

Intensive Treatment Foster Care Program Quarterly Statistical Report

| | | | | | | |
|------------------|--------------------------------|--------------------------------|--------------------------------|---|------|------|
| STATEWIDE | Quarter Ending | | | | | |
| | Month | | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 | |

| | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|----------|----------|----------|----------|----------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| Children: | | | | | | | |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 14 | 41 | 54 | 57 | 42 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 1 | 3 | 2 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 3 |
| d. Total Children Continuing in Placement | 1d. | 0 | 13 | 40 | 50 | 51 | 38 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 1 | 0 | 0 | 1 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 1 | 3 | 1 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 2,048.38 | 5,400.84 | 6,927.15 | 6,559.70 | 4,433.08 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 33.54 | 139.62 | 128.21 | 132.00 | 49.50 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 28.25 | 132.50 | 192.50 | 63.75 | 47.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 6.00 | 27.00 | 33.00 | 48.00 | 28.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 3.00 | 23.00 | 8.00 | 17.00 | 15.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|--------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY ALAMEDA | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|-------|--------|--------|--------|--------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 1 | 2 | 7 | 5 | 6 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 1 | 2 | 7 | 4 | 6 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 1 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 34.60 | 264.30 | 751.50 | 228.00 | 557.30 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 0.00 | 1.00 | 5.00 | 22.75 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 1.00 | 2.00 | 7.00 | 4.00 | 7.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 1.00 | 1.00 | 0.00 | 1.00 | 2.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY CONTRA COSTA | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | TOTAL BY AGE GROUP | | | | | |
|---|--------------------|-------|--------|--------|--------|--------|
| | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 0 | 2 | 3 | 8 | 6 | 6 |
| Outcomes of Children Referred to Program: | | | | | | |
| a. Total Children Returned to a More Intensive Program | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 0 | 2 | 3 | 8 | 5 | 6 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 0 | 0 | 0 | 0 | 1 | 0 |
| Services Provided to Children and Families: | | | | | | |
| 2. Total In-Home Support Counselor Hours | 0.00 | 15.00 | 195.00 | 433.60 | 135.30 | 106.10 |
| 3. Total Psychiatrist Hours | 0.00 | 0.00 | 30.00 | 40.00 | 11.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 0.00 | 0.00 | 15.00 | 45.00 | 0.00 | 6.50 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | |
| a. During the Quarter | 0.00 | 2.00 | 0.00 | 2.00 | 5.00 | 2.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 0.00 | 0.00 | 0.00 | 0.00 | 2.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY FRESNO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|--------|--------|-------|-------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 4 | 2 | 1 | 1 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 4 | 2 | 1 | 1 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 710.00 | 444.00 | 2.00 | 44.00 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 11.00 | 4.00 | 0.00 | 4.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 15.00 | 16.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 7.00 | 2.00 | 2.00 | 1.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 7.00 | 2.00 | 2.00 | 1.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|------------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY LOS ANGELES | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|------|--------|-------|-------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 0 | 1 | 0 | 0 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 0 | 1 | 0 | 0 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 0.00 | 167.50 | 0.00 | 0.00 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 0.00 | 2.00 | 0.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY MADERA | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | TOTAL BY AGE GROUP | | | | | |
|---|--------------------|------|------|-------|-------|-------|
| | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 0 | 0 | 0 | 0 | 1 | 0 |
| Outcomes of Children Referred to Program: | | | | | | |
| a. Total Children Returned to a More Intensive Program | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 0 | 0 | 0 | 0 | 1 | 0 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | |
| 2. Total In-Home Support Counselor Hours | 0.00 | 0.00 | 0.00 | 0.00 | 73.00 | 0.00 |
| 3. Total Psychiatrist Hours | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | |
| a. During the Quarter | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY MARIN | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|------|-------|-------|--------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 0 | 0 | 0 | 1 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 0 | 0 | 0 | 1 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 201.00 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY ORANGE | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|--------|--------|--------|--------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 1 | 1 | 1 | 1 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 1 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 1 | 0 | 1 | 1 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 112.00 | 116.00 | 304.00 | 298.00 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 1.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 1.00 | 1.00 | 1.00 | 1.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SACRAMENTO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|--------|--------|----------|-------|-------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| Children: | | | | | | | |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 5 | 7 | 10 | 4 | 2 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 2 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 4 | 7 | 10 | 2 | 2 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 1 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 736.28 | 752.34 | 1,019.85 | 21.00 | 91.29 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 14.54 | 9.12 | 16.21 | 1.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 26.75 | 21.75 | 38.25 | 0.00 | 1.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 2.00 | 3.00 | 7.00 | 6.00 | 1.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 1.00 | 2.00 | 2.00 | 2.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SAN DIEGO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | TOTAL BY AGE GROUP | | | | | |
|---|--------------------|------|------|--------|--------|-------|
| | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 0 | 0 | 0 | 1 | 1 | 0 |
| Outcomes of Children Referred to Program: | | | | | | |
| a. Total Children Returned to a More Intensive Program | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 0 | 0 | 0 | 1 | 1 | 0 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | |
| 2. Total In-Home Support Counselor Hours | 0.00 | 0.00 | 0.00 | 278.50 | 227.75 | 0.00 |
| 3. Total Psychiatrist Hours | 0.00 | 0.00 | 0.00 | 1.00 | 1.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | |
| a. During the Quarter | 0.00 | 0.00 | 0.00 | 1.00 | 1.00 | 0.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SAN FRANCISCO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | TOTAL BY AGE GROUP | | | | | |
|---|--------------------|------|------|--------|--------|--------|
| | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 0 | 0 | 0 | 7 | 5 | 4 |
| Outcomes of Children Referred to Program: | | | | | | |
| a. Total Children Returned to a More Intensive Program | 0 | 0 | 0 | 2 | 0 | 0 |
| b. Total Children Hospitalized | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 0 | 0 | 0 | 0 | 0 | 1 |
| d. Total Children Continuing in Placement | 0 | 0 | 0 | 5 | 4 | 3 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 0 | 0 | 0 | 0 | 1 | 0 |
| Services Provided to Children and Families: | | | | | | |
| 2. Total In-Home Support Counselor Hours | 0.00 | 0.00 | 0.00 | 998.70 | 328.20 | 241.20 |
| 3. Total Psychiatrist Hours | 0.00 | 0.00 | 0.00 | 5.00 | 3.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 0.00 | 0.00 | 0.00 | 32.50 | 28.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | |
| a. During the Quarter | 0.00 | 0.00 | 0.00 | 7.00 | 5.00 | 4.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 0.00 | 0.00 | 0.00 | 2.00 | 1.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|------------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SAN JOAQUIN | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|-------|--------|--------|-------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 1 | 2 | 3 | 0 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 1 | 2 | 2 | 0 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 1 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 30.00 | 119.00 | 155.00 | 0.00 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 0.00 | 0.00 | 6.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 0.00 | 4.00 | 4.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 1.00 | 2.00 | 5.00 | 0.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SAN LUIS OBISPO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| | TOTAL BY AGE GROUP | | | | | |
|---|--------------------|------|--------|-------|-------|-------|
| | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| Children: | | | | | | |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 0 | 0 | 1 | 1 | 0 | 1 |
| Outcomes of Children Referred to Program: | | | | | | |
| a. Total Children Returned to a More Intensive Program | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 0 | 0 | 1 | 1 | 0 | 1 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | |
| 2. Total In-Home Support Counselor Hours | 0.00 | 0.00 | 175.00 | 0.00 | 0.00 | 90.00 |
| 3. Total Psychiatrist Hours | 0.00 | 0.00 | 8.00 | 1.00 | 0.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | |
| a. During the Quarter | 0.00 | 0.00 | 1.00 | 1.00 | 0.00 | 1.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 0.00 | 0.00 | 1.00 | 1.00 | 0.00 | 1.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SAN MATEO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|--------|--------|-------|-------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 5 | 5 | 2 | 0 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 5 | 4 | 2 | 0 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 1 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 147.50 | 101.00 | 33.00 | 0.00 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 24.00 | 28.00 | 12.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 71.00 | 45.50 | 17.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|------------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SANTA CLARA | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|--------|----------|----------|----------|--------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 5 | 13 | 4 | 14 | 6 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 1 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 1 |
| d. Total Children Continuing in Placement | 1d. | 0 | 5 | 12 | 4 | 14 | 5 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 972.00 | 2,067.20 | 1,398.00 | 2,781.70 | 800.50 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 12.00 | 50.00 | 2.00 | 60.00 | 18.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 9.50 | 8.00 | 0.00 | 12.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 1.00 | 8.00 | 2.00 | 11.00 | 5.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 1.00 | 7.00 | 0.00 | 4.00 | 4.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SANTA CRUZ | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|------|-------|-------|--------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 0 | 0 | 0 | 1 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 0 | 0 | 0 | 1 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 233.00 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY SOLANO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|------|------|-------|-------|-------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 0 | 0 | 0 | 0 | 1 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 1d. | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 1 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 24.94 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.75 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY STANISLAUS | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| Children: | | TOTAL BY AGE GROUP | | | | | |
|---|-----|--------------------|--------|--------|----------|----------|----------|
| | | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 1. | 0 | 1 | 4 | 5 | 14 | 12 |
| Outcomes of Children Referred to Program: | | | | | | | |
| a. Total Children Returned to a More Intensive Program | 1a. | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 1b. | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 1c. | 0 | 0 | 0 | 0 | 0 | 1 |
| d. Total Children Continuing in Placement | 1d. | 0 | 1 | 4 | 5 | 14 | 11 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 1e. | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 1f. | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | | |
| 2. Total In-Home Support Counselor Hours | 2. | 0.00 | 290.50 | 947.50 | 1,099.50 | 2,270.75 | 1,745.75 |
| 3. Total Psychiatrist Hours | 3. | 0.00 | 7.00 | 7.50 | 29.00 | 36.00 | 26.50 |
| 4. Total Emergency Social Work Hours | 4. | 0.00 | 1.50 | 0.25 | 2.25 | 9.75 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | | |
| a. During the Quarter | 5a. | 0.00 | 0.00 | 0.00 | 1.00 | 7.00 | 4.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 5b. | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 4.00 |

Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

| | | | | | |
|-----------------------|--------------------------------|--------------------------------|--------------------------------|---|-------------|
| COUNTY YOLO | Quarter Ending | | | | |
| | Month | | | | Year |
| | 1 <input type="checkbox"/> Mar | 2 <input type="checkbox"/> Jun | 3 <input type="checkbox"/> Sep | 4 <input checked="" type="checkbox"/> Dec | 1999 |

| | TOTAL BY AGE GROUP | | | | | |
|---|--------------------|------|------|-------|-------|-------|
| | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-19 |
| Children: | | | | | | |
| 1. Placed in Program During Quarter (sum of items 1a thru 1f below) | 0 | 0 | 0 | 0 | 0 | 0 |
| Outcomes of Children Referred to Program: | | | | | | |
| a. Total Children Returned to a More Intensive Program | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Total Children Hospitalized | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Total Children Discharged to Own Home | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Total Children Continuing in Placement | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Total Children Moved to Less Intensive Foster Care Placement | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Total Children with Other Outcomes | 0 | 0 | 0 | 0 | 0 | 0 |
| Services Provided to Children and Families: | | | | | | |
| 2. Total In-Home Support Counselor Hours | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3. Total Psychiatrist Hours | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Total Emergency Social Work Hours | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Total Families Receiving Family Therapy Services: | | | | | | |
| a. During the Quarter | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| b. On a Weekly Basis (must be less than or equal to item 5a.) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |