement of youth in service to their communities.

6.4d. Establish and maintain the number of BC and TLP youth engaged in activities that help others or the community through community service and service learning. (Developmental)	FY 04: TBD FY 03: TBD	FY 04: FY 03: FY 02: 8465 (Baseline)	Px 120
6.4e. Establish and maintain the proportion of BCP and TLP youth receiving peer counseling through program services. (revised target. FY 97 baseline was 12 percent)	FY 02: Dropped FY 01: 15% FY 00: 15%	FY 01: NA FY 00: 8% FY 99: 12% FY 98: 12% FY 97: 12%	

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL III.B: Strengthen youth in reaching their full potential socially and economically by providing opportunities that move them toward self-sufficiency.			
6.4f. Increase the number of youth in the transitional living programs who successfully complete the program. (Developmental)	FY 04: TBD FY 03: TBD	FY 04: FY 03: FY 02: 48%* (Baseline)	Px 120 HHS 7.4
* Based on numbers/percentages below: Completed TLP: 588 21% Other Opportunities 766 27% Voluntarily Did Not Complete TLP, No Plans 704 25% Youth was Expelled or Otherwise Involuntarily Charted 745 27% Total 2803 100%			
PROGRAM GOAL III.C: Build partnerships across governments, with communities, and with youth to help youth develop as individuals and as citizens.			
6.4g Maintain at 13 States and youth services grantees in those States a collaboration that supports a youth development approach to services for young people, including substance abuse and teen pregnancy prevention activities and add additional States as resources become available.	FY 03: Dropped FY 02: 13 FY 01: 13 FY 00: 9 FY 99: 5	FY 02: 13 FY 01: 13 FY 00: 13 FY 99: 9	Px 120
PROGRAM GOAL IV: Youth in Transitional Living programs achieve good mental and physical health and a greater sense of optimism, empowerment and possibility.			
6.4h. Increase the number of youth in Transitional Living Programs who are provided tools, training, and experiences to feel prepared for life as measured by youth who complete high school/GED, receive skills or job readiness training and/or secure employment. (Developmental)	FY 04: TBD FY 03: NA	FY 04: FY 03: Baseline	Px 121 HHS 6.1
Total Funding (dollars in millions) **See detailed Budget Linkage Table in Part I for items included in funding totals.**	FY 04: $113.0 FY 03: $113.1 FY 02: $103.0 FY 01: $ 84.1 FY 00: $ 79.2 FY 99: $ 76.5	Bx: budget just. Section Px: page # performance plan	

PROGRAM DESCRIPTION AND CONTEXT

The Runaway and Homeless Youth (RHY) Program began in 1974 in response to concern about increasing numbers of runaway youth exposed to exploitation and the dangers of street life. It has subsequently been expanded to assist homeless youth both on a short-term basis and in making the transition to independent living. In FY 2002, ACF's Basic Center and Transitional Living programs provided shelter and services to over 78,000 youth. The Street Outreach Program reached 519,955 youth (duplicated count) and included the distribution of 289,384 food and drink items or packages, 432,073 written materials (e.g., brochures or fliers) and 493,272 health and hygiene products. TLP and BCP staff engaged in 211,486 "brief" service deliveries to youth, their families or through contacts with other responsible adults or professionals on behalf of youth. These involved counseling, listening, conversations, referrals, advice and other interactions that touched the lives of youth but may not have resulted in admission to the center or program and being recorded in RHYMIS. Youth may have dropped by a center for reassurance or guidance and did not stay overnight; in some cases possibly returning home with a "new perspective."

The Runaway and Homeless Youth Act of 1999, as reauthorized, requires that at least 90 percent of the funds be spent on service grants. The balance supports a national hotline for runaways, an information clearinghouse, demonstration projects, data collection, on-site program monitoring and other support functions.

The size and composition of the young homeless population varies with the economy, local and national demographics, community viability, school quality, family dynamics, and other factors. Many youth served in the RHY programs seek assistance because of problems with parental substance abuse, emotional, sexual and/or physical abuse and neglect, or other adolescent/ parental relationship issues. Others are caught up in the turmoil of adolescence and need support in coping with the stresses in their lives. These factors complicate service delivery, aftercare follow-up, and achievement of desirable outcomes.

