



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

January 25, 2012

**RESIDENTIALLY BASED SERVICES (RBS) LETTER NO. 01-12**

**TO:** COUNTY WELFARE DIRECTORS ASSOCIATION  
SELECTED COUNTY WELFARE DIRECTORS  
SELECTED COUNTY FISCAL OFFICERS  
SELECTED COUNTY CHILD WELFARE SERVICES PROGRAM  
MANAGERS  
ALL RBS PROVIDERS

**SUBJECT:** REVISED FORMAT FOR RESIDENTIALLY BASED SERVICES  
(RBS) COUNTY ANNUAL REPORT (CAR)

**REFERENCE:** WELFARE AND INSTITUTIONS CODE (W&IC)  
SECTION 18987.72(c)(3); RBS LETTER NO. 08-10 DATED  
DECEMBER 21, 2010, RBS LETTER NO. 04-11 DATED  
AUGUST 16, 2011.

This letter provides RBS pilot demonstration counties and their RBS non-profit provider agencies with instructions and a revised template for preparing the statutorily mandated RBS CAR.

Background

State law (W&IC section 18987.72[c][3]) requires an annual evaluation report be prepared jointly by each RBS pilot demonstration county and its RBS providers for submittal to the California Department of Social Services (CDSS). The CDSS is required to make these reports available to the State Legislature upon request.

The RBS Letter No. 08-10, dated December 21, 2010, transmitted the instructions and template for preparation of the first CAR to be submitted by those RBS pilot demonstration sites which were in operation in Calendar Year (CY) 2010. The template for the CAR has been revised in collaboration with the pilot demonstration sites, based on the experience of the first reporting cycle to streamline and clarify the data required for submission. The revised template is provided with this letter.

Instructions and Report Format

The CAR is to be prepared and submitted by each pilot county in collaboration with its participating private non-profit agency or agencies. The report is to be prepared for each CY and submitted to CDSS by March 1st of the following year. The attached revised template is to be used to report program and fiscal data on pilot operations beginning with CY 2011. Unless subsequently revised, this template will be used for all future CYs in which the RBS Reform Project is in operation.

Attached are three documents which comprise the CAR. The document titled "Residentially Based Services (RBS) Reform Project County Annual Report" is the report template (Attachment I). Narrative responses and data must be provided in the space identified below each question. The document titled "RBS Days of Care Schedule" is an attachment to question three under Section A of the CAR (Attachment II). The document titled "RBS Days of Care Schedule - Instructions" provides the instructions for completing the Days of Care Schedule in the excel format (Attachment III).

Completed reports should be sent electronically to [RBSreform@dss.ca.gov](mailto:RBSreform@dss.ca.gov) by March 1, 2012, and every March 1st thereafter for the duration of the county's participation in the RBS Reform pilot demonstration project. The electronic version of the CAR and attachments are available on the CDSS website at:

<http://www.childsworld.ca.gov/PG2119.htm>

Should you have any questions about the CAR or its attachments, please contact Megan Stout, RBS Consultant, at (916) 654-1883.

Sincerely,



KAREN B. GUNDERSON, Chief  
Child and Youth Permanency Branch

Attachments

c: CWDA

**Residentially Based Services (RBS) Reform Project  
County Annual Report (CAR)**

<b>Demonstration Site:</b>  _____	<b>Reporting Period:</b>  <b>Calendar Year</b> 20_____
<b>County Contact:</b>	
<b>Name:</b> _____	
<b>Phone:</b> _____	
<b>Email:</b> _____	

Instructions: Pursuant to the legislative requirements for implementing RBS, each county participating in the RBS Reform Project shall prepare and submit an annual report. The report is to be developed in collaboration with the private nonprofit agency(ies) participating in the demonstration project. This County Annual Report (CAR) is to be prepared by the county as a single, comprehensive report for the reporting period. The report is prepared for each calendar year in which the RBS Reform Project is in operation and submitted to the California Department of Social Services (CDSS) by March 1 of the following year. Narrative responses must be provided to Sections A through H, as indicated below and on the following pages. Additional information may be attached as necessary.

