

# Residentially Based Services (RBS) Reform Project

## County Annual Report

Demonstration Site: <b>Los Angeles County</b>	Reporting Period: Calendar Year <u>2010</u>
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Instructions: The County Annual Report is to be prepared and submitted by each pilot county in collaboration with its participating private nonprofit agency(ies). 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, below. Additional information may be attached as necessary.

**Section A - Client Outcomes: This section provides analysis of the outcomes for children and youth, including achievement of permanency, average length of stay, and rates of entry and reentry into group care.**

- 1. Describe the demographics and characteristics of the target population served in this reporting period.**
- 2. Provide a qualitative analysis of the Child Welfare Services/ Case Management System (CWS/CMS) outcome data provided by Walter R. McDonald & Associates (WRMA). Include in this analysis a discussion of the reasons for disenrollment during the reporting period and discussion of the experience of the children/youth that stepped down to lower levels of care and/or achieved permanency during the reporting period.**
- 3. Describe the proportion of children/youth that spent some period of time in temporary group home stays for purposes of crisis stabilization? What were the reasons for the returns to group home care? From the county perspective, what steps will be used to improve the effectiveness of crisis stabilization?**

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### **1. Describe the demographics and characteristics of the target population served in this reporting period.**

Fifty-three (53) youth/children were enrolled in Los Angeles County's Residentially Based Services (RBS) Pilot Program in December 2010. Three Group Home agencies (Five Acres, Hathaway-Sycamores, and Hillside) that also had existing Wraparound contracts were contracted to provide RBS for LA County.

The average age of these youth/children at the start of RBS was 12 years, with a range from 6-to-18 years. Forty-five (85%) were males and eight (15%) were females. Twenty-two (42%) of the youth/children were African American, 16 (30%) were Hispanic, 14 (26%) were White, and one (2%) was Asian.

All 53 youth/children had at least one group home placement while in out-of-home care. Out-of-home placements include foster family home, small family home, group home and relative home. Essentially, when youth cannot safely remain in their own home with their parent(s), they are placed in out-of-home care. Most of the youth/children (94%) had already been placed in the current group home placement before their enrollment in the RBS program. The average length of stay for these youth in their current group home was 579 days.

Prior to the beginning of the RBS program, the 53 youth/children had multiple out-of-home placements. Eighteen (34%) had less than 5 out-of-home placements, and 22 (41.5%) had 6-to-10 out-of-home placements. Almost a quarter of the youth/children (13) had more than 10 out-of-home placements.

Regarding the prior case history, 13 (25%) of the youth/children had at least one prior open case with DCFS. Of these 13 youth/children, nine youth/children had one prior open case, three had two prior open cases, and one had three prior open cases.

### **2. Provide a qualitative analysis of the Child Welfare Services/ Case Management System (CWS/CMS) outcome data provided by Walter R. McDonald & Associates (WRMA). Include in this analysis a discussion of the reasons for disenrollment during the reporting period and discussion of the experience of the children/youth that stepped down to lower levels of care and/or achieved permanency during the reporting period.**

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Outcome data based on the Child Welfare Services/Case Management System (CWS/CMS) was provided by the California Department of Social Services (CDSS). All 53 RBS children/youth from Los Angeles County were analyzed for this report. The County's RBS contracts were executed on December 2, 2010, and the average length of stay was 28.8 days during this 30-day reporting period. During this time period, no one exited the RBS program, and 52 children/youth remained in the residential care placement. One child was moved from the residential placement after five days and returned to home-of parent on order of the Court on December 7, 2010. Both youth and family had been working with their RBS team since June 2010, allowing the team time to build sufficient rapport with this youth and family. During this time, the team was able to create a safety plan, have a strengths conversation, and develop a mission statement and Plan of Care for this family. The Clinician was able to meet with youth three times in December 2010 for individual and family therapy.

**3. Describe the proportion of children/youth that spent some period of time in temporary group home stays for purposes of crisis stabilization? What were the reasons for the returns to group home care? From the county perspective, what steps will be used to improve the effectiveness of crisis stabilization?**

No youth spent a period of time in temporary group home stays for the purposes of crisis stabilization during this reporting period.

**Section B - Client Involvement: This section addresses the involvement of children or youth and their families.**

- 1. Provide a qualitative analysis of the Child and Adolescence Needs and Strengths (CANS), Youth Services Survey for Youth (YSS) and Youth Services Survey for Families (YSS-F) data provided by WRMA. (Do not duplicate the analysis required in Section C 1.)**
- 2. What proportion of youth actively participated in the child/family team meetings? If youth did not participate, why not?**
- 3. What proportion of youth had at least one supportive adult routinely participating in child/family team meetings?**
- 4. Discuss any best practices/lessons learned with regard to family search and engagement, enhancing family relations, etc.**

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### 1. Provide a qualitative analysis of the Child and Adolescence Needs and Strengths (CANS), Youth Services Survey for Youth (YSS) and Youth Services Survey for Families (YSS-F) data provided by WRMA. (Do not duplicate the analysis required in Section C 1.)

A statistical analysis of CANS assessments was provided by WRMA that covers the summary scores for 25 children/youth for whom we have signed consents.

Median and mean values were calculated for each CANS domain. The scores can range from 0 to 30 (a lower score equates to a lower level of need). Among the nine domains, two are indicated for immediate improvement at the time of entry into RBS program: 1) child strengths (mean = 13.9) and 2) mental health (mean = 13.4). The findings support our RBS enrollment criteria in Los Angeles County.

The domains for child safety (mean = 2.0) and substance use complication (mean = 1.8) suggest low levels of immediate need. At RBS entry, the 25 children/youth appeared to have fewer needs in these two domains. The mean scores for the remaining five domains were slightly higher, ranging between 3.9 and 7.7, which suggest moderate levels of immediate needs improvement. The YSS and YSS-F surveys were not administered during this reporting period, but this information will be included in the next reporting period.

CANS Domain Summary Scores  
Los Angeles County  
As of April 27, 2011

n = 25	Median	Mean
Functional status	4.3	5.3
Mental health	13.3	13.4
Risk behaviors	5.0	5.8
Substance use complications	2.0	1.8
Criminal and delinquency	2.5	3.9
Family/caregiver needs and strengths	7.1	7.7
Child strengths	15.0	13.9
Child safety	2.5	2.0
Educational progress	6.7	7.3

Notes: 1. CANS Domain Summary Scores was provided by WRMA

2. Scores can range from 0 to 30—a lower score equates to a lower level of need.

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#### **2. What proportion of youth actively participated in the child/family team meetings? If youth did not participate, why not?**

##### **Hathaway-Sycamores:**

All 17 youth participated in the Child and Family Team Meetings. Of the youth without a supportive adult involved it was found that some of them struggled more with engagement in the meetings.

##### **Five Acres:**

At Five Acres, youth participated in almost all of the Child and Family Team (CFT) meetings. Some were more active than others depending on the child's age and comfort in talking in front of others. However, there were a couple meetings where youth were triggered (due to a family member not showing up for the meeting, mad at a family member, etc) and they walked out of the meeting.

##### **Hillsides:**

Given the program has only been active for thirty days, most teams would likely still be in the team building/engagement phase of the Wraparound process. So recruitment of informal supports as routinely participating members may not be fully established. Additionally, due to the contract start date in the center of the holiday season, coordination of support from formal, informal, county, etc. was a challenge. A fair percentage of the unit conversion youth do not have identified family or caregivers. In these cases, family finding strategies are implemented. Youth had 100% participation in these early Child and Family Team meetings.

#### **3. What proportion of youth had at least one supportive adult routinely participating in child/family team meetings?**

##### **Hathaway-Sycamores:**

Eight of the youth had family or a supportive adult participating in a majority of their CFT meetings. Two of the other youth had supportive adults attend some meetings.

##### **Five Acres:**

Fifteen (15) out of 18 youth have at least one supportive adult routinely participate in the child/family team meeting. The other 3 youth had supportive adults inconsistently participate. Some of this is because the bio family member lost contact with the team, got arrested, adoptive family changed their mind, etc. Some children did not have any supportive adults and therefore, significant effort was put forth in having a mentor or CASA attend, however, they did not participate in every single

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meeting.

#### **Hillsides:**

Sixty-one percent (61%) of youth had at least one supportive adult involved with the Child and Family Team Process. This will be skewed by the fact that some full meetings were unable to happen due to the holidays, and team coordination. There are, however, a percentage of youth who do not have an identified caregiver or potential placement option to involve in the CFT process.

#### **4. Discuss any best practices/lessons learned with regard to family search and engagement, enhancing family relations, etc.**

#### **Hathaway-Sycamores:**

Scheduling informal family get together such as birthday parties or BBQs is a great way to get family together and get to know more about family dynamics, who is considered part of the family, and begin further engagement. Being persistent around engagement is essential -- finding opportunities to reach out, clarify the importance of being honest and realistic about how much contact is possible, and gathering more of the family's story. With the increase in visits of many of the kids, this has stirred up more feelings of loss for some of the kids where the family finding process has been slower. The kids are excited about meeting family, but the amount of time the process can take is difficult for some of the kids.

#### **Five Acres:**

In the first several months of this pilot, family finding has been in full force. Thus far, the team has found and engaged about a dozen family members. The challenge has been that many of these family members have deep-seated conflict with currently engaged family members which require significant support to assist the family members in addressing their conflict in order to support the child. For example, one mother has anger towards her mother since she was detained from her as a child. The grandmother was at one time married to a man who took part in caring for the client when the client was young and wants to be involved in the client's life now. The team had to work with mom to address her feelings toward her mom as well as her feelings toward her mom's ex-husband so that he could be a supportive figure in the client's life.

#### **Hillsides:**

Persistence in the search and establishment of trust with families is the key to making progress in Family Search and Engagement. Many of the family or fictive kin with which we have come in contact have well

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established histories of mistrust with county agencies. Identifying ourselves as a separate agency and acting as a liaison between them and County CSWs has helped. Utilizing multiple team members has been helpful in assisting in the process of connecting family. Family Search and Engagement activities must be distributed beyond Family Connections staff in order to move at the pace required within the Open Doors model. Child and Family Specialists, Facilitators, Clinicians and Parent Partners can all contribute through monitoring, arranging, processing and reaching out. Similarly to other lessons learned, communication between these various roles is essential to coordinate efforts for these youth and families.

**Section C - Client Satisfaction:** This section addresses the satisfaction of client children or youth and their families with the RBS Reform Project services they have received.

1. Provide a qualitative analysis of YSS and YSS-F data provided by WRMA, specifically address 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.
2. Discuss any best practices/lessons learned in ways to enhance client satisfaction.

1. Provide a qualitative analysis of YSS and YSS-F data provided by WRMA, specifically address 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.

The YSS and YSS-F surveys were not administered during this reporting period, but this information will be included in the next reporting period.

2. Discuss any best practices/lessons learned in ways to enhance client satisfaction.

Since RBS did not begin in LA County before December 2010, there was not sufficient time in this reporting period to ascertain this information.

**Section D – County Use of RBS Program:** This section includes discussion of the use of the RBS Reform Project by the county.

1. Discuss how the county has put into operation the concepts contained in the approved plan.

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2. Discuss the quality assurance activities performed during this reporting period to ensure program fidelity to the approved plan.
3. How has the operation of the program changed from the original concept proposed in the approved plan? When did this change occur? How was the required change identified and implemented? How has the program been adapted to improve the effectiveness of the project?
4. How did the county manage program utilization and administer resources in the RBS project?
5. Discuss how each county agency (e.g., Child Welfare Services, Mental Health, Probation, Regional Center) participated in the RBS program. Were there any significant differences from the roles and responsibilities described in the approved plan? If so, when and how were the differences identified?
6. Describe the interactions among and between the county agencies, providers and community partners (e.g., collaborative efforts towards placements, exits, services planning, etc.).
7. Describe any lessons learned/best practices.

**1. Discuss how the county has put into operation the concepts contained in the approved plan.**

Los Angeles County has implemented the RBS model in accordance with the Voluntary Agreement and Memorandum of Understanding (MOU). The County is looking at the idea of writing the RBS principles and some practices into its' upcoming group home contracts. Additionally, the County is implementing a "Core Practice Model" (CPM) which parallels the values and principles of RBS. The CPM will serve as the foundational approach for all county workers as they strive to achieve better outcomes.

Training and Social Marketing: Provide information guides, family handbooks, press kits, and information for schools, CSWs, psychiatric hospitals and other stakeholders. We are preparing social marketing materials and training elements to be consumed by parents, County Care Managers from DCFS, for the Care Coordinators at the three lead agencies, for staff at the lead agencies, for clinical assessment and treatment staff from all public and private agencies, for the members of the CFTs, and for the family engagement and empowerment staff at the lead agencies.

**2. Discuss the quality assurance activities performed during this reporting period to ensure program fidelity to the approved plan.**

Interagency Screening Committees (ISC) reviewed the provider's Plans of Care for timeliness, completeness and Wraparound model fidelity. In

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addition, ISC teams are present at RMPs, and are charged with serving as liaisons between the providers and the County worker to trouble shoot and assist in resolving any issues which may arise. The RBS Roundtable meets bi-weekly/monthly to review RBS operations and troubleshoot any issues. The RBS Advisory Board also met in March to discuss systemic challenges.

**3. How has the operation of the program changed from the original concept proposed in the approved plan? When did this change occur? How was the required change identified and implemented? How has the program been adapted to improve the effectiveness of the project?**

There were no significant changes as related to program operation due to the short duration of this particular reporting period.