Estimates of the number of runaway and homeless youth in the United States vary, ranging from 500,000 to 1.5 million. A recent projection suggested that as many as 2.8 million youth in America reported a runaway experience in the year preceding the study. In FY 2002, FYSB collaborated with the Office of Planning, Research and Evaluation and the HHS Office of the Assistant Secretary for Planning and Evaluation to begin a Congressionally mandated study of the feasibility of various means to more accurately count the number of runaway and homeless youth.

The Maternity Group Homes Program helps protect and support some of the most vulnerable of America's families and the vital role they play in the nation's future. The need is especially great for young pregnant mothers and their children who lack safe and stable environments in which to live. These women are vulnerable to abuse and neglect and often end up on welfare, in foster care, in homeless shelters, or on the streets and their children are at high risk of being teen parents themselves. The Maternity Group Homes amount of $10 million will fund approximately

53 continuation grants to provide a range of coordinated services such as child care, education, job training, counseling and advice on parenting and life skills to young mothers.

Positive Youth Development: Fundamental to ACF's approach to youth programs is the concept of Positive Youth Development (PYD), which promotes the strengths and abilities of youth and the positive impact they can have on the nation's communities. The PYD approach maintains that youth nurtured by caring adults, given opportunities to become involved in work or education that builds their skills, supported and protected during challenging times, and actively engaged in service to the community can become valuable contributors to the quality of community life.

In FY 2001, the Assistant Secretary designated PYD as a key priority of ACF. In June 2002 FYSB, working with its partners, sponsored a major National Youth Summit which focused across disciplines and service areas on issues supporting PYD.

Over the past several years, FYSB has sponsored a number of efforts to broaden and re-emphasize the agency's PYD-related mission. FYSB encourages communities to provide the settings and services needed for young persons' healthy growth and development. The following "life and character components" are essential in the development of youth:

- Safe places with structured activities;
- Ongoing relationships with caring adults;
- Marketable skills through effective education and training;
- Healthy choices and hopeful futures; and
- Opportunities to give back through community service.

If these factors are addressed at the same time as basic needs – such as safety, security, good nutrition, access to health care and other essential services – young people can engage constructively in their communities and society.

Related to its PYD focus, FYSB has established grant programs that target support in several key areas. These include the following:

- **Basic Center Program (BCP):** Grants for the provision of outreach crisis intervention, temporary shelter, counseling, family unification and aftercare services to runaway and homeless youth and their families.
- **Transitional Living (TLP) and the Maternity Group Homes Programs:** Grants to public and private organizations to support projects that provide longer-term residential services for up to 18 months to homeless youth, including pregnant and parenting youth ages 16-21.
- **Street Outreach Program (SOP):** Grants to private, non-profit agencies for street-based outreach and education, including treatment, counseling, provision of information, and referral for runaway, homeless street youth.

Program Partnerships

FYSB collaborates with other Federal agencies, other ACF programs, States and community organizations to achieve its mission. FYSB funds State Youth Development Collaboration Projects to support innovative youth development strategies and capacity building at the State level. The five-year grants enable the States to develop new, or strengthen existing, youth development infrastructures, partnerships and policies. These efforts focus on all youth, including those at-risk, such as runaway and homeless youth, those leaving the foster care system, abused and neglected children, and others served by the child welfare and juvenile justice systems.

FYSB and the ACF Children's Bureau (CB) are entering their eighth year of collaboration to promote the PYD philosophy and approach in services to foster care and homeless youth, with particular reference to expanded funding under the Chaffee Independent Living Program (ILP). FYSB's TLP grantees have valuable experience in helping disadvantaged older youth transition to a healthy and productive adulthood; thus, FYSB is helping CB's ILP connect with these community resources.

FYSB works with agencies across HHS and other public, private, and non-profit entities to encourage use of the youth development framework in providing effective services to young people through many work groups directed at the problem of homelessness, adolescent health, HIV/STD prevention among street youth, and other issues.