**Section A - Client Outcomes:**

1. Complete the table below on the characteristics of the target population served in this reporting period.

Total Number of Youth:	Average Age of Youth:	Number of Youth who are:	Number of Youth who are:	Number of Youth Placed by:
		Male:	African-American:	Probation:
		Female:	Asian:	Child Welfare:
			Caucasian:	Mental Health:
			Hispanic:	Other:
			Other:	

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2. Using the Child Welfare Services/ Case Management System (CWS/CMS) outcome data provided by CDSS, address the following regarding any disenrollments, step downs to lower levels of care and/or achievements to permanency:

a. Describe any trends indicated by the data.

b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

Yes  No Explain:

3. a. Complete one attached excel document titled, "RBS Days of Care Schedule" for each RBS provider listing information for each youth enrolled in RBS since implementation of the Project. This document captures information on the total days in care in residential, community-based bridge care, after-care and crisis stabilization.
- b. For youth in crisis stabilization, what were the reasons for the returns to group home care for crisis stabilization?

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c. From the county perspective, is there a need to improve the effectiveness of crisis stabilization? If yes, how will this be accomplished?

Yes  No Explain:

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**Section B - Client Involvement:**

1. Using the Child and Adolescence Needs and Strengths (CANS) data provided by Walter R. McDonald & Associates (WRMA), address the following:

a. Describe any trends indicated by the data.

b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

Yes  No Explain:

2. a. Complete the table below on family and youth participation in child/family team meetings.

Total Number of Youth:	Total Number of Youth with at least one Supportive Adult:	Number of Youth Participating in at least 90% of their Child/Family Team Meetings:	Number of Youth with Supportive Adult(s) Participating in at least 90% of that Youth's Child/Family Team Meetings:

b. If youth did not participate, explain why not.

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**Section C- Client Satisfaction:**

1. Using the Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey-Families (YSS-F) data provided by WRMA, specifically satisfaction measured in items 1-15 of the YSS and YSS-F and outcomes measured in items 16-22 of the YSS and YSS-F, address the following:

- a. Describe any trends in the data.

- b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

Yes  No Explain:

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Section D – County and Provider Use of RBS Program:

1. a. Has the operation of the program significantly changed from the original design described in the approved plan? If yes, describe the change.

Yes  No Explain:

- b. If yes, how has this adaptation impacted the effectiveness of the project?

2. Describe the interactions (such as, collaborative efforts towards placements, exits, services planning, etc.) among and between the county agencies (including Child Welfare Services, Mental Health, Probation, Regional Center, etc.), the provider(s), and other community partners.

3. Have there been any significant differences from the roles and responsibilities delineated in the approved plan for the various county agencies and provider(s)? If yes, describe the differences.

Yes  No Explain:

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4. Were RBS enrollments sufficient during the reporting period? If no, why not?

Yes  No Explain:

5. Describe how the county and provider(s) managed RBS staff resources (e.g., filling vacancies, redefining job qualifications, eliminating positions, etc.)

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**Section E –County Payments to Nonprofit Agency(ies):**

Note: The payments reported here are from the county records as recorded on a cash basis during the reporting period from January 1 to December 31, for all providers participating in the RBS demonstration project.

1. For Questions a through c, please complete the table below:
  - a. Report the total payments from all fund sources paid to the provider(s) for RBS during the period the report covers under each of the following:
    - AFDC-FC (The amounts reported here should come from the amount reported under G1, amount claimed per fiscal tracking sheet. They will not be equal because G1 is cumulative for the project and E1 is only for the reporting year.)
    - EPSDT
    - MHSA
    - Grants, loans, other (Itemize any amounts reported by source.)
  - b. Provide the average months of stay for all children/youth in residential (group home) care during the reporting period.
  - c. Provide the average months of stay for all children/youth in community services (not in group home) during the reporting period.

	AFDC	EPSDT	MHSA	Other	Total
Amount Paid for Residential	\$	\$	\$	\$	\$
Amount Paid for Community	\$	\$	\$	\$	\$
Total Amount Paid	\$	\$	\$	\$	\$
Avg Months of Stay in Residential	-	-	-	-	
Avg Months of Stay in Community	-	-	-	-	
Avg AFDC Payment Per Youth in Residential	-	-	-	-	\$
Avg AFDC Payment per Youth in Community	-	-	-	-	\$

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2. Were any changes made to the Funding Model in order to manage payment shortfalls/overages, incentives, refunds during the reporting period? If yes, explain what the changes were and why they were needed.

Yes  No Explain:

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**Section F – Actual Costs of Nonprofit Agency(ies):**

Note: The amounts reported here should be based on each provider's accounting records for RBS for the period from January 1 through December 31, and be on a basis consistent with the method used to report costs on the annual A-133 Financial Audit Report (FAR) and SR-3 document filed with CDSS.

