



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

June 29, 2012

Ms. DeAnna Avey-Motikeit, Director  
San Bernardino County Children and Family Services  
150 South Lena Road  
San Bernardino, CA 92415

Dear Ms. Avey-Motikeit:

**SUBJECT: APPROVAL TO AMEND MEMORANDUM OF UNDERSTANDING (MOU) NO. 09-6002 BETWEEN THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS) AND SAN BERNARDINO COUNTY REGARDING THE RESIDENTIALLY BASED SERVICES (RBS) REFORM PROJECT**

This letter is in response to the request from San Bernardino County to amend MOU No. 09-6002 between CDSS and San Bernardino County regarding the operation of the county's RBS pilot project. San Bernardino County requests the following amendments to the MOU:

- MOU No. 09-6002, Section C, Term – Extend the term of this MOU to be effective June 1, 2010 through December 31, 2014.
- MOU No. 09-6002; Attachment I, Exhibit 2 – Fourth page: Amend the version date of the Funding Model to read "Revision Date: 4-01-12". Under "Prepared by:" add Jana Trew, Regional Director, Southern Region, VTC, [Jtrew@victor.org](mailto:Jtrew@victor.org), 951-609-4436; remove Neal Sternberg, Executive Administrator, VTC, [neal@victor.org](mailto:neal@victor.org), 530-472-1281.
- MOU No. 09-6002, Attachment I, Exhibit 2 – Section 2: Amend the second paragraph to read as follows: "The historic rate did not allow for paying of the actual reasonable AFDC-FC Title-IV-E costs. Our alternate funding model establishes an RBS AFDC-FC residential rate of \$9,146, and the rate shall be adjusted annually by 2 percent to address anticipated cost increases beginning July 1, 2012 through December 31, 2014. This alternate rate allows for those expenses within the rate, resulting in 96% IV-E allowable under the Federal definition. We have established a 96% IV-E allowability percentage of cost on line 1b of Attachment A."
- MOU No. 09-6002, Attachment I, Exhibit 2 – Section 6: In the first sentence, delete "\$8,835" and insert "\$9,146" in its place.

Ms. DeAnna Avey-Motikeit  
Page Two

- MOU No. 09-6002, Attachment I, Exhibit 2, Attachment A: Remove the existing "ATTACHMENT A: RBS Funding Model Deliverable: San Bernardino County (03-17-10)" and replace it with "ATTACHMENT A: RBS Funding Model Deliverable: San Bernardino County (04-01-12)".
- MOU No. 09-6002, Attachment I, Exhibit 2, Attachment A1-3: Add three new Attachment A documents: "Attachment A1, Attachment A2, and Attachment A3".
- MOU No. 09-6002, Attachment I, Exhibit 2, Attachment B: Remove the existing Attachment B, "Victor Treatment Centers, Inc. San Bernardino County Behavioral Health RBS Residential Annual Budget 12 Slots As Of March 12, 2010" and replace it with the revised Attachment B, "Victor Treatment Centers, Inc. San Bernardino County Behavioral Health RBS Residential Annual Budget 12 Slots As Of February 24, 2012".

Effective April 1, 2012, CDSS approved the amendments as described above and also contained in the revised Attachment I Exhibit 2 – San Bernardino RBS Funding Model (copy attached). All other terms and conditions of MOU No. 09-6002 remain the same. This amendment is hereby incorporated into MOU No. 09-6002 by attachment of this letter as Attachment I, Exhibit 4.

Should you have any questions regarding the RBS Reform Project or MOU No. 09-6002, please contact me at (916) 657-2598 or Gregory E. Rose, Deputy Director of the Children and Family Services Division, at (916) 657-2614.

Sincerely,



WILL LIGHTBOURNE  
Director

Enclosures



# Residential Based Services Reform Project

## Deliverable Template – FUNDING MODEL

**Instructions:** The Funding Model lays out the demonstration sites' plan to fund the RBS Program. The primary purpose of the Funding Model Template is to guide demonstration sites in presenting the needed information about their Funding Model in a succinct and organized manner so that CDSS staff can fairly and accurately judge whether the proposed Funding Model meets the basic requirements of Assembly Bill (AB) 1453. An additional purpose is to help the local implementation teams in the sites better understand what the elements of a Funding Model are, so that it is easier for them to construct one to support their approach to implementing RBS.

Nine of the requirements for the Funding Model in AB 1453 are in section 18987.71 d. 2 (A) – (I). (Key points are underlined):

2. ...the director may also approve the use of up to a total of five alternative funding models for determining the method and level of payments that will be made under the AFDC-FC program to private nonprofit agencies operating residentially based services programs in lieu of using the rate classification levels and schedule of standard rates provided for in Section 11462. These alternative funding models may include, but shall not be limited to, the use of cost reimbursement, case rates, per diem or monthly rates, or a combination thereof. An alternative funding model shall do all of the following:

(A) Support the values and goals for residentially based services, including active child and family involvement, permanence, collaborative decision-making, and outcome measurement.

(B) Ensure that quality care and effective services are delivered to appropriate children or youth at a reasonable cost to the public.

(C) Ensure that payment levels are sufficient to permit the private nonprofit agencies operating residentially based services programs to provide care and supervision, social work activities, parallel pre-discharge community-based interventions for families, and follow-up post-discharge support and services for children and their families, including the cost of hiring and retaining qualified staff.

(D) Facilitate compliance with state requirements and the attainment of federal and state performance objectives.

(E) Control overall program costs by providing incentives for the private nonprofit agencies to use the most cost-effective approaches for achieving positive outcomes for the children or youth and their families.

(F) Facilitate the ability of the private nonprofit agencies to access other available public sources of funding and services to meet the needs of the children or youth placed in their residentially based services programs, and the needs of their families.

(G) Enable the combination of various funding streams necessary to meet the full range of services needed by foster children or youth in residentially based services programs, with particular reference to funding for mental health treatment services through the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment program.

## Funding Model

(H) Maximize federal financial participation, and mitigate the loss of federal funds, while ensuring the effective delivery of services to children or youth and families, and the achievement of positive outcomes.

(I) Provide for effective administrative oversight and enforcement mechanisms in order to ensure programmatic and fiscal accountability.

The final requirement is in section d. 3. (D) of the statute:

(D) Neither the waiver nor the alternative funding model will result in an increase in the costs to the General Fund for payments under the AFDC-FC program, measured on an annual basis. This would permit higher AFDC-FC payments to be made when children or youth are initially placed in a residentially based services program, with savings to offset these higher costs being achieved through shorter lengths of stay in foster care, or a reduction of re-entries into foster care, as the result of providing pre-discharge support and post-discharge services to the children or youth and their families.

Beyond the statutory requirements regarding cost neutrality for state AFDC-FC, there is also an understanding that the RBS demonstration sites will apply equally thoughtful stewardship in the use of EPSDT funds. Essentially, AB 1453 is inviting the demonstration sites to find an innovative approach that will provide improved outcomes for the same or less cost. The design of the Funding Model has five elements or stages:

1. Specify the Program Model: Development of an innovative approach to meeting the needs of children who are now being cared for using long term high level group home placements and their families that is likely to produce better outcomes for the same or less cost.
2. Estimate the Provider Bid: Creation by the providers of a cost estimate for delivering the services that will be included in the RBS package that is based on the new approach (see paragraph 2 (C) above).
3. Prepare the County Budget: Preparation by the county child welfare, mental health and probation departments of a preliminary operational budget for their RBS system that reflects the fiscal realities of the departments and that insures the balanced and equitable utilization required under paragraph 2 (G).
4. Demonstrate Cost Neutrality: Calculation by the local implementation team of a rationale for demonstrating the cost neutrality required by Section 3 (D), above.
5. Agree on a Rate and Payment Protocol: Integration of all these inputs by the local implementation teams into a rate and payment protocol for the RBS system that addresses the various requirements in the statute.

In order for the CDSS reviewers to fairly and accurately assess the funding models that will be submitted, the template will need to reflect all five of these elements in a way that ties them to the AB 1453 requirements.

**Revisions:** The following information will serve as a guide in helping you identify the changes that were made to the Funding Model Deliverable Template:

**Blue Font** –the blue font represents new questions &/or sections that have been added to the template.

# Residentially Based Services Reform Project Funding Model

MOU #09-6002 A-1  
Attachment I, Exhibit 2  
San Bernardino RBS Funding Model

**(Items in Parenthesis)** –the items in parenthesis provide a reference back to the specific question in the preliminary Program Description and Voluntary Agreement templates.

**Signatory Page** – A signatory page was added to the end of the Funding Model and should be signed by a representative from the county social service agency, mental health agency and the private non-profit agencies.

