

D Residentially Based Services (RBS) Reform Project

County Annual Report

Demonstration Site: Sacramento County	Reporting Period: Calendar Year: 2010
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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.

Sacramento County implemented RBS on September 16, 2010. A total of 13 youth were served in the program from the date of implementation through December 31, 2010, the end of the reporting period. Of these 13 youth, 8 were males, 2 of whom were supervised by Child Welfare and 6 that were supervised by Probation. Four of the 13 males were enrolled in Martin's Achievement Place, a program that provides specialized care to youth who exhibit sexually abusive behaviors and 4 were placed with Quality Group Homes. The remaining 5 youth enrolled in RBS during this time period were females supervised by Child Welfare and were placed in the Children's Receiving Home of Sacramento.

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.

The outcome data for the first 3 ½ months of program operation shows that there were no placement changes during this calendar year for the 13 youth enrolled in RBS. One youth did exit the RBS Program prior to successful graduation after he was violated and subsequently incarcerated for a drug related offense.

This was a unique case that was staffed with the entire RBS team and the Probation Placement Supervisor for the minor to participate in the RBS program even though the person identified for reunification was his 18 years old sister. The RBS team agreed to move forward with this case with the understanding that Probation would closely monitor compliance with the plan. The minor and identified guardian were not in compliance with the plan despite numerous attempts to redirect to keep them on track. Ultimately, the minor was found to be in violation of his RBS contract and the sister was unable to provide adequate supervision.

Subsequently, the minor's termination from the RBS Program occurred as a result of a unilateral decision by his Probation Officer. The decision to terminate was not made in accordance with the process outlined in the Sacramento RBS Program model which requires that all RBS terminations recommended by the Family Support Team be referred to the Care Review Team for a second level review.

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The Local Implementation Team has reviewed the process for program terminations and there is now a shared understanding of the process and a commitment on the part of all partners to follow the established termination process.

The length of stay in group home care during this report period for the 13 youth enrolled in RBS ranged from 3 days to 106 days, with a median length of stay of 72 days. No youth transitioned to Community-Based Care during this calendar year.

There were no substantiated allegations of abuse or neglect for the youth enrolled in the RBS Program.

It is difficult to complete an analysis of the available data after only 3 ½ months of program operation. Additionally, youth have been enrolled in the RBS Program during the start-up period on a staggered basis which means that a few youth have only been enrolled for a matter of days during this report period. However, because there have been no placement changes for the youth who have been enrolled in the program, including those who entered in mid-September 2010, there does appear to be an early indicator of placement stability for youth enrolled in RBS.

The RBS Program Model was designed with the assumption that the focus on permanency, the participation of family in the care planning and decision-making, the connection of the youth with the community and the rich array of services and supports provided to youth and their families in the RBS Program, would result in improved outcomes for youth and their families. The feedback from the youth and family that will be obtained during the next report period via the Youth and Family Service Surveys will help to determine which interventions and supports are favorably impacting outcome areas for youth and their families.

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?

Stabilization, as described in the Sacramento County RBS Program Model, was not used during this reporting period as no youth had been transitioned to community based care. However, a crisis intervention was implemented for one youth who was experiencing an extended period of instability in the RBS program which presented as escalating conflict with a particular RBS house

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staff member. That youth was moved to another house in the same program for a short period of time as RBS services continued and interventions were used to resolve the conflict. The youth was returned to the RBS house after a 3 week period and has since stabilized.

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.

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.)

The first use of the YSS and YSS-F surveys for the Sacramento RBS Program will not occur until May 2011 and will then be updated every six months thereafter through the RBS demonstration period. Therefore, there is no data available during this report period.

Initial CANS data has been received for 16 youth enrolled in the RBS Program along with 9 sets of follow-up data. The CANS is updated for each youth in the Sacramento RBS Program every 3 months. It is important to note that the available data includes CANS information for youth enrolled after December 2010 which explains why there is data for 16 initial CANS, not 13.

The initial CANS data indicates a level of need for youth enrolled in RBS in the following areas (mean above 5.0):

- Functional Status
- Mental Health
- Criminal and Delinquency
- Family/Caregiver Needs and Strengths
- Child Strengths
- Child Safety

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- Educational Progress

Criminal and Delinquency, Family/Caregiver Needs and Strengths and Child Strengths were exceptionally high levels of needs (10.0+). These areas of need appear consistent with what would be expected of child welfare and probation youth who are engaging in disruptive, sometimes criminal behaviors and are disconnected from their families.