1. a. For residential costs, complete the table below displaying provider actual costs compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project. The wording in the chart below is consistent with the SR-3 financial report. Definitions are listed in the instructions (RBS Letter No. 04-11).

**Actual Costs in RBS Residential:**

<b>Expenditures:</b>	<b>Proposed Budget for the Period</b>	<b>Actuals for the Period</b>	<b>Over/(Under) Budget</b>
Total Salaries & Benefits	\$	\$	\$
Total Operating Costs	\$	\$	\$
Total Child Care & Supervision Costs	\$	\$	\$
Total Mental Health Treatment Services Costs	\$	\$	\$
Total Social Work Activity, Treatment & Family Support Costs	\$	\$	\$
Total Indirect Costs	\$	\$	\$
<b>Total Expenditures</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

- b. Does the difference between the actual provider costs and the proposed budget exceed 5% on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.

[ ] Yes [ ] No Explain:

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2. a. For community costs, complete the table below displaying provider actual costs compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project. This wording in this chart is consistent with the SR-3 financial report. Definitions are listed in the instructions (RBS N Letter No. 04-11).

**Actual Costs in RBS Community:**

<b>Expenditures:</b>	<b>Proposed Budget for the Period</b>	<b>Actuals for the Period</b>	<b>Over/(Under) Budget</b>
Total Salaries & Benefits	\$	\$	\$
Total Operating Costs	\$	\$	\$
Total Child Care & Supervision Costs	\$	\$	\$
Total Mental Health Treatment Services Costs	\$	\$	\$
Total Social Work Activity, Treatment & Family Support Costs	\$	\$	\$
Total Indirect Costs	\$	\$	\$
<b>Total Expenditures</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

- b. Does the difference between the actual provider costs and the proposed budget exceed 5% on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.

Yes  No Explain:

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3. Were there extraordinary costs associated with any particular child/youth (i.e., outliers as defined in the Funding Model)? If yes, provide the amount of the cost and describe what it purchased.

Yes  No Explain:

4. Has the county performed the fiscal audit required by the MOU? If yes, describe any problems/issues with the provider's operations or implementation of the Funding Model that were disclosed by the fiscal audit performed. If no, when will that audit occur?

Yes  No Explain:

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**Section G – Impact on AFDC-FC Costs:**

1. This is a cumulative report from the beginning of the project. Amounts reported are based on the amounts included in the claim presented to CDSS. Using the RBS claim fiscal tracking sheets, please complete the information below for all children served by RBS from the start of the project to the end of the reporting period:

**RBS Payment for All Children Enrolled in RBS from the Start of the Project Through the End of the Reporting Period:**

	Total	Federal	State	County
<b>Total Children Served in RBS:</b> _____				
<b>Federal Payments:</b>				
<b>Residential:</b>	\$	\$	\$	\$
<b>Community:</b>	\$	\$	\$	\$
<b>Total Federal Payments:</b>	\$			
<b>Non-federal Payments:</b>				
<b>Residential:</b>	\$	\$	\$	\$
<b>Community:</b>	\$	\$	\$	\$
<b>Total Non-federal Payments:</b>	\$			
<b>Total RBS Payments</b>	\$			

Note: It is possible to have federal funds used in the Non-federal Payment (i.e., non-federal RBS children) category. These payments would be the federal share of any Emergency Assistance Funding used in the RBS program up to the first 12 months of a child's stay in RBS. The amounts reported would come from the non-federal fiscal tracking sheet, and are based on the instructions provided in RBS Letter No. 03-11.

**Residentially Based Services (RBS) Reform Project  
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2. **Of the children reported in G1 above, please complete the information below for all children who successfully entered and exited RBS in 24 months, or remained in RBS for a full 24 months.**

Note: When completing G2, it is important to understand how G2, G3, and G4. work to form the comparison to regular AFDC costs. Section G4 is a comparison of cost for those children who have completed RBS (From G2) to the cost of regular foster care based on the target group base period (G3). In this context, a child "completing RBS" is one who has either entered the program and then exited after successfully completing his/her RBS program goal, or one who has entered the program and remained in the program longer than the base period (24 months). The comparison in Section G4 is done only for those children who have successfully completed the RBS program goal or are still in the program at the 24 month mark. The count of children for Section G2 and the related costs are only for those children who have completed the RBS program or remained in RBS longer than 24 months. For example, a child entering RBS who remains in the program for only 3 months and then is disenrolled would not be included in G2. A child entering RBS and still in the program at month 26 would be included in G2.