**Reference Material:** Please be sure to reference the AB 1453 enacted legislation, and the 'Framework for a New System of Residentially-Based Services in California'.

# Residentially Based Services Reform Project Funding Model

MOU #09-6002 A-1  
Attachment I, Exhibit 2  
San Bernardino RBS Funding Model

Demo Site: San Bernardino County	Revision Date: 4-01-12
Prepared by: Kathy Watkins and Jana Trew	Title/Organization: Manager Regional Director Southern Region VTC
E-mail: <a href="mailto:kwatkins@hss.sbcounty.gov">kwatkins@hss.sbcounty.gov</a> <a href="mailto:Jtrew@victor.org">Jtrew@victor.org</a>	Phone: 909-388-0167 951-609-4436

**1. Briefly summarize the intervention, services, and support strategies your program model will use to help children or youth and their families enrolled in your RBS system achieve and sustain positive life outcomes.**

Currently, at least 25% of the high-need foster youth of the target population in San Bernardino County are being served in RCL-14s out-of-state and those that remain in-state are bouncing in and out of psychiatric hospitals and being transferred laterally between RCL-14 placements. The result is that they become disconnected from their families and communities. These youth remain institutionalized for long periods of time, and the severe barrier behaviors they display prevent them from being served within the existing in-county options for family-based settings. San Bernardino County's RBS Demonstration Project is targeting this population which consists of approximately 35-40 youth over an average year.

Using RBS principles, the San Bernardino County will contract with our sole current in county RCL-14 provider Victor Treatment Centers (VTC) and Victor Community Services (VCSS) to test out a new RBS service option with 12 residential beds (6 male and 6 female beds) with a total of 30 slots over each 24 month period of the pilot. There are three key program innovations:

1) Transforming the milieu of the RCL-14 residential facility into a short-term intensive stabilization and treatment facility, which is permeable to and concurrently aligned with family finding, engagement and support efforts as well as concurrent school-based and community-based interventions. Currently, an RCL-14 facility functions as a self-contained, long-term placement for high-needs youth where youths are maintained until emancipation. Our goal is to transform residential care so that each youth is reconnected with options for family-based permanency. Our target population has a history of frequent runaway behaviors and it is key to the success of the pilot to reduce AWOL episodes through the family engagement strategies. In order to implement our value of "no hand-offs no drop-offs", we will utilize the Title IV-E standard for the definition of temporary absence of 14 days per calendar month and pay for bed holds for CFS youth for that IV-E duration of time to ensure continuity of care and services.

# Residentially Based Services Reform Project Funding Model

2) Establishing a Youth and Family Care Coordination Team (CCT) as the primary vehicle to provide unified treatment direction, transition recommendations, case management, and family reconnection/finding/engagement services for RBS eligible youth. A pool of resources, including, but not necessarily limited to AFDC-FC Maintenance, EPSDT, Title IV-E Training Funds and possibly IV-E Administrative funds as experience dictates, MHSA Success First Wraparound and subsequently SB 163 Wraparound, will fund these innovations. The CFS has a strong AB1331 SSI Advocacy program which will be used to offset AFDC-FC costs for all non-federally eligible youths and for federal youths once in relative/parental homes. This has required service integration of service delivery and administration of CFS, Probation and DBH, and leads to the third innovation: The CCT will have the flexibility to transition the youth between the residential milieu and the family/community and support the reconnections to family, and support stabilization and permanency at lower levels of care.

3) A alternate funding model which supports the transformation of the residential and community service models, by increasing the AFDC-FC residential rate to an amount closer to actual care and supervision costs and by using MHSA Prevention and Intervention dollars (Success First Wraparound) to augment costs for residential and community based services not included in the alternate RBSAFDC-FC rate are funds for the activities of the Youth and Family Care Coordination Team. Additionally, Intensive Treatment Foster Care (ITFC) is being considered to create a 'specialized foster care' placement option for youth who need more intensive supervision than a FFA placement in the initial step down from group care. This feature should be available to RBS via a Letter of Interest process and CFS hopes to have qualified providers selected by early Spring, 2010. Several qualified and experienced FFA providers have expressed interest in expanding their ITFC program to San Bernardino and working in concert with the RBS Pilot. We expect to have available ITFC beds in place prior to the first RBS youth being stepped down from residential care. Should an appropriate ITFC bed not be available, the CCT will determine the appropriate step-down placement for that youth. Note: for purposes of calculating AFDC-FC cost containment in Attachment A, we are using a 60% estimate for the federal eligibility rate for ITFC.

The model assumes an average of 12 months in the RBS residential care facility, followed by an average of 6 months in step-down care in either an ITFC (25% of youths) or an FFA (75% of youths), followed by an average of 6 months in family based settings (75% of youths with relative care with the SCI and 25% with parents. For the first 18 months, the applicable AFDC-FC rates will be supplemented by up to \$3,897 per month per child of MHSA funds for the CCT and family engagement efforts. For months 19 to 24, these activities as well as any family-based placement cost will be funded by SB163 Wraparound funds for youths in family based settings. Each youth's path to the lowest level of appropriate care within the 24 month model will be unique and based on that youth's progress and the decisions of the CCT, which are driven by youth and family voice and choice. We anticipate that MHSA will fund the first 18 months of the CCT directed services. The last 6 months while the youth is returned to the parental home or placed in relative care, the CCT and family engagement services will be funded by SB163 Wrap. We have amended our SB163 Wrap contract with Victor

# Residentially Based Services Reform Project Funding Model

Community Services to accommodate additional RBS slots. Our SB163 Wrap program is not limited by a cap on slot requests. We are managing the SB163 budget so we do not hit the budget ceiling.

At this time, all funding, allocations, costing, claiming and payment mechanisms required to operate the RBS pilot are currently in place, with possible need for some local adaptation. We will not alter the fully compliant nature of these systems. We are requesting to implement an alternate funding model to accommodate frontloading the RBS residential care rate for the first 12 months to ensure the improved outcomes of placement stability, reconnection to family and community and permanency are fully integrated into the residential milieu.

**2. Describe the calculations used by the providers to estimate the reasonable costs of delivering the package of services that will be incorporated in your RBS system. Please fill out Attachment A – Provider Cost Matrix.**

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Historically, Victor Treatment Centers, Inc (Victor) has charged a supplemental daily rate above and beyond the AFDC-FC RCL-14 rate in its residential program. This rate has paid for Medi-Cal billable services and for unfunded Title-IV-E expenses; the additional amount did not cover services crucial to reunification and permanency. These services include family finding, support and engagement, peer advocacy, parent support, or intensive community-based treatment to prepare these settings to receive these high-needs youth. RBS will underwrite a treatment model transformation, which will allow VTC to provide a new residential treatment model using an alternate RBS AFDC-FC rate that maximizes Federal participation and further covering any reasonable allowable Title IV-E expenses and benefits using a fair share agreement with each County Department responsible for services with their funding streams.

The historic rate did not allow for paying of the actual reasonable AFDC-FC Title IV-E costs. Our alternate funding model establishes an RBS AFDC-FC residential rate of \$9,146, and the rate shall be adjusted annually by 2 percent to address anticipated cost increases beginning July 1, 2012 through December 31, 2014. This alternate rate allows for those expenses within the rate, resulting in 96% IV-E allowable under the Federal definition. We have established a 96% IV-E allowability percentage of costs on line 1b of Attachment A

The alternate RBS AFDC-FC rate is based upon historical reasonable and prudent expenses Victor has had serving arguably the most challenged residing in California's Group care system The additional reasonable allowable Title IV-E dollars allow for the RBS rate to free up MHSA dollars that were otherwise not covered by the historical Level 14 rate., and enhances targeted services for long term sustainable gains and permanency with possible earlier reunification. This will be accomplished by the alternate RBS AFDC-FC rate for residential care, and concurrently enrolling each child in an MHSA-funded Full Service Partnership slot, which will anticipate additional revenue per each of the 30 slots paid monthly. These funds will be pooled such that they are not capitated for each child, allowing for maximum flexibility in meeting the

# Residentially Based Services Reform Project Funding Model

needs of enrolled children. The MHSA and associated EPSDT funding will adequately fund those services and additional supports crucial to providing a high-needs child with a permanent non-institutional home. There is a commitment to ensure sustained funding through MHSA and EPSDT for RBS beyond the 24 month pilot; however, this commitment is not a guarantee as the fiscal climate of the State of California may impact funding availability beyond local control. We have estimated those costs on the spreadsheet attached. We understand these total dollars are settled to cost at the end of the fiscal year. Monthly claiming for all payments (AFDC-FC, EPSDT, and MHSA) will use existing formats. VTC and the County will insure appropriate records are maintained to track all RBS funds including AFDC-FC funds to support the residential portion of the rate.