**4. How did the county manage program utilization and administer resources in the RBS project?**

DCFS and DMH have allocated resources to support RBS and have demonstrated a strong collaboration and desire to see RBS succeed. DCFS assigned a program manager to oversee overall functioning of RBS and DMH has assigned a program manager to oversee the mental health portion of RBS. Together, DCFS and DMH have developed a strong RBS administration that works closely with the three RBS providers and the regional DCFS offices to ensure the smooth operation of RBS.

**5. Discuss how each county agency (e.g., Child Welfare Services, Mental Health, Probation, Regional Center) participated in the RBS program. Were there any significant differences from the roles and responsibilities described in the approved plan? If so, when and how were the differences identified?**

There are no significant differences from the roles and responsibilities described in the approved plan. DCFS oversees the contract and overall program functioning and DMH oversees the behavioral health services and funding. The partnership between DCFS and DMH on RBS is a simple expansion of the strong collaboration the departments have previously developed in Wraparound.

**6. Describe the interactions among and between the county agencies, providers and community partners (e.g., collaborative efforts towards placements, exits, services planning, etc.).**

The RBS Collaborative, consisting of RBS providers, county personnel and community stakeholders has transformed into the RBS Open Doors

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Roundtable. The Open Doors Roundtable includes representatives from the provider agencies' staff, the DCFS Resource Utilization Management (RUM) unit, Department of Children and Family Services and Department of Mental Health's Wraparound Administration, DCFS and DMH's quality, monitoring and training sessions, Inter-Agency Screening Committee (ISC), DMH clinical staff, Community Care Licensing and other parties as necessary. This group has participated in a bi-weekly collaborative meeting to review implementation progress, problem-solve, advise, share successes, review evaluation data, and recommend changes to the program during the pilot and for start-up.

#### **7. Describe any lessons learned/best practices.**

Lessons learned:

- It is time-consuming to develop a reliable and effective mechanism for RBS payment and it is difficult to educate fiscal staff regarding RBS rate setting.
- It's taking longer than expected for the 1<sup>st</sup> cohort of youth that were converted into RBS from the existing group care population to transition to the community.
- It turns out that the family finding, family outreach and family engagement activities are taking more time and effort than originally anticipated.
- There is a steep learning curve for some of the County social workers to transform to the RBS philosophy.
- The financial incentive of payment step down triggered by length of time in residential (e.g., after 10 months in RBS residential care, rate drops to community rate, regardless of child's care setting) is not yet aligned with the pace of care planning actions.
- Managing data and data tracking can be time-consuming and cumbersome.

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**Section E – Operation by Nonprofit Agency(ies):** This section includes discussion of the operation of the RBS Reform Project by the private nonprofit agency(ies).

1. Discuss how the provider(s) has put into operation the concepts proposed in the approved plan.
2. How has the operation of the program changed from the original concept proposed in the approved plan? When and how was the change identified? How has the program been adapted to improve the effectiveness of the project?
3. How did the provider(s) manage program utilization and administer resources in the RBS project?
4. Describe the interaction between the county and provider(s).
5. Describe how crisis stabilization was provided. From the provider perspective, what steps will be used to improve its effectiveness?
6. Discuss any lessons learned/best practices.

**1. Discuss how the provider(s) has put into operation the concepts proposed in the approved plan.**

**Hathaway-Sycamores:**

Hathaway-Sycamores hired two Mobile Crisis Response Staff, a Family Finder, and three Community teams of Facilitator, Child and Family Specialist, Clinician and Parent Partner. Two beds are kept open for crisis stabilization.

Increased flexibility in visitation has been implemented. As part of the preparation for a child returning home we have tried increasing the length of visits to allow the family and child more time together to address issues that may come up. Also, community staff has taken a few youth out to the home one evening a week to practice weekday routines of homework, etc. and have staff coach the family around behavior management approaches with the youth. Community staff have kept in close contact with the schools for the youth that are in public schools in the community and been able to offer crisis support for a few of the youth. For the one youth that transitioned home, the team connected him with after school supports, a mentor, the Gay and Lesbian Center and had frequent contacts with his non-public school.

**Five Acres:**

Five Acres hired both internally and externally to fill the new positions of RBS: Child and Family Specialists, Mobile Crisis Specialists, Facilitators, Parent Partners, Family Search and Engagement Specialists, clinicians, and case managers. A new Residentially Based Services team was

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created through these transfers and new hires. The providers worked closely with the County to form a training sub-committee to develop a comprehensive training plan for all RBS staff to learn the RBS model and the foundation of how RBS will be operationalized.

Five Acres also provided additional training in family driven care and intervention principles including strength-based, trauma informed, teaching focused, relationship based, individualized, culturally competent, and evidence based approaches. Clinicians were trained in Trauma Focused Cognitive Behavioral Therapy. Facilitators, Family Search and Engagement Specialists and Parent Partners received individualized, role specific training. Training this new team in a unified way helps to create urgency in permanency treatment planning.

#### **Hillsides:**

Internal meetings focused on the development of the Open Doors program at Hillsides began in May 2009. These weekly meetings in conjunction with the County led RBS Collaborative meetings allowed for internal planning and preparation at an administrative level. Final implementation for unit conversion began in June/July 2010 in preparation for imminent contract finalization. This involved moving of both children and staff throughout the agency. Hillsides' residential units had been co-mingled between DCFS and DMH funded children. Given that Open Doors is 100% DCFS children, unit conversion required a great deal of movement across campus and its units. Additionally, Open Doors staff had been identified to participate in the pilot program based on skills, demonstrated values focused on families and ability to work flexibly in the community. Once potential Open Doors staff had been identified, Hillsides began an additional planning/team building meeting with the selected staff (Facilitators, Therapists, Parent Partners, Family Search and Engagement, Milieu Supervisor, etc). Along with the developed RBS training and use of Technical Assistance provided by Pat Miles, these internal meetings have allowed us to discuss roles, concepts and actions outlined in the approved plan.

Most of what Hillsides has to report at this time is focused on preparation for this new program. At this time, Open Doors has officially been an active program for only thirty days. Prior to the program's official commencement, staff had been assigned to each of the unit conversion children. Families with identified caregivers were automatically assigned Parent Partners for support. For the group of unit conversion children who have not had an identified caregiver/placement, the Family Search and Engagement process was initiated. These staff along with a Therapist, Child and Family Team Facilitator, Child and Family Specialist

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and their supervisor, the Milieu Supervisor makes up the bulk of the formal part of the Child and Family Team. These groups worked with the identified children, their significant supports and County Social Workers to identify who else could/should be considered a member of the Child and Family Team. Currently, teams are meeting and planning on a regular basis for all of the unit conversion children.

#### **2. How has the operation of the program changed from the original concept proposed in the approved plan? When and how was the change identified? How has the program been adapted to improve the effectiveness of the project?**

##### **Hathaway-Sycamores:**

Staff were able to coordinate for 14 of the 17 youth in the program to have visits with family over the holidays which is higher than the average in the past. This included staff coming in on their holidays to help out with transportation.

##### **Five Acres:**

Five Acres had already begun the transition to some of the RBS principles which made the transition to RBS much easier. The residential campus at Five Acres was trained in the Family to Family model and has had a Parent Partner for five years with a campus that was open to families. Some families spent a lot of time in the cottage collaborating with cottage staff. Several of the cottages had already eliminated their point systems and made interventions more individualized. Five Acres was in its fifth year of family finding as well. Since RBS just started, the operation of the program has not strayed from the original concept.

##### **Hillsides:**

Given the short time that Open Doors has been an official program, we have not realized areas that need significant changes at this point. Given the blend of new roles and old roles, new perspectives and old perspectives, it has been a challenge redistributing roles and responsibilities. Communication is a challenge in the process of incorporating new systems, activities and people. Hillsides has tried to increase opportunities for teams to communicate as well as to reinforce the sense of urgency needed to meet our goals for placement.

#### **3. How did the provider(s) manage program utilization and administer resources in the RBS project?**

##### **Hathaway-Sycamores:**

Staff was hired back in June/ early July for ramp up. The delays in the start date allowed the agency to start putting more of the practices of RBS

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into place. It has been an ongoing balance around more individualized interventions and plans for children with the need for strong group management within the residential unit.

#### **Five Acres:**

Five Acres updates a roster every time a new client is admitted to the program. The Program Supervisor maintains close contact with the DCFS RBS Liaison to identify and place clients in the program. Once placed at Five Acres, the client and his family is assigned an RBS team by the Program Supervisor. The team includes a Facilitator, Parent Partner, Child and Family Specialist, Clinician, Case Manager, Mobile Crisis Specialist and Nurse. Except for the Nurse, the caseload for each of those staff is 6-10 clients/families. The team also assigns a Family Search and Engagement Specialist as needed. The client also receives milieu support from the Cottage-Based Child and Family Specialists. The clinician opens up the DMH case and the team collaborates with the initial CFS to identify appropriate goals. DMH services are tracked through the database, Welligent. Each month, Quality Assurance monitors the unit of service provided. The Case Manager tracks the visits each week. In the monthly report for DCFS and Five Acres, the Program Supervisor gathers information such as the number of Child and Family Team Meetings, the number of intakes, transitions, graduations, the number of new family members identified and engaged, the number of kids who have at least five adult family members or fictive kin identified and the community activities that each child is participating in.

#### **Hillsides:**

Due to the fact that the initial conversion for Open Doors was not an expansion, but rather a transformation, additional physical or support resources were not widely needed. This transition required a great deal of transferring and promoting from Hillsides' existing Wraparound and residential programs. Some additional hiring has been done to deal with turnover and higher intensity of the program. As the pilot continues and children are transitioning out of the residential program, increased staff will be needed.

#### **4. Describe the interaction between the county and provider(s).**

##### **Hathaway-Sycamores:**

Staff have been flexible to adapt to the needs of the program, which includes mobile crisis staff filling in where gaps have been in the program. Flex funds process has been set up to allow quick access by child and family teams. Mobile crisis staff are on call to families 24/7 to support them in crisis. Family finder has worked in this role for the last few years

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which has allowed her to jump into her role and do good work in identifying, engaging and supporting family contact. RBS Director has provided training, consultation and support to the community teams and residential teams. Some residential resources are being used across both programs (RBS and regular residential) for consistency. Meetings have happened regularly between residential management and RBS management to discuss practice and problem solve. Pat Miles has provided support to the RBS program at Hathaway-Sycamores on average one full day a month in various formats -- case consultation, training and program development. County staff: CSWs have been responsive for the most part. Workers have been supportive of the planning process and accessible. Having consistent involvement of CSWs in the CFT meetings once a month has been more of a struggle.

#### **Five Acres:**

The County and providers have worked closely together. They participate in a bi-weekly collaborative meeting to discuss implementation. They also jointly participate on two sub-committees: evaluation and training.

#### **Hillsides:**

Interaction between the County and Hillsides has occurred on various levels. At an administrative level, the RBS Collaborative has transformed into the RBS Open Doors Roundtable. These meetings are used to discuss policy and procedural successes and challenges at this early stage in the pilot. County/Agency collaboration continues in the forms of the Evaluation Subcommittee and Training Subcommittee to ensure to meet the ongoing training and evaluation commitments of the approved agreement. While we have not actually had contact at this point, the County's Interagency Screening Committee (ISC) will regularly monitor cases through review of the individual case Plan of Care and Safety and Crisis Plan documents.

#### **5. Describe how crisis stabilization was provided. From the provider perspective, what steps will be used to improve its effectiveness?**

#### **Hathaway-Sycamores:**

Crisis Stabilization was not utilized in December 2010.

#### **Five Acres:**

Thus far, mobile crisis stabilization services have not been necessary.

#### **Hillsides:**

Crisis Stabilization has not been utilized at this point due to the fact that all of the initial unit conversion children remain in the residential phase of

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RBS. This resource is intended for children who have moved into the community based phase of RBS and require a brief return to the residential unit.

#### 6. Discuss any lessons learned/best practices.

##### **Hathaway-Sycamores:**

Lesson learned from one child that had transitioned home was the importance of natural supports for the family despite the families reluctance to have them involved. Flexibility in each child's planning has been invaluable.

##### **Five Acres:**

One challenge thus far has been around several RBS children that have adoption as their permanency plan and the use of AAP funds for RBS. Another challenge is that although the model allows children to be followed wherever they go, a small number of children are moving out of county and at this point, at least one has gone out of state which presents significant challenges in following the cases as conceptualized in the voluntary agreement. Another lesson learned is the impact of transitioning just two cottages to RBS within a campus of seven cottages. Since RBS hired internally for some of the positions, many of the most skilled and experienced staff including many of the supervisors were hired into RBS. This left the rest of campus with a dearth of leadership thereby increasing incidents in the other cottages as well as some resentment from the rest of campus which needed to be smoothed.

##### **Hillsides:**

There is no amount of planning that can occur that would fully prepare an established residential facility for the transformation of which we are currently in the beginning stages. At this early stage we have several observations that may influence our program in the future:

- Communication is very challenging given the multiple roles that have been introduced with this model. It is complicated by issues of newness, territoriality, tradition, etc. As stated earlier, we have tried to reinvent old meetings and establish new forums for team and program communication.
- Hillsides has chosen to have some staff split their time between Open Doors and Wraparound. The staff who are split find it challenging to fully immerse themselves in the Open Doors program which may impede their learning/adaptation to what is necessary for success in Open Doors. This is an initial, not ongoing barrier.