Of special note is that the follow-up CANS data indicates that there were varying degrees of improvement (decreased need) in the three highest need areas. There is also noted improvement in the area of Safety.

Although progress was noted in the areas cited above, an increased area of need in Mental Health, Risk Behaviors, Substance Use Complications and Educational Progress reportedly occurred during this report period.

As stated in Section A, 2. above, it is difficult to complete an analysis of this early data because of the short period of time many of the youth have been enrolled in the program. However, subsequent data and trends will provide a better idea of whether the high needs areas improve because they receive more focus in the early days of placement, while certain other areas of need increase as the youth moves from the early placement “honeymoon” period to a phase where youth begin to slip back into previous patterns of disruptive behavior.

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

During this reporting period 100% of the youth have participated in the Family Support Team Meetings (FST). If a youth is incarcerated or hospitalized at the time a meeting has been scheduled, the FST is rescheduled for a time they are available. There have been occasions in which youth have become angry or distraught in a meeting and elected to leave the meeting prior to meeting close. Youth are strongly encouraged by RBS team members to utilize team meetings as a way to have a voice in their care planning. Each RBS provider has a youth advocate that is available to encourage and support participation.

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

Child and Family Teams are referred to as Family Support Teams (FSTs) in the Sacramento County RBS Program. It is important to note that for a youth to be eligible for the Sacramento County RBS Program, they must have an adult who is available and willing to work toward permanency. Therefore, it has been rare that an FST has been held without family participation. Families are encouraged and supported to be present for these care planning meetings and

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commit to participation at the time the youth is enrolled in RBS. Meetings are scheduled to accommodate family availability and often occur in the family's home. Additionally, phone conferencing is used to ensure the participation of family members and other support persons who may not be able to travel to the FST meeting.

There is one youth currently enrolled in RBS whose permanency connection fell away after the first month in placement. That youth did not have a family member available consistently for the first 4 months of his enrollment in RBS. A permanency connection has been secured and the youth's family is participating consistently in FST meetings.

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

The Sacramento County RBS Program did not include a component for Family Finding in the final program model because there was concern that the fiscal model could not support Family Finding activities and interventions. In response, the enrollment criterion was modified to require that eligible youth have a viable permanency option coming into the program. The lessons learned through program operation is that even though a permanency option exists for a youth at time of enrollment, that option can "fall away" for a number of reasons after the youth is enrolled in the program. Subsequently, it then becomes necessary to work toward developing permanency options. The Sacramento County RBS Program has also learned that even though a parent or particular family member may not be able to be a placement permanency option, they are often times still very helpful in identifying and supporting other adults who may be in a better position to serve as a permanent caregiver. Additionally, one provider in particular has been successful at engaging permanent connections without the use of the search engines and time consuming processes, finding that information about who might be able to be a permanent caregiver is usually readily available by asking the youth, available family members and making inquiries of both informal and formal connections who have supported the youth over time. The FSTs have provided a good forum for permanency planning, identifying permanency planning interventions and ensuring that the permanency efforts of the county, provider and family are well coordinated.

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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.

The YSS and YSS-F satisfaction surveys will not be utilized in the Sacramento County RBS Program until May 2011. There is no data available for this report.

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.
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.

The County implemented the Sacramento County RBS Program effective September 16, 2010. The County has contracted with three RBS Providers, the

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Children's Receiving Home of Sacramento, Martin's Achievement Place and Quality Group Homes to provide the following array of the services:

- Comprehensive care coordination to ensure that the care plan for youth and their families is coordinated among agencies and caregivers, across settings and identifies the nature and duration of services;
- Intensive family involvement in care planning to ensure the youth and their family are fully engaged in the decision-making and care planning throughout the youth's enrollment in RBS;
- Parallel, pre-discharge, community based interventions that are initiated upon the youth's enrollment in RBS and help the youth, family members and other people in the community to prepare for connection or reconnection with the youth;
- Intensive environmentally based services that includes stabilization, assessment and on grounds family strengthening and connection support;
- Therapeutic interventions to help youth and their families mitigate the conditions that led to the youth's placement in the program; and
- Follow-up community based services and support provided to the youth and family that support stability and the enduring success of connections.