PROGRAM PERFORMANCE ANALYSIS

The following chart is illustrative of a general correlation between interventions and outcomes. It includes many youth with multiple issues and service experiences. Issues and services have been combined into similar categories and grouped in a horizontal "problem...solution" format for representational purposes only. The continuation of an "issue" row into a "services" row does not imply that a discrete group of youth with a given issue receive only that service or that the corresponding service directly on the right is always the treatment of choice. Obviously, some correspondences are multiple. However, it is useful to observe generic correspondences, e.g., between the number of housing issues identified and the provision of alternative housing solutions.

Issues Reported by Runaway and Homeless Youth During FY 02*	# of Youth	RHY Services Provided to Runaway and Homeless Youth During FY 02 *	# of Youth
*(*Based on 70,718 youth. Shelter and other basic needs are provided to all program youth. Many youth enter the RHY programs with multiple issues, for which multiple services are appropriate.)*			
Alcohol and Other Drug Abuse	17,786	Alcohol and Other Drug Treatment or Prevention	38,859
Household Dynamics	62,795	Basic Support Services	78,079
Psychological Issues	22,158	Counselling/Therapy	81,439
Physical, Sexual or Emotional Abuse/ Neglect/Assault	21,.119	Support Groups	8,390
Mental Health	22,158		
Sexual Orientation/Gender Identity	2,819		

Issues Reported by Runaway and Homeless Youth During FY 02*	# of Youth	RHY Services Provided to Runaway and Homeless Youth During FY 02 *	# of Youth
*(*Based on 70,718 youth. Shelter and other basic needs are provided to all program youth. Many youth enter the RHY programs with multiple issues, for which multiple services are appropriate.)*			
Mental Disability	1,821	Life Skills Training/Legal Services	50,572
Physical Disability	624	Employment	7,092
Unemployment	8,722		
Housing Issues	20,931		
Health Issues	6,234	Health Care Recreational Activities	18,466 39,400
School/Education Issues	35,793	Youth Education	24,040
Total*	**223,050**	**Total***	**346,337**

The following chart illustrates changes in living situation resulting from community-based RHY program operations. The upper half of the charts represents generally positive outcomes and the lower half generally negative. Note that most youth return to the homes of parents, guardians or relatives. See also measure 6.4a. (This chart's format is only illustrative and is not meant to imply that an individual youth in the "entrance" column exited into the (identical) situation in the same row.)

Living Situation at Entrance	# of Youth	Living Situation at Exit	# of Youth
Parent/Guardian's Home	51,578	Parent/Guardian's Home	43,132
Relative or Friend's Home	6,535	Relative or Friend's Home	5,040
Basic Center	1,004	Basic Center (including elsewhere in US)	560
Drug Treatment Center	174	Drug Treatment Center	309
Educational Institute	63	Educational Institute	81
Foster Home	3,391	Foster Home	3,513
Group Home	1,245	Group Home	1,987
Independent Living Program	97	Independent Living Program	303
Job Corps	76	Job Corps	125
Living Independently	529	Living Independently	882
Mental Hospital	498	Mental Hospital	843
Military	18	Military	41
Other Adult's Home	879	Other Adult's Home	671
Other Institution	215	Other Institution	439
Parent/Spouse	86	Partner/Spouse	49
Residential Treatment	422	Residential Treatment	723
Transitional Living Program	298	Transitional Living Program	814
Other Youth Emergency Shelter	809	Other Youth Emergency Shelter	736
Correctional Institute	1,833	Correctional Institute*	1,445
Other Temporary Shelter	558	Other Temporary Shelter	753
Other (in another living situation)	738	Other (in another living situation)	878
Homeless Shelter	461	Homeless Shelter	188
Homeless Family Center	269	Homeless Family Center	194
		Total "safe & appropriate" exits **	**63,706**
On the Street	5,591	On the Street	4,232

Living Situation at Entrance	# of Youth	Living Situation at Exit	# of Youth
Unknown situation before entry	981	Do not Know ***	3,221
		Total not "safe & appropriate" exits	**7,453**
		(Total exit situations)	*71,159*
Total Entrances ****	**78,348**	**Total "safe and appropriate" exits as a percentage of total entrances**	**81.3%**

*Placement in a correctional institute may be appropriate or necessary depending on the legal situation. Youth's previous status in the justice system may force this outcome.