A portion of the non Medi-Cal billable services in this project are planned to be paid for with MHSA (Success First) funds. Victor also plans on paying for a full-time Client Coordination Team Facilitator, a half-time Peer advocate with MHSA funds, and a full-time Parent Partner with MHSA funds.

Victor also plans to charge a portion of shared Program Support costs of the residential program to MHSA funds. These costs represent a share of direct program support consisting of Director, Assistant Director, Human Resources, Intake, Maintenance, Computer and Clerical support. In addition, certain costs for hiring, transportation, direct assistance to children & families and indirect cost are budgeted to be paid with MHSA funds

The attached budget spreadsheet presents the entire annual residential budget. The MHSA funding is identified in the shaded column and identifies all of the costs discussed above. The budget for the pilot is based upon projected estimates and is capitated to the maximum allowable in the County and provider contracts.

Community/Family Based Care Months 13 to 24:

Although San Bernardino County does not currently have an ITFC program, the CFS is actively pursuing a procurement process with FFA providers and intends to apply for the normal state approval process for the FFA ITFC rate pursuant to ACL-09-16, dated June 3, 2009, to implement SB1380, chaptered in 2008. For purposes of estimating costs, in ATT A we used the highest ITFC rate based upon ACL 08-01, dated Jan. 17, 2008, reduced by the 10% cut effective October 1, 2009. We estimate up to 25% of youths will need this intensive one-on-one caregiver treatment model for up to 6 months of step-down care. Up to 75% of the youth are expected to be placed in regular FFA settings for months 13 to 18. In both the ITFC and FFA, the same MHSA funded CCT and family engagement services from the RBS provider will seamlessly follow the youth to support transitions to lower levels of care and reconnect the youth to family.

In months 19 to 24, while the CCT members remain the same for each youth, the funding shifts to SB163 Wraparound Services, assuming the youth will be in a family setting, either returned to the parental home, or placed with a relative or NREFM who

# Residentially Based Services Reform Project Funding Model

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Attachment I, Exhibit 2  
San Bernardino RBS Funding Model

will be the youth's committed lifelong connection. We are using the RCL 13 Wrap rate in ACIN 1-91-08, adjusted by the 10% cut effective October 1, 2009, for \$2,832. We assume that 75% of youths will be with relatives/NREFM's and needing the higher specialized care increments that our county schedule permits, which combined with the applicable basic rate, would assume an average placement cost of \$1300, leaving the remainder of the applicable Wrap rate for CCT/family engagement services. The remaining 25% will be in parental homes, eligible for the full Wrap rate, if federally eligible. If the youth is not federally eligible, we will use the full SB163 Wrap RCL 13 rate of \$5665. For the federally eligible youth, we will use the non-federal share of the RCL 13 rate of \$2,757 (computed using the current FMAP of 56.2%). We applied the \$5665 rate to the 28% of youths who are not federally eligible and the \$2757 rate for the 72% of the youths who are federally eligible for a weighted average of \$3,571. We use this \$3,571 weighted rate in Attachment A. Assuming that \$1,300 of the \$3571 rate will be used for Post-discharge Relative Care for the federal title IV-E allowable foster care payments, we determine that 36.4% of that \$3751 payment would be federaleligible. We have modified Attachment accordingly. We do acknowledge that during the federal ARRA period that ends December 31, 2010, the increased FMAP reduces the SB163 rate for federal children to \$2481 and we will pay that rate accordingly. We will not backfill that rate. When the ARRA period is complete, we will go back to the \$2832 rate for the federally eligible youth. It appears FMAP will be extended another 6 months.

While residential treatment provides a vital role in the continuum of services for kids, Victor Family of Services (VFOS) has continued to look for ways to keep youth with their families in the community. While this is not always possible or advisable, in circumstances where it is, that is where SB163 Wraparound, Success First, Therapeutic Behavioral Services (TBS) and Transitional Age Youth (TAY) enter the picture. It is these services as deemed appropriate for each client follow the youth into the community following transition from the residential environment.

TBS is one-to-one contact between a mental health provider and a beneficiary for a specified short period of time, to prevent placement in a group home of RCL rating 12 – 14 or a locked facility for the treatment of mental health needs, including acute care; or to enable a transition from any of those levels to a lower level of residential treatment, by reducing or eliminating maladaptive target behaviors and achieving short-term treatment goals. TBS can provide support to youth currently placed in a rate of classification level 12 or above group home; and or a locked treatment facility for the treatment of mental health needs.

A youth who is preparing to transition from Victor Treatment Centers (VTC) Residential Based Services (RBS) would initially be referred to TBS. TBS would be utilized to stabilize behaviors in the residential setting that have prevented the youth from transitioning to a lower level of care. Once youth has been stabilized and a suitable home has been located, i.e. FFA Foster home, ITFC, Relative/NREFM, legal guardian etc, the youth can transition home and services would follow for stabilization.

# Residentially Based Services Reform Project Funding Model

Another possible step down support that could be offered to a youth leaving the residential setting could be Wraparound (SB163). The youth must either be at risk of being placed outside of the home in a Level 10 or higher placement (high level group home, juvenile hall/juvenile camp, out of state program, mental hospital) or is already at such a program and is wanting to return home, hence youth transitioning from the residential setting. In either case, the family (a willing care provider such as a FFA/ITFC certified foster home, relative/NREFM, legal guardian, bio parent, etc) participates in the extensive process that is SB 163 Wraparound. Youth transitioning at this point would be considered not to be an undue safety risk to themselves, their families or the community at large in order to qualify.

Projected community based services offered in months 13-24 are funded by a sequence of Success First MHSA Wraparound and then SB163 Wraparound and is a program whose mission is to provide family-centered, strengths-based, needs-driven services to maintain at-risk youth in family settings, in schools and in their communities. The program is focused on achieving the stabilization of youth and building the parenting capacity of their families to achieve the successful transition to community-based resources and/or other VCSS mental health programs for on-going progress and support. Transitional Age Youth Centers (TAY) will provide integrated services to those youth (age 16-25) in the Pilot that necessitate additional services. VCSS operates a TAY Center in the High Desert Region and DBH operates a TAY center in San Bernardino city area.

In order to promote continuity of care and to avoid unnecessary program disenrollments, the federal definition of temporary absence for foster care of up to 14 days per calendar month will be utilized on a case-by-case basis to authorize the payments for having the youth's bed held during that temporary absence. Thus if a youth needs hospitalization or has run away, or otherwise has a planned or unexpected disruption from his placement, the CCT will determine the appropriateness of holding bed for the youth's return based on the 14 day rule. In that many if not all of these youths have serious emotional disorders, many youths will qualify for SSI Disability, including those IV-E eligible. Under the mandates of both AB1663 and AB1331, the CFS will actively pursue SSI applications to both offset AFDC-FC costs and to provide a secure source of income for youths transitioning out of care either to the parental home or to the adult systems of care as further described in the response to Question 6.

Throughout the entire length of RBS enrollment, there is always a chance that an enrollee will go into crisis requiring additional support. The primary means of crisis stabilization will be to work with the child in their current residence to facilitate resolution of the crisis while maintaining safety; however, in some instances psychiatric hospitalization is required to maintain the child's safety. When hospitalized, the CCT services will continue and the goal will be to return the child to their current residence as soon as possible. Should the hospitalization occur after the child has left residential care and returning to the current residence (e.g., ITFC) is not feasible even with additional support, then the most appropriate placement will be facilitated. Hopefully, this will be into the RBS home; however, should there not be an available bed, then the

# Residentially Based Services Reform Project Funding Model

most appropriate placement will be facilitated. For example, a child could be temporarily placed at another ITFC or RCL 14 group home until stabilized to the point of being able to return to either the RBS home or the residence at time of hospitalization. If temporarily placed at a non-RBS ITFC or RCL 14, then RBS staff would maintain daily contact with the child until placement at an RBS ITFC or group home is possible. MHSA and EPSDT funding will continue throughout this period of time. (For additional explanation, see p.38 of Voluntary Agreement).

Hospitalization stays which last longer than 14 days during one calendar month are expected to be very unlikely. The average hospital stay for a minor is 2-3 days, and extended stays past 14 days are generally related to difficulties in locating an appropriate placement. When a child, who was admitted to the hospital in crisis and is now stable, is required to stay at the hospital due to not being able to locate an appropriate placement they are on "Administration Days." Given the multiple placement options through RBS, this is not expected to happen frequently; however, should a hospitalization stay approach 14 days, then the CCT team will evaluate the expected date of discharge and anticipated participation the child can have with RBS.