Additionally, the County has designated a lead manager for the RBS Program who has provided continual leadership and oversight of the RBS program and fiscal model development and implementation. This oversight has included supervision of the RBS Local Implementation Coordinator. The County has also designated 2 RBS Social Workers and 1 Probation Officer to work with the youth and families who are enrolled in the RBS Program.

In accordance with the RBS Program Model, the County, has assumed the lead in assuring RBS utilization management through tracking RBS enrollment and process information to ensure that the program is being utilized and that key components of the program, such as Comprehensive Care Planning, Family Engagement, assessment through use of the CANS and participation in the RBS for each youth and family enrolled in the RBS Program. The RBS Local Implementation Team (LIT), coordinated and facilitated by the County RBS Local Implementation Coordinator, met twice monthly during the RBS implementation phase to review utilization reports and the progress of each youth and family enrolled in the RBS Program.

In preparation for RBS Program start-up, the County has ensured that the RBS Social Worker, their Supervisors and the RBS Probation Officer, participated in training to prepare them for practice aligned with RBS principles and values. A 2 day RBS refresher training, "RBS Meets Reality," was provided to County and provider RBS staff 2 months after RBS start-up to support direct service staff's efforts to meet the challenges arising as a result of making culture and practice changes. Additionally, the County has taken the lead to ensure that both Child

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Welfare and Probation placement staff and key placement gatekeepers in all three County partnering agencies, Child Welfare, Probation and Mental Health, have received an overview of the RBS Program that has included an outline of the eligibility criteria and RBS Referral Process.

The County has operationalized the evaluation and fiscal tracking components of the approved RBS plan by developing data tracking and fiscal processes that require coordinated efforts of CWS/CMS staff, the RBS Local Implementation Coordinator and fiscal staff from the departments of Health and Human Services, Human Assistance and Mental Health.

The County has also provided local oversight and support of the implementation of Functional Therapy (FFT), the Evidence Based Practice that is being integrated with the RBS Program Model in each of the provider agencies. The integration of FFT throughout the Sacramento RBS Program was offered in the Program Model as a strategy that aligns with the RBS Framework principles and values and important to providing a solid foundation for family centered practice across RBS Program providers.

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

The quality assurance activities performed by the County during this reporting period includes the development and use of a RBS Data Tracking System report to record the following key RBS activities and practices:

- Enrollment and discharge information
- Team Decision-Making Meeting (TDM) and Family Support Team Meeting (FST) dates;
- Family participation in TDMs and FSTs;
- CANS administration dates;
- YSS and YSS-F administration dates;
- The use of Crisis Stabilization;
- Community based case transition dates; and
- Permanency plan data.

The RBS Data Tracking System report is updated monthly by the RBS Local Implementation Coordinator, acting as the RBS Project Coordinator. Twice monthly Local Implementation Team (LIT) meetings were held during the first 3 months of RBS implementation that were attended by key RBS providers and county staff and the report is reviewed to ensure program fidelity to RBS Program Model practice, timelines and processes. Additionally, the LIT meeting has been utilized as a forum to receive reports from the provider Comprehensive Care Coordinators and county Social Workers/Probation Officer on the youth's permanency progress and progress toward transition to community based care.

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The team provides feedback on the quality and success of service and care delivery and makes recommendations for any identified system and service improvement needs and challenges.

The development and use of a Care Review Team is an additional quality assurance measure that has been implemented in the Sacramento County RBS Program. The Care Review Team consists of family, group home provider, mental health, probation and child welfare representatives who have a solid knowledge of the RBS Program, but are not providing direct care to youth and families. The purpose of the Sacramento Care Review Team is to support responsibility and accountability for the delivery of best practice services to youth and families through their Family Support Team, consistent with RBS Program goals. The Care Review Team, as a second level review process, works collaboratively with each FST to explore ideas and develop recommendations for improvement of the adequacy, appropriateness and quality of the services/supports and the procedure for the delivery that are consistent with RBS values.

The actual evaluation data from the use of the CANS and YSS and YSS-F is information that will be used in the coming months for quality assurance purposes, but has not been available during this demonstration project implementation period.