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- The current process that requires a substantial amount of time be given to documentation such as the Plan of Care and other required documents has been a barrier to focusing on team building and engagement primarily because all the cases opened simultaneously. Facilitators who are responsible for these tasks along with the facilitated planning process of the Child and Family Teams meetings were absorbed with completing these documents over the first month. The impact of this not only limited their ability to do be a part of a meaningful planning process. It would be a better strategy to stagger the Plans of Care over the beginning months of the program's start-up.

**Section F – County Payments to Nonprofit Agency(ies):** This section addresses the payments made to the private nonprofit agency(ies) by the county.

1. **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:**
  - **Aid to Families with Dependent Children – Foster Care (AFDC-FC)**
  - **Early Periodic Screening, Diagnosis and Treatment (EDSDT)**
  - **Mental Health Services Act (MHSA)**
  - **Grants, loans, other**
2. **Provide the following for all RBS enrolled children/youth in group home care during the reporting period:**
  - **Average months of stay in group care**
  - **Average monthly cost per child/youth**
  - **Average monthly amount of AFDC-FC paid (both total AFDC-FC and State General Fund)**
3. **Provide the following for all RBS enrolled children/youth receiving community services (not in group home) during the reporting period:**
  - **Average months of services provided per child/youth**
  - **Average monthly cost per child**
  - **Average monthly amount of AFDC-FC paid (both total AFDC-FC and State General Fund)**
4. **Discuss how the county and provider(s) managed any payment shortfalls/overages, incentives, refunds during the reporting period.**
5. **Describe any changes that have been made or are being considered in the funding system for the program and explain why they are necessary.**

For the Calendar year 2010, no payments were made to the RBS providers; therefore, data is all zero (0).

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**Section G – Actual Costs of Nonprofit Agency(ies):** This section addresses the actual costs incurred by the nonprofit agency(ies) for the operation of the program.

- 1. If the county has performed the fiscal audit required by the Memorandum of Understanding (MOU), describe any problems/issues with the provider's operations or implementation of the Funding Model that were disclosed by the fiscal audit performed. If the fiscal audit has not been conducted, when will that occur?**
- 2. Were the expectations for operating the Funding Model met or were there issues that had to be addressed to make the Funding Model work?**
- 3. Provide an analysis of the actual costs compared to the proposed budget. Comment on any changes made by the provider(s) in operating the program within the funding framework. Discuss why those changes were necessary, when they were made, and how effective they were.**
- 4. Provide an analysis of total RBS provider expenditures and total RBS provider revenues. Address whether the rates paid under the Funding Model for the RBS residential and community components were greater than, equal to, or less than the actual expenditures for each component. If not equal to, discuss the degree to which the rates either exceeded or fell short of actual expenditures.**
- 5. Discuss any extraordinary costs associated with any particular child/youth (i.e., outliers), providing the amount of the cost and what it purchased.**
- 6. If after 24 months of operating the RBS project, has an analysis of the current approved RBS rates versus RBS expenditures been performed in the reporting period and will the RBS rates for continued operation of the program be increased, decreased, or remain the same? If not proposed to remain the same, by how much will they be proposed to increase or decrease and why? If such an analysis has not been performed, when will that analysis be completed?**

**1. If the county has performed the fiscal audit required by the Memorandum Of Understanding (MOU), describe any problems/issues with the provider's operations or implementation of the Funding Model that were disclosed by the fiscal audit performed. If the fiscal audit has not been conducted, when will that occur?**

Los Angeles County has not conducted a fiscal audit because RBS has officially been implemented for only thirty days. The County Auditor-Controller will conduct an audit of the fiscal operation of the RBS program no sooner than twelve (12) months and no later than twenty-four (24) months after the program begins.

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**2. Were the expectations for operating the Funding Model met or were there issues that had to be addressed to make the Funding Model work?**

**Hathaway-Sycamores:**

The expectations of the funding model were met.

**Five Acres:**

During the first year of RBS program operation December 2, 2010 to December 31, 2010 (2010 calendar year), it has been Five Acres experience that the Funding Model expectations have been generally met. There have been no particular surprises one way or another. Actual costs have been generally consistent with budget expectations.

**Hillsides:**

Too soon to tell; only a partial first month.

**3. Provide an analysis of the actual costs compared to the proposed budget. Comment on any changes made by the provider(s) in operating the program within the funding framework. Discuss why those changes were necessary, when they were made, and how effective they were.**

**Hathaway-Sycamores:**

There were no changes to the funding budget model.

**Five Acres:**

We are still fine tuning the number of, and productivity expectations for these staff as our monthly productivity went over funding for mental health services within RBS. Overall, it is too early in the program to make a comprehensive financial analysis of the program. To date, we have not encountered any extraordinary costs associated with specific clients.