In addition see Attachment A.

- 3. Identify the activities and associated funding streams that the county departments that are in collaboration with your RBS system will use to support the service elements that you have included in your package of services. Please fill out Attachment B – Activity Allowability Inventory Worksheet.**
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See item #2 above and Attachment B.

- 4. Indicate how the participating county departments will work together to provide effective administrative oversight to insure accountability, efficiency and accuracy in the access and disbursement of these funding streams.**
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CFS, DBH and Probation already have an existing system that monitors and manages RCL-14 and Wraparound placements, which will be applied to RBS. The existing Wraparound payment and claiming process can be replicated for RBS payment and claiming purposes, with an additional special project code added for RBS youths in the CMS-CWS automated system. San Bernardino County Human Services (HS) Administration is charged with tracking, integrating and reporting of key data and measures to insure AFDC-FC cost-neutrality and to comply with all tracking and reporting requirements as agreed to for evaluation purposes and for completing the annual report. The county has the capacity and experience to ensure that all requirements for the evaluation will be met. The county's C-IV assistance payment automated system can track for all AFDC-FC payments and the Human Services LRU has sophisticated ad hoc querying capabilities to run reports on expenditures. These queries will be also used to ensure that no more than 14 days of temporary absence bed holds will be paid per calendar month in accordance with IV-E rules.

# Residentially Based Services Reform Project Funding Model

HS Administration's Program Development Division has a contract unit that will perform semiannual on-site program monitoring jointly with the Administrative Support Division's Contract Monitoring unit that performs fiscal audits. This monitoring is explained in greater detail in the Waiver Request, Question 6.

DBH has an EPSDT contract monitor who will be assigned to monitor EPSDT expenditures for RBS services and supports. At this time, no significant changes are planned in the oversight and management that ensure accountability, efficiency and accuracy in access to and disbursement of the targeted funding streams. In addition, the three placing agencies will utilize existing fiscal monitoring practices to oversee the funding streams associated with the transformed treatment model and will provide the administrative support required to pay for RBS services in a compliant and timely manner.

The HS Administration's LRU will be the central collection point for gathering data on EPSDT and MHSA expenditures from the provider and DBH as well as the AFDC-FC payments for the annual evaluation report.

Each placing agency will have a representative who sits on the RBS Oversight Committee that tracks utilization, enrollment, disenrollment activity, lengths of stay, monitors and analyzes RBS payments made to providers, adjusts for outliers and communicates child specific data regularly with HS Fiscal and Auditing divisions for payments and claiming.

**5. Describe how providers will be paid in your system. Indicate the rate or rates they will receive, the method for billing, making payments and the documentation that will support billing and payment.**

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All costing, claiming and allocations for MHSA, EPSDT, SB 163 Wraparound, and AFDC-FC will initially be performed through County and provider systems currently in place and compliant with County, State and Federal requirements. The County will adhere to and utilize the Manual Claim form and the Child Cost Tracking Sheet as stipulated in the RBS MOU.

See the Voluntary Agreement and Attachment A herein for the various services and their funding.

**6. How will your model maximize federal participation and mitigate the loss of federal participation that will occur as a result of decreased length of stay in residential care?**

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Our alternate funding model establishes a RBS AFDC-FC residential rate of \$9146 and will maximize federal financial participation in the following ways:

# Residentially Based Services Reform Project Funding Model

1. Draw down an appropriate share of federal IV-E participation for care and supervision allowable costs in the AFDC-FC rate. By utilizing MHSA to cover the non IV-E costs for the Social Work activities, CCT and family engagement services, we can increase the percent of IV-E allowable costs from the historic RCL 14 percent of 93.5% to an RBS percent of 96% as explained in item #2.
2. Utilize IV-E eligible training funds at the enhanced rate to provide training with an array of curricula that ranges from orientation to practice interventions for all public and private agency staff, community partners and key stakeholders, including enrolled youth and families.
3. Utilize a system of documenting and reporting the use of Title XIX EPSDT that ensures full reimbursement for appropriate activities.
4. Utilize the existing SSI Advocacy contractor to file and pursue SSI disability claims on all non-federally eligible youths upon RBS enrollment and on all federally eligible youths at the point they are placed in relative/NREFM care.

As further explanation of the impact of the SSI Advocacy program, we employ the guideline as described in AB1663 and AB1331 for foster youth. For non-federally eligible foster youth, we will screen these youths to apply for SSI on behalf of youths who meet the disability criteria. The county acts as the youth's representative payee, and pursuant to Social Security Administration regulations, will apply that appropriate portion of the youth's monthly benefits to reduce the state-funded AFDC-FC placement costs. For the federally eligible youth, federal regulations do not permit the receipt of two federal funding streams, IV-E and SSI, so any applicable SSI benefits will be held in suspense until the youth ages out of foster care, or, if the youth is in family based foster care that has a rate less than the SSI Non-medically Board and Care rate, the county as the rep payee, SSI will be used to pay the youth's placement costs so that no AFDC-FC funds are used.

We will continue to use existing quality assurance processes that focus on improving the county's federal to state AFDC-FC penetration rate for the CFS and Probation placements in group care. DBH AB 3632 placements are only state AFDC-FC funded. Based upon placement rates, it is expected that one or two AB3632 minors are expected to participate in RBS. HS Administration has a full time Federal Maximizer position that reviews all newly awarded state foster care cases for application of the Preponderance of the Evidence Model (P.O.E.M.) and as appropriate, converts the case to federal IV-E payments, thereby increasing the penetration rate. During the pilot, there will be an increased effort to apply P.O.E.M. to group care cases. We have determined the current penetration rate of youths placed in RCL 14 homes to be 72%. This is slightly lower than the quarterly penetration rate for the overall population of 76.5% used in our submission. We will adjust the penetration rate of the IV-E eligible youths in Attachment A to the 72% to more accurately reflect the target population. (25 youths currently in RCL 14 homes, of which 18 are federal and 7 are nonfederal).

Involvement of the parents and family as part of the CCT may provide missing data on family income and circumstances that can assist in the P.O.E.M. process. Because we are using MHSA monies for the family engagement and CCT efforts for the first 18 months, there is no fiscal disincentive to enrolling federally eligible youths in RBS, unlike

# Residentially Based Services Reform Project Funding Model

the SB163 Wraparound program. We do not anticipate a significant loss in the federal penetration rate during the life of the pilot in that the target population is the seriously mentally/emotionally disturbed youths placed in RCL14. While we expect to achieve AFDC-FC savings due to reduced lengths of stay in high end group care, many youths will continue to need a stepped down out of home placement for some period of time, such as transitioning to an ITFC or FFA and then to relative or guardian care with a specialized care increment. During their trajectory of care the youths will remain federally eligible with a consistent impact on the penetration rate. As this county is not in the IV-E Waiver, once the youth is returned and stabilized in the parental home, we recognize that IV-E funded placement ends for that child. However that is the desired outcome of both the pilot and of the IV-E program.

**7. Funding Baseline (Previously Question 8 of Program Description): Please estimate the cost of care for the members of the target population under the current service arrangements. This will form the baseline against which you will measure changes in funding under your RBS program. For each type of service, indicate the funding source and estimate the average annual per person cost of care.**

The table below shows the baseline data and desired outcomes for the target population:

Key Measures	Baseline Data	RBS Goal
Reduced Length of Stay (group care)	2 yrs, 8 months (32 months)	12 months
Reduced Reliance on Out of State Placements	6 eligible youth currently out of state	60% reduction
Reduced Hospitalizations Note: Administration days are days that a minor, who had been admitted to a hospital in crisis, is now stable, but continues to be in the hospital due to inability to locate an appropriate placement.	3.1 episodes 41 days total* *some are admin days	0 admin days
Reduced AWOL Incidents	3.2 episodes 28 days total	50% reduction following first 90 days of care
Improved Permanency:  Increased placement stability in family care	(6.2 years in foster care) 3 placements	- 80% of youth remain in RBS until goals met

The above goals set treatment baselines for financial analysis including cost for services and AFDC-FC cost neutrality for both the State and the County. The county Human Services Administration's LRU used data from the statewide CWS/CMS automated system to establish a baseline of all child welfare youths who had

# Residentially Based Services Reform Project Funding Model

at least one placement in a RCL 14 or out of state equivalent group home in calendar year 2006. The results and demographics of that analysis are provided:

Population: All youths who had at least one RCL 14 or out of state group home placement in 2006.