Additionally, the County has an assigned Contract Monitor who completes monthly reviews of each of the three providers contracted to provide RBS in Sacramento County to ensure compliance with the RBS scope of work.

3. **How has the operation of the program changes 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 have been no significant modifications to the operation of the RBS Program since implementation on September 16, 2010. However, there is one area in which there has been an alteration from the original concept proposed in the RBS Program Model. This alteration occurred in the form of an exception that was made to the RBS enrollment criteria when one youth was enrolled in the RBS Program who did not have a viable permanency connection upon enrollment. This youth was enrolled in the regular program with the particular RBS provider and the provider and County social worker asked to refer the youth to the RBS Program with the same provider as they believed that a permanency connection could be secured for the youth through active family finding and engagement. This exception was approved by the RBS Local Implementation Team only as an exception with the contingency of not modifying the RBS

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enrollment criteria for all referrals. A permanency connection was secured for the youth after a short period of time in the RBS Program. Although there are no plans to modify the RBS enrollment criteria for all youth, in view of this success, consideration will be given to enrolling additional youth without an existing permanency connection if a provider is able and willing to incorporate family finding activities into the Comprehensive Care Plan.

There have been no other areas in which there has been modification to the proposed RBS Program Plan. However, concern has developed on the part of the County and the providers regarding the difficulty that 2 of the 3 providers have had in integrating Functional Family Therapy into their individual RBS programs that have the potential to impact a key component of the Sacramento County Program model. Although some of the challenges can be attributed to the usual issues that arise with culture change and the implementation of new practices and approaches to service delivery and, the complexities connected to model integration, there is a more significant challenge that, without quick resolution, the Sacramento County RBS Program, will not have a family centered evidenced based practice model that is shared across providers that was built in to the proposed program model. That challenge is faced largely by Martin's Achievement Place and Quality Group Homes. These agencies do not have a referral base that is allowing the practitioners-in-training to serve the number of families that is required by the FFT Institute throughout the first year training program. The County, providers and California Institute for Mental Health (CIMH), the statewide agency that oversees and supports FFT implementation, continue to work together to find a mutually acceptable resolution to this issue so that families can be served timely in each of the RBS provider programs during the second year of operation as youth and their families prepare for their youth's transition back to the family and community.

An additional area of concern for the County and providers during the first three months of implementation is that the RBS providers did not end the reporting period at full capacity. As of December 31, 2010, there were only 12 of the 22 slots filled. The impact of the slow start-up was two-fold. Two of the 3 providers had a difficult providing the full array of RBS services when they did not have sufficient enrollment to generate the needed revenue to bring on additional staff. These providers were also financially unable to open an RBS unit/house until they had at least 3 youth enrolled in the RBS Program and the youth who were enrolled were commingled with other non-RBS youth for 2 months after enrollment.

Secondly, because it has been determined that there is a solid referral base for RBS, having slots that were not filled meant that there was a systemic barrier(s) to link youth and families needing the service with the program. A number of steps, including social marketing and outreach to placement gatekeepers and

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streamlining and supporting the RBS referral process, have been utilized to facilitate RBS Program referrals.

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

RBS Program utilization was managed by the RBS Local Implementation Team (LIT). This team meets monthly is coordinated and facilitated by the RBS Local Implementation/Project Coordinator and is attended by the following representatives:

- Provider RBS Managers
- Provider Comprehensive Care Coordinators
- CWS RBS Social Workers
- CWS RBS Social Work Supervisors
- RBS Probation Officer
- Department of Human Assistance (eligibility)
- Mental Health
- Family and Youth Advocates

This team is responsible for reviewing the RBS Task Tracking Data report that is prepared by the LIT Coordinator and the RBS Comprehensive Care Coordinator to ensure the RBS Program is being utilized and key components of the program, i.e., initial and ongoing assessment, family involvement in care planning and decision making, permanency planning and program evaluation are being practiced. The report includes the following information for each youth enrolled in the RBS Program:

- RBS enrollment data
- Family Support Team data
- Family Support Team Meeting data
- Family participation in care planning data
- Permanency data
- CANS completion data
- Crisis Stabilization data
- Transition to Community data
- Discharge data

The Local Implementation Team meeting is also utilized as a forum in which providers are able to share successes and challenges and have follow-up discussions that provide an opportunity for sharing tools, practices and protocols that are working for individual providers. The LIT has been used as a springboard for ad hoc meetings to address systemic issues related to program coordination, implementation and processes across county and provider agencies.