** Youth may have "run away" from program or an older youth may have chosen to leave.

*** Youth may not have explained reason or disclosed destination

****Entrances are more numerous than exits because some youth who entered during the reporting period may still be in the programs when the reporting period ends.

Performance Report

In recent years, from 55,000 to more than 75,000 runaway or homeless youths have been reported "admitted to services" on an annual basis, as counted by formal enrollments in the Runaway and Homeless Youth Management Information System. These services included food, shelter, clothing, transportation, counseling and life skills training, recreation, substance abuse prevention, education, and health care. New data from improved collection methods, collected during FY 2002, indicate an increased number of youth and families were served by the RHY system. While some interventions may be brief or temporary (and not result in formal enrollment), they may have intrinsic, and sometimes lasting, value for the youth, the family, and the community.

FY 2001 data consisted of a very uneven mixture of data reported via the old system for the first half of the year with RHYMIS-LITE data reported from April onward after OMB approved the information collection. During the remainder of FY 2001, grantees received, installed, trained, and operated the new software. We are unable to report on the two measures that were dropped or replaced in FY 2001-2002: measure 6.4a.1 was replaced by 6.4a.2 and measure 6.4e was dropped. ACF will project targets for FY 2003-2004 based on the new baselines provided for measures 6.4a2, 6.4d and 6.4c.

The following table links FY 2002 investments to program outcomes:

**BUDGET TABLE LINKING INVESTMENTS TO
ACTIVITIES/OUTPUTS/OUTCOMES**

Investments*	Activity	Outputs	Outcome
$ 94.2 million	Discretionary service grants	648 Basic Center, Transitional Living and Street Outreach Programs	Over 75,000 youth rescued from at-risk situations, numerous runaway episodes prevented, numerous young people guided onto the right path toward adulthood
$ 2.2 million	Promotion of quality services and positive youth development approach to working with and serving youth	10 training and technical assistance providers	RHY service quality improvement
$ 5.0 million	Program support through several grants and contracts to provide: 24/7 National Runaway Switchboard, logistics, data collection, and information clearinghouse services	• Switchboard receives 120,000 calls/year. • Logistics contract supports onsite monitoring. • Data is produced for Congress and research community. • Clearinghouse information and publications serve the field.	Crisis intervention hotline for youth in at-risk situations, program accountability, RHY service quality improvement, knowledge increase,
(included in $5.0 million above)	Promotion of the PYD approach to working with and serving youth (conference budget provided by clearinghouse)	National Youth Summit. June 26-28	Knowledge and awareness about principles of positive youth development increased, new partnerships, relationships and collaborations established, best practices disseminated

$ 1.3 million	Promotion of the PYD approach to working with and serving youth	13 State youth development collaboration demonstration projects	New, innovative and more effective collaborations established across state agency lines and between State and local levels, new funds leveraged, youth, families and communities engaged (evaluations pending)
$ 400,000	Evaluations including State youth development collaboration projects	9 project evaluation reports for first group of States (13 in all)	Increased knowledge about more effective governance and delivery of youth services at the State and local level

* When integrating budget and performance information, ACF programs were encouraged to focus on primary investments used to accomplish program outcomes. Some ACF programs use mainly training and technical assistance resources, while others factor in total budget figures when measuring program impacts. Investment data presented in this table reflect the most appropriate resource base for the program.

Data issues

Performance achievements among specific measures cannot be evaluated with the data available prior to FY 2002 due to data issues such as unreliability. Improvements in the Runaway and Homeless Youth Management Information System (resulting in an entirely new data collection system called RHYMIS-LITE) have significantly increased grantee compliance with data submission requirements. This trend is expected to be maintained as grantees become increasingly aware of the new ease in reporting and the many ways they can use the RHYMIS data to improve their reporting and evaluation processes. FYSB has also engaged in energetic messaging and advocacy among grantees and their allies about the importance of data in telling the RHY story to policymakers and legislators through GPRA and the Report to Congress. Under the new system, grantees need less time for reporting and can spend more time helping youth.