Time frame: To determined baseline length of stay, we limited the group home placements from start of their current placement episode to Dec 31, 2006. Placements made after were censured from the analysis.

There were 41 foster youth, with an average time in group care of 2.67 years (32 months) with a range of 1.4 months to 8.7 years. Note this is a cumulative length of stay – for total group home days in the current placement episode.

### Demographics of the 41 foster youth:

Average age on Dec 31, 2006 was 15 with a range of 11 to 18:

There were 25 females and 16 males.

Ethnicity	# Of Foster Youths
American Indian	1
Black	13
Hispanic	11
White	16
Total 2006 Cohort Youths	41

Active or last placement by the end of Dec 31, 2006:

Placement Type	# Of Foster Youth
Court Specified Home	1
FFA Certified Home	2
Foster Family Home	1
Group Home	33
Relative/NREFM Home	4
Total 2006 Cohort Youths	41

Average length of stay in foster care (based on current placement episode) up to Dec 31, 2006: 3.6 years with a range of 4.5 months to 10 years.

Average length of stay in current or last group home placement made in 2006: average of 10.7 months with a range of 6 days to 3.6 years.

Average length of total group home days (any group home placement from current placement removal to Dec 31,2006) was 2.8 years with a range of 5.2 months to 9.4 years.

# Residentially Based Services Reform Project Funding Model

	Average Days GH Career	Average Years GH Career	GH Career Range	# of GH Youths
2006 GH Youths	1,031.51	2.8 years	45 days to 3,203 days (1.4 months to 8.7 years)	41

The 2.8 years (32 months) in group care is a conservative estimate that we used to establish the baseline average length of stay in group care for the funding model. The subsequent analysis is for a cohort of youths who had a two year time period to be an RCL 14 group home while the baseline cohort youths had a one year time period for selection. In addition, the two year cohort had a longer time period in care than our baseline youths. We are using the more conservative estimate of 2.8 years rather than the 4.17 years because we think RBS will significantly shorten the youth's time in group care

Subsequent Analysis using a 2 year cohort:

### Career Length of Stay in Foster Care (current foster care placement episode)

- Calculating current placement episode for all youths who were eligible for RBS (aka in a RCL 14 group home) any time during 7/1/2007 to 2/28/2009.

Table 1:

Age Range	Age as of Feb 09*	PE Averages Days	PE Min Days	PE Max Days	PE Average Years
0 to 5	0	n/a	n/a	n/a	n/a
6 to 10	0	n/a	n/a	n/a	n/a
11 to 15	16	1,750.93	103	3,568	4.79
16 to 18	31	2,245.77	153	5,826	6.15
19 or older	3	2624	1,198	4,445	7.18
Total youths	50	2,110.12	103	5,826	5.78

\*Note some youth had exited foster care prior to Feb 2009, and hence were not in care at age 19 or older.

### Career Group Home Stays in Current Foster Care Episode (All types of group homes)

- Calculating all group home placements (any type of RCL) during their current placement episode. For any child who was eligible for RBS (aka in a RCL 14 group home) any time during 7/1/2007 to 2/28/2009.

Table 2:

Age Range	Age as of Feb 09*	Average Time in GH Days	GH Min Days	GH Max Days	Average Time in GH Years
0 to 5	0	0	n/a	n/a	n/a
6 to 10	0	0	n/a	n/a	n/a
11 to 15	16	1,512.18	437	2,546	4.14
16 to 18	31	1,474.35	18	3,081	4.04
19 or older	3	2,090	1514	2,580	5.72

# Residentially Based Services Reform Project Funding Model

Total youths	50	1,523.4	18	3,081	4.17
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\*Note some youth had exited foster care prior to Feb 2009, and hence were not in care at age 19 or older

The costs below are the costs for the current population:

Type of Service	Funding Source	Average annual cost per client
• Level 14 Residential Placement	• AFDC-FC	\$80,328 effective October 1, 2009, \$72,300
• Level 14 Residential Day Rate	• MH Realignment Funds	\$26,280
• Day Treatment Intensive	• EPSDT	\$39,600
• Med Support Services	• EPSDT	\$2,000
• Specialized School Services	• PL 94-142	\$30,660 (\$146/day for 210 days)

**8. How will your payment system help to support the values and goals of the RBS system?**

The current design of RBS was intentionally created to avoid the complications of implementing new payment systems, so that the treatment and care innovations for the most impacted children in the system could be the entire focus of the demonstration. The key integration points for payment needed to facilitate residential stabilization and care in a community setting using a Care Coordination Team facilitating a Trauma Informed treatment model are already in place.

The fact that San Bernardino County has shown that RBS can be implemented using allowable Title IV-E costs, EPSDT, and MHSA funds and an alternate model for insuring a standard of care equal or greater than the existing point system. represents a major breakthrough by DBH and CFS in integrating their care and management systems. This has produced the flexibility and integration sought within the scope of existing State mandates, regulations and systems; thus, creating for both the State and the County potentially hundreds of millions of dollars cost avoidance to retool existing systems and practices.

The alternate funding model allows a greater portion of the MHSA funds for transportation to support family and youth visits. Transportation costs are a significant challenge for this County which is geographically the largest in the 49 states, excluding Alaska. In addition many of the target population are currently placed in our of state group homes and initial enrollment activities necessitate the CCT members traveling to the youth's placement to arrange the transition to RBS. This increased investment in transportation is crucial in reconnecting youths with extended family members, achieving permanent connections and shortening residential care.

# Residentially Based Services Reform Project Funding Model

MOU #09-6002 A-1  
Attachment I, Exhibit 2  
San Bernardino RBS Funding Model

## **9. How will your payment system facilitate compliance with state requirements and attainment of federal and state performance objectives?**

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The payment system in the county's RBS pilot is designed to support cost neutrality in AFDC-FC payments by achieving reduced lengths of stay in RBS group care from our average of 2.8 years (32 months), reduced out of state placements in group care, reduced psychiatric hospitalizations, and promote placement stability in family care. Through collaboration with our county mental health partners, the pilot will benefit from accessing MHSA monies, a new source of revenue focused on increasing family engagement and ensuring the case plan is driven by the youth and family's goals and needs. The design of the county pilot is embedded in and fully aligned with the context of the federal and state safety, permanency and child well-being outcomes. Monitoring of the progress of the target population in achieving the desired outcomes is within existing duties and functions of the HS Administration LRU which tracks the AB636 measures and will not result in new costs. The RBS pilot is one of the strategies in the county's Self Improvement Program to increase exits to permanency and reduce multiple placements for older youth.

Attachment C represents the Standard of Care for the San Bernardino RBS Pilot.

Also see items #1, 4, 5 and 8 above. (Existing systems and practices are to be used.)

## **10. Describe how your program will manage fiscal risk. Indicate your methods for providing coverage for exceptional costs due to outlier expenses and for gathering, managing and distributing any temporary surpluses that may be generated through program operations.**

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The alternate funding model is based on the assumption that with the provision of individualized, intensive, youth and family driven services that are seamlessly and continuously provided throughout a planned step-down milieu of residential and community based care, the length of group home care and associated costs will be shortened for the target population. Since our average overall group home stay for our target population is 2.8 years (32 months), we can assume savings if these youths average 12 months or less in group care. Because our target population consists of the most challenging youths in group care, we have been conservative in our estimates on the trajectory of care. If each enrolled youth stays 12 months in group care, 6 months in an ITFC or FFA and 6 months with a relative using SB163 Wrap services, we will still realize savings. We expect that some youths will average 9 months in residential care and some youths will be able to go directly to relative/parental care and therefore bypassing the ITFC/FFA stay.

It is also understood that some youths will exceed the 12 months of residential care. The RBS Oversight Committee will carefully manage the average lengths of stay and identify those outliers whose extended stays pose fiscal risk to overall cost neutrality.

# Residentially Based Services Reform Project Funding Model

These youths will be accounted for in the 24 month cost neutrality calculations; as well as for determining lengths of stay or average costs per youth. All enrolled youth will be included in the evaluation, in fiscal reports and for any cost neutrality calculations. Early discharge, such as unplanned moves out of the area, ICT's, incarcerations, extended AWOL's, will be tracked to determine if there are programmatic or operational gaps in services that contribute to unplanned discharges.