**RBS Payments for All Children Entering and Exiting RBS in the 24 Month Period or Remaining in the Program for Longer than 24 Months. (Include all children meeting this condition from the beginning of the project.):**

Total Children Completing RBS: _____				
	Total	Federal	State	County
<b>Federal Payments:</b>				
Residential:	\$	\$	\$	\$
Community:	\$	\$	\$	\$
<b>Total Federal Payments:</b>	\$			
<b>Non-federal Payments:</b>				
Residential:	\$	\$	\$	\$
Community:	\$	\$	\$	\$
<b>Total Non-federal Payments:</b>	\$			
<b>Total RBS Payments:</b>	\$			

**Residentially Based Services (RBS) Reform Project  
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3. Using the approved Attachment A from the Funding Model and the number of children reported in G2 (above), complete the information below regarding the expected base Foster Care costs for RBS target population children that otherwise would have been served in Foster Care.

Note: Since this is used to compare the base AFDC-FC rates had the RBS youth remained in regular foster care, the "Approved Base Rate Per Child" is the weighted average of AFDC-FC payments for RCL 12 and RCL 14 placements as described and approved in the Funding Model. The "Approved Base Months in Regular Foster Care" section is the approved comparison length for the RBS youth had they remained in regular foster care. For all RBS counties, the approved base months in regular foster care is 24 months, based on the demographic for the current length of stay in a group home for the target group. The "Applicable Federal Funds Rate" is the percentage of federal funds rate based on the Federal Medical Assistance Percentage (FMAP) used in the RBS claim. The CAR template has this FMAP funding rate pre-loaded at 50% because all of the RBS Funding Models used the pre-ARRA FMAP rate of 50% for approval purposes. However, because Section G1 of the CAR instructs counties to use financial costs based on the RBS Fiscal Tracking sheets, counties must use the ARRA rate in effect for that month and quarter. For the months through and including December 2010, the ARRA rate is 56.2%. For the months beginning January 2011, the ARRA rate will decline until it reaches 50% beginning July 2011. Details on the ARRA rates used in the RBS claim are in an RBS claim letter. In order to produce a correct comparison of costs between sections G1, G2 and G3, whatever federal funds rate is used in Section G1 should be the same rate used for G2 and G3.

**Note: If zero have completed, enter zero for this reporting period comparison.**

<b>AFDC Base for Comparison:</b>				
<b>Approved Base Rate Per Child:</b>		<b>\$</b>		
<b>Number of Children Completing RBS:</b>			(from H2, above)	
<b>Approved Base Months in Regular Foster Care:</b>		<b>24</b>		
<b>Applicable Federal Funds Rate:</b>		<b>50%</b>		
	<b>Total</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
<b>Base Payment for Target Group:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Residentially Based Services (RBS) Reform Project  
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4. a. For those children who have completed the RBS program, using the information from G2 and G3, subtract G3 from G2 and complete the following information:

	Total	Federal	State	County
RBS Incremental Cost/(Savings)Based On Program Completion:	\$	\$	\$	\$

- b. What aspects of operating RBS contributed to the cost/savings compared to regular Foster Care?

5. Has EPSDT usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it is different.

Yes  No Explain:

6. Has MHSA usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it is different.

Yes  No Explain:

Residentially Based Services (RBS) Reform Project  
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**Section H – Lessons Learned:**

1. Describe the most significant program lessons learned and best practices applied during the reporting period.

2. Describe the most significant fiscal lessons learned and best practices applied during the reporting period.



RBS DAYS OF CARE SCHEDULE  
County Annual Report -- Section A, Question 3a

COUNTY OF \_\_\_\_\_

List the youth who have been admitted to your RBS program since you began operation and show how they have moved through the various stages of your program thus far (e.g. from the residential group care component, to "bridge" foster care, to reunification or another form of permanency).

Non-Profit Corporation Name: \_\_\_\_\_ Activity through: 12/31/2011 Date Completed: \_\_\_\_\_  
 Program Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Youth Enrolled		RBS Residential Group Care						RBS Community-Based "Bridge" Foster Care						RBS Aftercare in Permanent Placement, including Reunification				CURRENT STATUS	
Use Youth's Initials Only; list in order of Date of Admission	Date of Birth	Date Entered	Date Exited	Total Days Upon Exit	If Still In Group Care, Total Days To Date	Date Entered	Date Exited	Total Days Upon Exit	If Still In "Bridge" Foster Care, Total Days To Date	Number of RBS "Bridge" Foster Care Placements To Date	Did Child Incur Episodes For Crisis Stabilization?	Date Entered	Date Exited	Total Days Upon Exit	If Still In Aftercare or a Permanent Care Total Days To Date	Use Current Status Codes Below	For CLOSED Cases ONLY, Total Days in RBS	For OPEN Cases ONLY, Total Days in RBS	
1																			
2																			
3																			
4																			
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24																			