RHYMIS-LITE is a Windows application with a browser-like interface, with built-in validation, verification and quality assurance routines to help grantees produce high quality data. The RHYMIS Technical Support team assists those agencies submitting problematic transfers or failing to report and works to determine the underlying source of difficulty. Grantees are then able to address input problems and re-submit data before the reporting period ends. The technical support team performs a proactive role in familiarizing grantees with the new software and encouraging its use.

NOTE: FY 2001 data consisted of a very uneven mixture of data reported via the old system for the first half of the year with RHYMIS-LITE data reported from April onward after OMB approved the new information collection. During the remainder of FY 2001, grantees received, installed, trained, and operated the new software. In its biennial FY 2000-2001 report to Congress, mandated by the 1999 Runaway and Homeless Youth Act (as reauthorized), FYSB did not report any RHYMIS or partial RHYMIS-LITE data prior to FY 2002, but described the program improvement activities.

Performance Plan

Performance Measures for FY 2004 and Final Measures for FY 2003

POSITIVE YOUTH DEVELOPMENT OUTCOME I: Runaway and homeless youth and pregnant and parenting teens find safety, shelter and services that support their well-being and development into adults.

PROGRAM GOAL I: Provide appropriate shelter, counseling and other support services to youth and their families in high-risk situations.

> **6.4a.** **FY 2003:** *Increase to X+y percent the proportion of youth living in safe and appropriate settings after exiting ACF-funded services.*
>
> **FY 2004:** *Increase to X+y percent the proportion of youth living in safe and appropriate settings after exiting ACF-funded services.*
>
> Data Source: RHYMIS-LITE

This measure will have a revised FY 2003 baseline, based on FY 2002 data from the new instrument.

YOUTH DEVELOPMENT OUTCOME II: Youth have relationships with and increasing trust for caring, capable adults.

PROGRAM GOAL II.A: Prevent or mitigate severe youth crises by maintaining the credibility of RHY services among youth, increasing the level of trust which youth feel for service providers, and by publicizing opportunities to receive help (such as from the National Runaway Switchboard or local youth agencies) before situations deteriorate and/or the youth leaves home (revised goal statement).

> **6.4b.** **FY 2003***: Increase to the proportion of youth that call the National Runaway Switchboard when they are contemplating running away (but before they do so). (Dropped)*
>
> Data Source: National Runaway Switchboard

This measure has been dropped because of the difficulty of tracking the intention and timing of the contact.

Developmental Measure:

> **6.4c.** **FY** *2003: Maintain the proportion of youth that contact the National Runaway Switchboard (for counseling and referral to safe shelter or other services) earlier rather than later in their runaway episode (up to the first week). (Developmental)*

FY 2004: Maintain the proportion of youth that contact the National Runaway Switchboard (for counseling and referral to safe shelter or other services) earlier rather than later in their runaway episode (up to the first week). (Developmental)

POSITIVE YOUTH DEVELOPMENT OUTCOME III: Youth are empowered to develop into independent, contributing members of society.

PROGRAM GOAL III.A: Increase the involvement of youth in service to their communities.

Developmental Measure

6.4d. **FY 2003: Establish and maintain the number of BC and TLP youth engaged in activities that help others or the community through community service and service learning.**

FY 2004: Maintain the number of BC and TLP youth engaged in activities that help others or the community through community service and service learning.

Data Source: RHYMIS-LITE

PROGRAM GOAL III.B: Strengthen youth in reaching their full potential socially and economically by providing opportunities that move them toward self-sufficiency.

Developmental Measure

6.4f. **FY 2003: Increase the number of youth in the transitional living programs who successfully complete the program.**

FY 2004: Increase the number of youth in the transitional living programs who successfully complete the program.

Data Source: RHYMIS-LITE

PROGRAM GOAL III.C: Build partnerships across governments, with communities, and with youth to help youth develop as individuals and as citizens.