The following considerations have been addressed to manage risk:

- The RBS Oversight Committee will monitor monthly expenditures and lengths of stay per youth and report to management with recommendations for program and operational adjustments as needed. We will measure AFDC-FC cost neutrality in increments of 24 months for the duration of the pilot. If a youth has not attained stable family or alternate lower level of placement by month 24, it will require RBS Steering Committee approval to remain enrolled.
- The County will assume the risk of not meeting SGF cost neutrality for AFDC-FC funds, but will also realize the savings to its county share of costs for reduced lengths of stay and reinvest those county savings in its Wrap Reinvestment Fund. This is not a shared risk model and, the provider will not be penalized for youth whose care exceeds the goal of 12 mos. The county assumes the fiscal risk to repay the state if SGF cost neutrality for AFDC\_FC payments is not achieved.
- Joint utilization reviews will occur at regular intervals to assess if lengths of stay are regularly exceeding expectations and programmatic modifications (provider and/or County) will be made to improve outcomes as identified.

## **11. How will your system insure the appropriate use of EPDST funded mental health services while avoiding significant cost increases above that which would have been expended using traditional group home based services for enrolled children?**

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The payment rate for the subsequent years past the 24 month Pilot period years will be based on these cost reports, and will take in account any program changes mutually agreed upon by the provider and the county which would increase or decrease provider costs in the next year. The county will examine actual costs in relation to the rates proposed in this Funding Model and would make any needed adjustments accordingly. The county recognizes that any rate adjustments will need to be reflected in an amended Funding Model, and in considering any such amendment, the State will be constrained by state budget requirements.

In anticipation of providing more intensive and effective care in a reduced time, the County's MHSA plan was modified to address the enhanced services and no risk to EPSDT funding is anticipated. Since the County and the provider are employing existing systems and practices, there is high degree of experience and knowledge embedded in the delivery and oversight of all services, including EPSDT. This

# Residentially Based Services Reform Project Funding Model

ensures that any variances, should they occur (and they are not anticipated), will be handled quickly before serious concerns might arise over EPSDT funding.

**12. Provide the rationale and calculations you used to insure that your funding model would not result in an increase in the costs to the General Fund for payments under the AFDC-FC program.**

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Based on the projection of average length of stay in the Pilot as identified in Attachment A., we anticipate no increase in costs to the State General Fund over the 24 month period. HS Administration will provide tracking and reporting of all AFDC-FC payments with respect to the target population via the existing automated C-IV payment system. In addition, the RBS program will be a unique cost center and AFDC-FC costs will be reported to CDSS, and a manual claiming system to be developed by the State will be used for RBS. DBH will do the same for all mental health related costs (EPSDT and MHSA) and reported as required to CDMH. (See items #1, 4, 5 and 8 above.)

Further, the baseline data for the target population (youth currently in RCL-14 care or equivalent out of state care) indicates that the typical RCL-14 stays averaged 2.8 years (32 months). The planned residential component for RBS care is a total of 12 months with transition to intensive treatment foster care (ITFC), regular FFA, followed by relative care and/or in-home care as the CCT sees fit. Our alternate funding model incorporates the necessary additional services and resources designed to ensure reduced lengths of stay and thereby result in SGF cost neutrality.

**13. Please include any other information you believe is relevant about your site's funding model that will help us understand how its design meets the requirements in AB 1453.**

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San Bernardino County and its partners in RBS are using time proven and tested financial systems, practices and documentation that have been used effectively throughout the State of California for many years. One of the primary innovations that this demonstration brings to the State for consideration, is what inter-departmental cooperation, forward thinking leadership and a broad community willingness can accomplish when putting the needs of the child and family first inside the "current envelope."

The enhanced service model targets those services most likely to result in shorter lengths of stay, with the additional supports youth will have when visiting family members or potential foster placements. In addition the piloting a professional youth advocate, to support, guide and counsel youth in difficult choices throughout the care.

This primary innovation tests the power of collaboration between county mental health departments and probation and child welfare placing agencies bringing the flexibility and creativity of MHSA dollars into the residential based services model.

Residentially Based Services Reform Project

Funding Model – Attachment C

BS Program Approval – Signatures of Authorizing Collaborative Participants

-Add as many signatory lines as necessary-

By signing this Funding Model, you agree to the design and operation of the alternative funding model as described in this document. This Funding Model permits amendments, modifications, and extensions of the agreement to be made, with the mutual consent of all parties and with approval of CDSS, based on the evaluations (described in paragraph (3) of AB 1453), and on the experience and information acquired from the implementation and the ongoing operation of the program.

\*County Social Services Agency

Name:  
Title:  
Agency:

\*County Mental Health Agency

Name:  
Title:  
Agency:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*County Probation Agency

Name:  
Title:  
Agency:

Provider Agency(ies) – Victor Tr

Name: Neal Sternberg  
Title: Executive Administrator  
Agency: Victor Treatment Centers

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\* Signature required before submittal to CDSS

**ATTACHMENT A: RBS Funding Model Deliverable: San Bernardino County (04-01-12)**

**SECTION 1: ESTIMATING COSTS OF RBS PROGRAM**

This example uses an AFDC-Foster Care rate for current traditional group home placements that reflects the full 76.25% increase in the CNI since 1990, based on the final Judgment issued by the Federal District Court for the Northern District of California on February 24, 2010.

The figures in RED are assumptions, which can be changed, about estimated RBS costs, current estimated average length of stay in group homes for the target population, and percentage of the target population which is Federal Title IV-E eligible.

The figures in BLUE are computed using these assumptions and will be recomputed automatically if the assumptions are changed.

24		Month RBS Program Model, with										
RBS Program Components	12	6				6						
	Months of RBS Group Care,		Months of Some Type of Supportive Bridge Care in an ITFC or FFA, and				Months of Relative Care or In-Home Aftercare Services					
	A.		B.		C.		D.		E.		F.	
	Average Unit Costs		Percentage of Costs which are Eligible as Federal IV-E Maintenance Payments		Average Duration of Service		Average Utilization		TOTAL COSTS (per child)		Costs which are Eligible as Federal IV-E Maintenance Payments (per child)	
(per month)				(In months)		(percentage of children/families receiving the service)		A x C x D		B x E		
										Federal Medical Assistance Percentage (FMAP)		
										50.0%		
1	Residential (Group) Foster Care* and Parallel Family Services											
	a.	TOTAL costs	\$13,043									
b.	NET costs after \$3,897 per month MHSA offset	\$ 9,146	96.0%	12	100%	\$109,752	\$105,362					
2	a.	ITFC (Level A)	\$ 4,028	60.0%	6	25%	\$6,042	\$3,625				
	b.	FFA (15+ years old)	\$ 1,679	70.6%	6	75%	\$7,556	\$5,336				
3	a.	Post-discharge Relative Care, including \$1,532 for services to the child and family, which are not federally allowable, and \$1,300 for board and care payments (\$627 basic and \$673 SCI) which are 100% federally allowable, making 26.2% of the total \$4,953.	\$ 3,571	36.4%	6	75%	\$16,071	\$5,850				
	b.	Post-discharge Aftercare after the child has been reunified with family (or another family setting not involving an AFDC-FC payment)	\$ 3,571	0.0%	6	25%	\$5,357	\$0				
Average Total Costs of an RBS Placement for				24 Months		\$144,777	\$120,173					
Total Costs NOT Eligible as Federal Title IV-E foster care maintenance payments											\$24,604	
72.0%	Percentage of Children Federal Title IV-E Eligible				Total Federal IV-E foster care maintenance payment funding available:				\$43,262	29.9% of total RBS costs		
Net State/County Costs after Title IV-E Reimbursement								\$101,515	70.1% of total RBS costs			

\* Occupancy level ( as well as actual operational costs) will significantly affect per diem costs for group care.

**SECTION 2: ESTIMATING CURRENT COSTS OF TRADITIONAL GROUP HOME PLACEMENTS**

AFDC-FC Group Home Rates [per month] under the final Judgment issued by the Federal District Court on February 24, 2010		Federally- Allowable Portion of AFDC-FC Rate	Costs: Per Child Per Month				Combined State and County Share	
			Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share			
RCL 14	Federally- Eligible Children	93.50%	\$ 4,276	\$ 1,948	\$ 2,922	\$ 4,870	53.3%	of total costs
	NON-Federally- Eligible Children	0.00%	\$ -	\$ 3,658	\$ 5,488	\$ 9,146	100.0%	of total costs
	Composite of Federal and Non-Federally- Eligible Children		\$ 3,079	\$ 2,427	\$ 3,640	\$ 6,067	66.3%	of total costs
Period (in Months) over which Cost-Neutrality will be Evaluated		24	Percentage of Children Eligible for Federal Title IV-E Payments			72.0%		
Current Total Costs for an Average Group Home Placement		Federally- Allowable Portion of AFDC-FC Rate	Current Costs for an Average Group Home Placement				New Costs/ (Savings) with RBS Program [per child]	Current Distribution of the RBS Target Population among the RCLs
			Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share	Combined State and County Share		
RCL 14	\$ 219,504	0.00%	\$ 73,885	\$ 58,248	\$ 87,371	\$ 145,619	\$ (44,104)	100% (44,104)
RCL-Weighted Average Costs/(Savings) per child:								\$ (44,104)

**ATTACHMENT A: RBS Funding Model Deliverable: San Bernardino County (04-01-12)**

**SECTION 1: ESTIMATING COSTS OF RBS PROGRAM**

This example uses an AFDC-Foster Care rate for current traditional group home placements that reflects the full 76.25% increase in the CNI since 1990, based on the final Judgment issued by the Federal District Court for the Northern District of California on February 24, 2010.