Current Status Codes:

- 1 RBS Case Open with Youth in Residential Group Care
- 2 RBS Case Open with Youth in "Bridge" Foster Care
- 3 RBS Case Open with Youth in Permanent Placement with RBS Aftercare Services
- 4 RBS Case Closed: Graduation
- 5 RBS Case Closed: Exit before Graduation due to Emancipation
- 6 RBS Case Closed: Exit before Graduation for Reason other than Emancipation
- 7 RBS Case Closed: Voluntary Closure
- 8 RBS Case Closed: AB 3632 Eligibility Ends

**RBS DAYS OF CARE SCHEDULE FOR CRISIS STABILIZATION**  
**County Annual Report -- Section A, Question 3a**

COUNTY OF \_\_\_\_\_

List the youth who have been removed from an RBS Community-Based "Bridge" Foster Care as a result of an episode for Crisis Stabilization and show the number of days in each placement per episode. (The total number of days a client spends in Crisis Stabilization runs concurrently and is included in the total number of days in "Bridge" Care).

**Non-Profit Corporation Name:** \_\_\_\_\_ **Program Number:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Period Covered:** Activity through..... 12/31/2011 **Telephone Number:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Youth Enrolled			#1 RBS CRISIS STABILIZATION PLACEMENT			#2 RBS CRISIS STABILIZATION PLACEMENT			#3 RBS CRISIS STABILIZATION PLACEMENT					
Use Youth's Initials Only; List in order of Date of Admission	Date of Birth	Date Entered	Date Exited	Total Days Upon Exit	If Still In Crisis Stabilization, Total Days To Date	Date Entered	Date Exited	Total Days Upon Exit	If Still In Crisis Stabilization, Total Days To Date	Date Entered	Date Exited	Total Days Upon Exit	If Still In Crisis Stabilization, Total Days To Date	
1					-									
2					-									
3					-									
4					-									
5					-									
6					-									
7					-									
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23					-									
24					-									

## RBS DAYS OF CARE SCHEDULE – INSTRUCTIONS

### County Annual Report – Section A, Question 3a

#### PURPOSE:

The Residentially Based Services (RBS) Days of Care Schedule captures the number of days that clients are in the RBS program or have participated in the RBS program, beginning with date of entrance in RBS Residential Group Care, to RBS Community "Bridge" Care, any periods of Crisis Stabilization, and then to a Permanent Placement.

#### INSTRUCTIONS FOR COMPLETION:

The "Days of Care Schedule" should be completed by either a county representative or the provider for all RBS participants who were active in the RBS program during the County Annual Report (CAR) reporting period. In entering the data, the form contains formulas in which the computer automatically calculates the length of time in care based on the date entered in the "Period Covered".

**Non-Profit Corporation Name:** Enter the name of the non-profit corporation.

**Program Number:** Enter the RBS program number assigned by the California Department of Social Services (e.g., 1234.10.01).

**Period Covered:** The CAR report period ends December 31 of each calendar year the RBS project is in operation. For the "Period Covered" enter 12/31 and the calendar year the CAR covers.

**Contact Person:** Enter the name of the person who completed the form.

**Telephone Number:** Enter the telephone number of the contact person who completed the form.

**Date Completed:** Enter the date the form was completed.

#### Complete Columns B Through T as Follows:

##### I. YOUTH ENROLLED

1. **RBS Client Initials:** Enter the initials of the client's first and last name in Column B.
2. **RBS Client's Date of Birth:** Enter the month, day, and year of the client's birth date in Column C.

##### II. RBS RESIDENTIAL GROUP CARE

3. **Date Entered:** Enter the date (month, day, and year) the client entered RBS Residential Group Care in Column D.
4. **Date Exited:** Enter the date (month, day, and year) the client exited RBS Residential Group Care in Column E. If the client has not exited RBS Group Care, leave Col E blank.
5. **Total Days Upon Exit:** The computer automatically calculates the total days upon exit in Column F, based on the difference in Col E minus Col D.
6. **If Still in Group Care:** If the client has not exited RBS Group Care, Columns E and F should be blank and the computer automatically calculates the days in care to date in Col G, based on the difference in the "Period Covered" date entered above and Col D.