6.4g. **FY 2003: Maintain at 13 States and youth services grantees in those States a collaboration that supports a youth development approach to services for young people, including substance abuse and teen pregnancy prevention activities and add additional States as resources become available. (Dropped)**

This measure is being dropped since it will no longer have meaning as the current group of States completes its term. FYSB is helping grantees conduct evaluations of these projects. Evaluations will be published in FY 2003 or early the following year.

POSITIVE YOUTH DEVELOPMENT OUTCOME IV: Youth achieve good mental and physical health and a greater sense of optimism, empowerment and possibility.

PROGRAM GOAL IV: Build on the strengths of long-term residential programs to provide skills, produce confidence and achieve lasting benefits in the lives of youth transitioning to adulthood.

Developmental Measures

> 6.4h. **FY 2004:** *Increase the number of youth in Transitional Living Programs who are provided tools, training, and experiences to feel prepared for life as measured by youth who complete high school/GED, receive skills or job readiness training, and/or secure employment.*
>
> Data Source: RHYMIS-LITE

6.5   TEMPORARY ASSISTANCE FOR NEEDY FAMILIES: CHILD WELL-BEING

Program Purpose and Legislative Intent

The purposes of TANF are to provide assistance to needy families so that children can be cared for in their own homes; to reduce dependency by promoting job readiness, work and marriage; to prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families. TANF is authorized under title IV-A of the Social Security Act, as amended by PRWORA. (A detailed discussion of TANF has been provided under Strategic Goal 1.)

Under the President's welfare reauthorization proposal, child well-being would become an explicit goal of TANF and funding would be available to support demonstration and research projects aimed at improving child well-being through the promotion of healthy marriages and family formation.

Summary Table

Performance Measures	Targets	Actual Performance	Reference (page # in printed document)
PROGRAM GOAL: Enhance child well-being by promoting healthy marriages and family formation and reducing out-of-wedlock pregnancies.			
6.5a. The number of States implementing initiatives to promote healthy marriages. (Developmental)	FY 04: NA	FY 04: (baseline)	Px 122

PROGRAM DESCRIPTION AND CONTEXT

ACF uses TANF resources to develop strategies aimed at promoting healthy marriages and family formation. For example, a majority of States have eliminated restrictions on two-parent families' eligibility for welfare, such as the requirements under the previous AFDC program that one parent be either incapacitated or unemployed. Several States have undertaken efforts to promote healthy marriages ranging from pilot programs to statewide initiatives. ACF is providing technical assistance and conducting research projects to further knowledge about how strengthening marriage can promote child well-being.

PROGRAM PERFORMANCE ANALYSIS

ACF has established this new objective because of the strong indication that there is a significant relationship between family structure and child well-being. Research indicates that children who grow up in healthy, married, two-parent households have a more solid foundation for success. They are less likely to experience poverty, engage in high-risk behavior, or suffer from emotional or developmental problems. Over time, these children have higher levels of educational attainment, employment opportunity and earning potential. In contrast, children who grow up in non-married households or without their father present, are more likely to live in poverty, drop out or fail out of school, engage in at-risk behavior and suffer emotional or psychological problems necessitating treatment.

Performance Report

ACF will begin reporting on State activities that promote healthy marriages and family formation initiated in FY 2004. This information will produce baseline data for this process measure.

Data Issues

Lack of data represent one of the main limitations in research relating to marriage and family formation. Specifically, few data exist at the national or State level that allow researchers to track marriage, divorce and related issues. ACF will address these limitations by working with States and other partners in developing or enhancing data collections systems to capture marriage-related information and facilitate future research.

Performance Plan

Performance Measures for FY 2004

PROGRAM GOAL: Enhance child well-being by promoting healthy marriages and family formation and reducing out-of-wedlock pregnancies.

Developmental Measures

> *6.5a* **FY 2004:** *The number of States implementing initiatives to promote healthy marriages. (Developmental)*

Data Source: TANF Administrative Data

This measure has been added as a process measure to assess the number of States implementing marriage promotion activities under TANF. ACF expects to enhance this measure to assess the breadth of marriage promotion activities at the State level under TANF and eventually to replace this process measure with an outcome-oriented measure which will measure the well-being of children in healthy marriages among low-income married couples.