The figures in RED are assumptions, which can be changed, about estimated RBS costs, current estimated average length of stay in group homes for the target population, and percentage of the target population which is Federal Title IV-E eligible.

The figures in BLUE are computed using these assumptions and will be recomputed automatically if the assumptions are changed.

24 Month RBS Program Model, with									
12 Months of RBS Group Care,		6 Months of Some Type of Supportive Bridge Care in an ITFC or FFA, and				6 Months of Relative Care or In-Home Aftercare Services			
RBS Program Components		A.	B.	C.	D.	E.	F.	Federal Medical Assistance Percentage (FMAP)	
		Average Unit Costs	Percentage of Costs which are Eligible as Federal IV-E Maintenance Payments	Average Duration of Service	Average Utilization	TOTAL COSTS (per child)	Costs which are Eligible as Federal IV-E Maintenance Payments (per child)	50.0%	
		(per month)		(in months)	(percentage of children/ families receiving the service)	A x C x D	B x E		
Residential (Group) Foster Care* and Parallel Family Services									
1	a.	TOTAL costs	\$13,226						
	b.	NET costs after \$3,897 per month MHSA offset	\$ 9,329	96.0%	12	100%	\$111,948	\$107,470	
2	a.	ITFC (Level A)	\$ 4,028	60.0%	6	25%	\$6,042	\$3,625	
	b.	FFA (15+ years old)	\$ 1,679	70.6%	6	75%	\$7,556	\$5,336	
3	a.	Post-discharge Relative Care, including \$1,532 for services to the child and family, which are not federally allowable, and \$1,300 for board and care payments (\$627 basic and \$673 SCI) which are 100% federally allowable, making 26.2% of the total \$4,853.	\$ 3,571	36.4%	6	75%	\$16,071	\$5,850	
	b.	Post-discharge Aftercare after the child has been reunified with family (or another family setting not involving an AFDC-FC payment)	\$ 3,571	0.0%	6	25%	\$5,357	\$0	
<b>Average Total Costs of an RBS Placement for</b>					<b>24 Months</b>		\$146,973	\$122,281	
<b>Total Costs NOT Eligible as Federal Title IV-E foster care maintenance payments</b>									<b>\$24,692</b>
72.0%	Percentage of Children Federal Title IV-E Eligible		Total Federal IV-E foster care maintenance payment funding available:			\$44,021	30.0% of total RBS costs		
<b>Net State/County Costs after Title IV-E Reimbursement</b>						\$102,952	70.0% of total RBS costs		

\* Occupancy level ( as well as actual operational costs) will significantly affect per diem costs for group care.

**SECTION 2: ESTIMATING CURRENT COSTS OF TRADITIONAL GROUP HOME PLACEMENTS**

AFDC-FC Group Home Rates [per month] under the final Judgment issued by the Federal District Court on February 24, 2010		Federally-Allowable Portion of AFDC-FC Rate	Costs: Per Child Per Month				Combined State and County Share	
			Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share			
RCL 14	Federally- Eligible Children	93.50%	\$ 4,361	\$ 1,987	\$ 2,981	\$ 4,968	53.3%	of total costs
	NON-Federally- Eligible Children	0.00%	\$ -	\$ 3,732	\$ 5,597	\$ 9,329	100.0%	of total costs
	Composite of Federal and Non-Federally- Eligible Children		\$ 3,140	\$ 2,476	\$ 3,713	\$ 6,189	66.3%	of total costs
Period (in Months) over which Cost-Neutrality will be Evaluated		<b>24</b>	Percentage of Children Eligible for Federal Title IV-E Payments			<b>72.0%</b>	New Costs/ (Savings) with RBS Program [per child]	Current Distribution of the RBS Target Population among the RCLs
Current Total Costs for an Average Group Home Placement		Federally-Allowable Portion of AFDC-FC Rate	Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share	Combined State and County Share		
RCL 14	\$ 223,896	0.00%	\$ 75,363	\$ 59,413	\$ 89,120	\$ 148,533	\$ (45,581)	100% (45,581)
<b>RCL-Weighted Average Costs/(Savings) per child: \$ (45,581)</b>								

**ATTACHMENT A: RBS Funding Model Deliverable: San Bernardino County (04-01-12)**

**SECTION 1: ESTIMATING COSTS OF RBS PROGRAM**

This example uses an AFDC-Foster Care rate for current traditional group home placements that reflects the full 76.25% increase in the CNI since 1990, based on the final Judgment issued by the Federal District Court for the Northern District of California on February 24, 2010.

The figures in RED are assumptions, which can be changed, about estimated RBS costs, current estimated average length of stay in group homes for the target population, and percentage of the target population which is Federal Title IV-E eligible.

The figures in BLUE are computed using these assumptions and will be recomputed automatically if the assumptions are changed.

24		Month RBS Program Model, with									
RBS Program Components	12	Months of RBS Group Care,	6				6		Federal Medical Assistance Percentage (FMAP)	50.0%	
			Months of Some Type of Supportive Bridge Care in an ITFC or FFA, and				Months of Relative Care or In-Home Aftercare Services				
			A.	B.	C.	D.	E.	F.			
Average Unit Costs	Percentage of Costs which are Eligible as Federal IV-E Maintenance Payments	Average Duration of Service (in months)	Average Utilization (percentage of children/families receiving the service)	TOTAL COSTS (per child)	Costs which are Eligible as Federal IV-E Maintenance Payments (per child)						
(per month)				A x C x D	B x E						
1	Residential (Group) Foster Care* and Parallel Family Services										
	a.	TOTAL costs	\$13,413								
	b.	NET costs after \$3,897 per month MHSA offset	\$ 9,516	96.0%	12	100%	\$114,192	\$109,624			
2	a.	ITFC (Level A)	\$ 4,028	60.0%	6	25%	\$6,042	\$3,625			
	b.	FFA (15+ years old)	\$ 1,679	70.6%	6	75%	\$7,556	\$5,336			
3	a.	Post-discharge Relative Care, including \$1,532 for services to the child and family, which are not federally allowable, and \$1,300 for board and care payments (\$627 basic and \$673 SCI) which are 100% federally allowable, making 26.2% of the total \$4,953.	\$ 3,571	36.4%	6	75%	\$16,071	\$5,850			
	b.	Post-discharge Aftercare after the child has been reunified with family (or another family setting not involving an AFDC-FC payment)	\$ 3,571	0.0%	6	25%	\$5,357	\$0			
Average Total Costs of an RBS Placement for					<b>24</b>	Months	\$149,217	\$124,435			
Total Costs NOT Eligible as Federal Title IV-E foster care maintenance payments										\$24,782	
72.0%	Percentage of Children Federal Title IV-E Eligible				Total Federal IV-E foster care maintenance payment funding available:		\$44,797	30.0%	of total RBS costs		
Net State/County Costs after Title IV-E Reimbursement							\$104,420	70.0%	of total RBS costs		

\* Occupancy level ( as well as actual operational costs) will significantly affect per diem costs for group care.

**SECTION 2: ESTIMATING CURRENT COSTS OF TRADITIONAL GROUP HOME PLACEMENTS**

AFDC-FC Group Home Rates [per month] under the final Judgment issued by the Federal District Court on February 24, 2010		Federally-Allowable Portion of AFDC-FC Rate	Costs: Per Child Per Month				Combined State and County Share	
			Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share			
RCL 14	Federally- Eligible Children	93.50%	\$ 4,449	\$ 2,027	\$ 3,040	\$ 5,067	53.3%	of total costs
	NON-Federally- Eligible Children	0.00%	\$ -	\$ 3,806	\$ 5,710	\$ 9,516	100.0%	of total costs
	Composite of Federal and Non-Federally- Eligible Children		\$ 3,203	\$ 2,525	\$ 3,788	\$ 6,313	66.3%	of total costs
Period (in Months) over which Cost-Neutrality will be Evaluated		<b>24</b>	Percentage of Children Eligible for Federal Title IV-E Payments		<b>72.0%</b>	New Costs/ (Savings) with RBS Program [per child]		Current Distribution of the RBS Target Population among the RCLs
Current Total Costs for an Average Group Home Placement		Federally-Allowable Portion of AFDC-FC Rate	Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share	Combined State and County Share		
RCL 14	\$ 228,384	0.00%	\$ 76,874	\$ 60,604	\$ 90,906	\$ 151,510	\$ (47,090)	100% (47,090)
RCL-Weighted Average Costs/(Savings) per child:								\$ (47,090)

**ATTACHMENT A: RBS Funding Model Deliverable: San Bernardino County (04-01-12)**

**SECTION 1: ESTIMATING COSTS OF RBS PROGRAM**

This example uses an AFDC-Foster Care rate for current traditional group home placements that reflects the full 76.25% increase in the CNI since 1990, based on the final Judgment issued by the Federal District Court for the Northern District of California on February 24, 2010.