##### III. RBS COMMUNITY-BASED "BRIDGE" FOSTER CARE

7. **Date Entered:** Enter the date (month, day, and year) the client entered RBS Community "Bridge" Care in Column H.
8. **Date Exited:** Enter the date (month, day, and year) the client exited RBS Community "Bridge" Care in Column I. If the client has not exited RBS Community "Bridge" Care, leave Col I blank.
9. **Total Days Upon Exit:** The computer automatically calculates the total days upon exit in Column J, based on the difference in Col I minus Col H.
10. **If Still in Community "Bridge" Care:** If the client has not exited RBS Community "Bridge" Care, Columns I and J should be blank and the computer automatically calculates days in care to date in Col K, based on the difference in the "Period Covered" date entered above and Col H.
11. **Number of RBS "Bridge" Placements:** Enter the number of RBS placements in Community "Bridge" Care that resulted in a change in a family in Column L.

##### IV. RBS EPISODES INCURRED FOR CRISIS STABILIZATION

12. **Episodes of RBS Crisis Stabilization?:** If the client required one or more episodes of placement in the residential facility for crisis stabilization purposes, then enter "Yes" in Column M. If no such removals occurred, then enter "No" in Col M.
13. If "Yes", complete a row in the form contained on the second tab of the RBS Days of Care Schedule entitled "Crisis Stabilization." Enter the client's initials and DOB in Columns B and C. Enter the dates the client entered and exited up to three (3) episodes of RBS crisis stabilization placement. The total number of days a client is in Crisis Stabilization runs concurrently and is included in the total number of days in Community "Bridge" Care.

**RBS DAYS OF CARE SCHEDULE – INSTRUCTIONS**  
**County Annual Report – Section A, Question 3a**

**V. RBS AFTERCARE IN PERMANENT PLACEMENT**

14. **Date Entered:** Enter the date (month, day, and year) the client entered a RBS Permanent Placement in Column N.
15. **Date Exited:** Enter the date (month, day, and year) the client exited a RBS Permanent Placement in Column O. If the client has not exited RBS Permanent Placement, leave Col O blank.
16. **Total Days Upon Exit:** The computer automatically calculates the total days upon exit in Col P, based on the difference in Col O minus Col N.
17. **If Still in Permanent Placement:** If the client has not exited a RBS Permanent Placement, Columns O and P should be blank and the computer automatically calculates the days in care to date in Col O, based on the difference in the "Period Covered" date entered above and Col N.
18. **Current Status Code:** Enter one of the Current Status Codes identified on the form below for either "Open Cases" (Open 1-3) or "Closed Cases" (Closed 4-8) in Column R. A definition of each Status Code is provided below.
  1. RBS Case Open with Youth in Residential Group Care – Use this code for youth who remain in RBS and are in RBS residential group care at the end of the reporting period.
  2. RBS Case Open with Youth in "Bridge" Foster Care – Use this code for youth who remain in RBS and are in "Bridge" Foster Care at the end of the reporting period.
  3. RBS Case Open with Youth in Permanent Placement with RBS Aftercare Services – Use this code for youth who remain in RBS and are in their permanent placement (e.g., a family setting with biological parents, relative, non-related extended family member, foster parent, etc.) at the end of the reporting period.
  4. RBS Case Closed: Graduation – Use this code for youth who exited and successfully graduated from the RBS program during the reporting period.
  5. RBS Case Closed: Exit before Graduation due to Emancipation – Use this code for youth who exited the RBS program before graduation due to emancipation during the reporting period.
  6. RBS Case Closed: Exit before Graduation for Reason other than Emancipation – Use this code for youth who exited the RBS program before graduation for any reason other than emancipation (e.g., extended AWOL, placed in a juvenile detention facility, etc.) during the reporting period.
  7. RBS Case Closed: Voluntary Closure – Use this code for youth who exited the RBS program due to family or youth's voluntary decision to no longer participate in RBS during the reporting period.
  8. RBS Case Closed: AB 3632 Eligibility Ends – Use this code for youth who exited the RBS program because their AB 3632 eligibility ended during the reporting period.
19. **Total Days in RBS – Closed Cases:** Leave Column S blank, as the computer automatically calculates and adds the total days in care (Col F or G), (Col J or K), and (Col P or Q).
20. **Total Days in RBS – Open Cases:** Leave Column T blank, as the computer automatically calculates and adds the total days in care (Col F or G), (Col J or K), and (Col P or Q).