**Hillsides:**

Too soon to tell; only a partial first month.

**4. Provide an analysis of total RBS provider expenditures and total RBS provider revenues. Address whether the rates paid under the Funding Model for the RBS residential and community components were greater than, equal to, or less than the actual expenditures for each component. If not equal to, discuss the degree to which the rates either exceeded or fell short of actual expenditures.**

**Hathaway-Sycamores:**

It appears the rate is adequate for the first 30 days. The minor shortfall is the result of having one less client enrolled for the first month, and it is not

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related to inadequacy of the rate.

**Five Acres:**

Overall, it is too early in the program to make a comprehensive financial analysis of the program. We expect that a more meaningful picture of the RBS overall financial process will emerge during the 2011 calendar year, as clients begin to transition from the residential to the community component of RBS.

**Hillsides:**

Too soon to tell; only a partial first month.

**5. Discuss any extraordinary costs associated with any particular child/youth (i.e., outliers), providing the amount of the cost and what it purchased.**

**Hathaway-Sycamores:**

N/A

**Five Acres:**

To date, we have not encountered any extraordinary costs associated with specific clients

**Hillsides:**

Presumably will not be completed until after the program has operated for 24 months.

**6. If after 24 months of operating the RBS project, has an analysis of the current approved RBS rates versus RBS expenditures been performed in the reporting period and will the RBS rates for continued operation of the program be increased, decreased, or remain the same? If not proposed to remain the same, by how much will they be proposed to increase or decrease and why? If such an analysis has not been performed, when will that analysis be completed?**

N/A

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**Section H – Impact on AFDC-FC Costs:** This section analyzes the impact of the RBS Reform Project on state and county AFCD-FC program costs for all children served by RBS, and for those children who have entered and exited RBS in 24 months.

- 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 Payments for All Children Enrolled in RBS during the Reporting Period:**

<b>Total Children Served In RBS:</b>	<b>Total: 0</b>	<b>Federal:</b>	<b>State:</b>	<b>County:</b>
<b>Federal Payments:</b>				
Residential:	\$	\$	\$	\$
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
<b>Total Federal Payments:</b>	\$			
<b>Non-federal Payments:</b>				
Residential:	\$	\$	\$	\$
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
<b>Total Non-federal Payments:</b>	\$			
<b>Total RBS Payments</b>	<b>\$0.00</b>			

For the calendar year 2010, no payments were made to the RBS providers, therefore; data is all zero (0).

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2. Of the children reported in H1 above, please complete the information below for all children who entered and exited RBS in 24 months:

Note: In the initial report, no children may have completed an RBS program cycle. If so, enter zero.

RBS Payments for Children Entering and Exiting RBS in the 24 month Period:				
<b>Total Children Completing RBS:</b>	<b>Total: 0</b>	<b>Federal:</b>	<b>State:</b>	<b>County:</b>
<b>Federal Payments:</b>				
Residential:	\$	\$	\$	\$
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
<b>Total Federal Payments:</b>	\$			
<b>Non-federal Payments:</b>				
Residential:	\$	\$	\$	\$
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
<b>Total Non-federal Payments:</b>	\$			
<b>Total RBS Payments:</b>	<b>\$0.00</b>			

For the Calendar year 2010, no payments were made to the RBS providers; therefore, data is all zero (0).

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3. Using the approved Attachment A from the Funding Model, please 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: 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>Number of Children Completing RBS:</b>			(from H2, above)
	<b>Approved Base Months in Regular Foster Care:</b>	24		
	<b>Applicable Federal Funds Rate:</b>	50%		
	<b>Total</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
<b>Base Payment for Target Group:</b>	\$ 0	\$	\$	\$

4. For those children who have completed the RBS program, using the information from H2 and H3 above, subtract H3 from H2 and complete the following information:

	<b>Total</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
<b>RBS Incremental Cost/(Savings)Based On Program Completion:</b>	\$ 0	\$	\$	\$

For the Calendar year 2010, no payments were made to the RBS providers; therefore, data is all zero (0).

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**Please provide narrative responses to H5 through H7 in the space provided after H7.**

- 5. In viewing the results of Question 4, what aspects of operating RBS contributed to the positive fiscal impact or negative fiscal impact compared to regular Foster Care?**
- 6. Discuss if/how the pattern of usage in EPSDT has changed when compared with the typical usage by similar children/youth in traditional foster care.**
- 7. Discuss if/how the pattern of usage in MHSA has changed when compared with the typical usage by similar children/youth in traditional foster care.**

N/A