The figures in RED are assumptions, which can be changed, about estimated RBS costs, current estimated average length of stay in group homes for the target population, and percentage of the target population which is Federal Title IV-E eligible.

The figures in BLUE are computed using these assumptions and will be recomputed automatically if the assumptions are changed.

24		Month RBS Program Model, with							
RBS Program Components	12	Months of RBS Group Care,	6				6		Federal Medical Assistance Percentage (FMAP)
			Months of Some Type of Supportive Bridge Care in an ITFC or FFA, and				Months of Relative Care or In-Home Aftercare Services		
			A.	B.	C.	D.	E.	F.	
		Average Unit Costs	Percentage of Costs which are Eligible as Federal IV-E Maintenance Payments	Average Duration of Service	Average Utilization	TOTAL COSTS (per child)	Costs which are Eligible as Federal IV-E Maintenance Payments (per child)		
		(per month)		(in months)	(percentage of children/families receiving the service)	A x C x D	B x E	50.0%	
1		Residential (Group) Foster Care* and Parallel Family Services							
	a.	TOTAL costs	\$13,603						
	b.	NET costs after \$3,897 per month MHSA offset	\$ 9,706	96.0%	12	100%	\$116,472	\$111,813	
2		ITFC (Level A)	\$ 4,028	60.0%	6	25%	\$6,042	\$3,625	
	b.	FFA (15+ years old)	\$ 1,679	70.6%	6	75%	\$7,556	\$5,336	
3		Post-discharge Relative Care, including \$1,532 for services to the child and family, which are not federally allowable, and \$1,300 for board and care payments (\$627 basic and \$673 SCI) which are 100% federally allowable, making 26.2% of the total \$4,953.	\$ 3,571	36.4%	6	75%	\$16,071	\$5,850	
	b.	Post-discharge Aftercare after the child has been reunified with family (or another family setting not involving an AFDC-FC payment)	\$ 3,571	0.0%	6	25%	\$5,357	\$0	
Average Total Costs of an RBS Placement for					<b>24</b> Months		\$151,497	\$126,624	
Total Costs NOT Eligible as Federal Title IV-E foster care maintenance payments								\$24,873	
72.0%	Percentage of Children Federal Title IV-E Eligible			Total Federal IV-E foster care maintenance payment funding available:		\$45,585	30.1% of total RBS costs		
Net State/County Costs after Title IV-E Reimbursement						\$105,912	69.9% of total RBS costs		

\* Occupancy level (as well as actual operational costs) will significantly affect per diem costs for group care.

**SECTION 2: ESTIMATING CURRENT COSTS OF TRADITIONAL GROUP HOME PLACEMENTS**

AFDC-FC Group Home Rates [per month] under the final Judgment issued by the Federal District Court on February 24, 2010		Federally-Allowable Portion of AFDC-FC Rate	Costs: Per Child Per Month				Combined State and County Share		
			Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share				
RCL 14	Federally-Eligible Children	93.50%	\$ 4,538	\$ 2,067	\$ 3,101	\$ 5,168	53.3%	of total costs	
	NON-Federally-Eligible Children	0.00%	\$ -	\$ 3,882	\$ 5,824	\$ 9,706	100.0%	of total costs	
	Composite of Federal and Non-Federally-Eligible Children		\$ 3,267	\$ 2,576	\$ 3,863	\$ 6,439	66.3%	of total costs	
Period (in Months) over which Cost-Neutrality will be Evaluated		<b>24</b>	Percentage of Children Eligible for Federal Title IV-E Payments		<b>72.0%</b>				
Current Total Costs for an Average Group Home Placement		Federally-Allowable Portion of AFDC-FC Rate	Current Costs for an Average Group Home Placement				New Costs/ (Savings) with RBS Program [per child]	Current Distribution of the RBS Target Population among the RCLs	
			Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share	Combined State and County Share			
RCL 14	\$ 232,944	0.00%	\$ 78,409	\$ 61,814	\$ 92,721	\$ 154,535	\$ (48,623)	100% (48,623)	
RCL-Weighted Average Costs/(Savings) per child:							\$ (48,623)		

**Victor Treatment Centers, Inc.**  
**San Bernardino County Behavioral Health**  
**RBS Residential Annual Budget 12 Slots**  
**As of February 24, 2012**

Attachment I, Exhibit 2, Attachment B  
 San Bernardino RBS Funding Model

DESCRIPTION	FTE	Estimated Mental Health Services				TOTAL
		Residential	MH TOTAL	EPSDT	TBS	
<b>New RBS Services Staff</b>						
Transition/Family Clinician	1.00		\$53,000	\$53,000		\$53,000
MHRS/Life Coach Mentor	2.00		\$76,000	\$76,000		\$76,000
Behavioral Support Staff I	1.00		\$27,000	\$0		\$27,000
Behavioral Support Staff II	2.00		\$70,600			\$70,600
Program Analyst/Quality Assurance	0.50		\$27,000			\$27,000
Peer Advocate	0.50		\$14,000			\$14,000
Office Support	1.00		\$27,000	\$0		\$27,000
TBS Worker	1.00		\$33,000		\$33,000	\$33,000
CCT Facilitator	1.00		\$70,000			\$70,000
Parent Partner	1.00		\$28,500			\$28,500
Subtotal RBS	11.00	\$0	\$426,100	\$129,000	\$33,000	\$264,100
<b>Day Treatment Intensive Program</b>						
DT Coordinator	0.40		\$27,444	\$27,444		\$27,444
Clinicians	2.00		\$104,200	\$104,200		\$104,200
MHRS	1.00		\$38,000	\$38,000		\$38,000
Nurse	0.40		\$26,662	\$26,662		\$26,662
Support	0.40		\$11,511	\$11,511		\$11,511
Subtotal Day Treatment	4.20	\$0	\$207,817	\$207,817	\$0	\$0
<b>Residential Group Care</b>						
Total Child Care & Supervision	22.00	\$438,623	\$51,475	\$0	\$0	\$51,475
<b>Shared Program Support</b>						
Total Shared Program Support	4.00	\$49,568	\$52,650	\$52,650	\$0	\$0
<b>Total Salaries &amp; Wages</b>						
	41.20	\$488,191	\$738,042	\$389,467	\$33,000	\$315,575
<b>Taxes &amp; Benefits</b>						
	40.00%	\$219,686	\$295,213	\$155,783	\$13,200	\$126,230
<b>Total Personnel Cost</b>						
		\$707,877	\$1,033,255	\$545,250	\$46,200	\$441,805
<b>Subtotal</b>						
		\$1,226,233	\$1,741,132	\$1,126,230	\$126,230	\$1,126,230



**Victor Treatment Centers, Inc.**  
**San Bernardino County Behavioral Health**  
**RBS Residential Annual Budget 12 Slots**  
**As of February 24, 2012**

**Estimated Mental Health Services**

DESCRIPTION	FTE	Residential
Average cost per child per month AFDC July-March		\$8,835
Average cost per child per month AFDC April-June		\$9,146

MH TOTAL	EPSDT	TBS	MHSA	TOTAL
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Estimated MHSA Fund Costs:			
1) RBS CCT Facilitator	\$98,000	18.19%	
2) Behavioral Support Staff	\$136,640	25.37%	
3) Program Analysts/Qual Assurance	\$37,800	7.02%	
4) Parent Partner & Peer Advocate	\$59,500	11.05%	
5) Residential Staff Costs	\$72,065	13.38%	
6) Support Staff Costs	\$37,800	7.02%	
7) Transportation + Specific Asst + Indirect	\$96,855	17.98%	
8) Match for Title IV-E Training costs	TBD		
<b>Total MHSA Funds</b>	<b>\$538,660</b>	<b>100.00%</b>	