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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?**

Sacramento County has had a strong team of County partners throughout the RBS Program planning and implementation process who have demonstrated consistent commitment to successful implementation of RBS services. Each County partner, Child Welfare, Probation, Mental Health and the Department of Human Assistance have consistently fulfilled their roles during this initial implementation phase of the Sacramento County RBS Program in accordance with the approved Program and Fiscal Models.

Child Welfare has provided the primary leadership, coordination and management of RBS implementation, utilization and evaluation through the efforts described in #1 above. Child Welfare and Probation have designated Social Workers, Probation Officers and their Supervisors who have significantly contributed to the successful implementation of RBS by attending and lending their expertise to LIT and other ad hoc meetings, serving as RBS “champions” in their agencies, and working as a team with providers to provide RBS services to youth and families. All four agencies have consistently participated in the Local Implementation Team utilization management process and have provided agency experts as needed in ad hoc meetings to address systemic implementation issues. Mental Health has assumed the lead for monthly management of the RBS contracts with providers and the Department of Human Assistance has tracked RBS county expenditures on a monthly basis.

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 successful implementation of RBS in Sacramento County can be attributed to the strong public/private partnership that has existed from the first days of planning that began in early 2008 and strengthened over time as the County moved toward implementation in September 2010. As described # 4. above, the Sacramento County Local Implementation Team (LIT) has served as the primary forum for ongoing collaboration between county agencies, providers and community partners related to the administration and utilization of RBS in Sacramento County. Collaborative efforts also exist among key partners at the practice level through the use of the following coordinated collaborative team processes:

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- **Team Decision Making/Recommendation Team Meetings-** Team Decision Making (child welfare) and Recommendation Team (probation) meetings are held for each youth referred to the RBS Program to determine whether RBS can meet the individualized needs of the youth and family. The social worker/probation officer, provider, youth, parent, and other key stakeholders (family support, mental health, education, child's attorney, CASA) are present for this consensus based process. If a parent, family member or other team member cannot be physically available for this meeting, telephone conferencing is utilized.
- **Family Support Team Meetings-** Family Support Team (FST) meetings are held within 2 weeks of every youth's enrollment in the RBS Program and at least monthly thereafter. Emergency FST Meetings can be held to address immediate care planning needs. The purpose of the FST is to provide a forum consensus based coordinated, comprehensive care planning throughout the youth's enrollment in the RBS Program. All key care planning decisions are made by the FST, including decisions about transitioning the youth to Community Based Care and the timing of the youth's graduation/exit from the RBS Program. Core FST members include the youth, family, provider team, and social worker/probation officer. Other key stakeholders, i.e., family support, mental health, education, child's attorney and CASA participate on a case by case basis.
- **Care Review Team Meetings-** Care Review Team Meetings (CRT) are a process for providing support and assistance to the Family Support Team for the purpose of achieving positive outcomes for youth and families participating in the RBS Program. The Care Review Team works collaboratively with each FST to explore ideas and develop recommendations for improvement of the adequacy and appropriateness of services and to build upon youth and family strengths to help them address needs that are behind family disruptions and move toward permanency objectives that support the youth's successful transition back to his/her family setting. The CRT mobilizes peer expertise across child/youth service systems to advance RBS practice improvement, reduce barriers faced by the FST and maximize local resources. The Care Review Team is a representative body from partnering public/private agencies, families and community who share responsibility and accountability to help ensure a commitment, understanding and practice of RBS values and principles.

The interaction among and between county agencies, providers and community partners in each of the described collaborative forums/processes has been consistently positive. Problem solving has been strength based, outcome focused and decisions are reflective of the values and principles that align with the RBS Framework and the Sacramento County RBS Program Model. Partner agency representatives have been accountable and responsible in their

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respective roles and ensure that processes such as TDMs and the FST are held timely.

7. Describe any lessons learned/best practices.

A few key lessons have been learned in the early months of RBS implementation in Sacramento County. First and foremost is that moving a reform effort of this magnitude from concept to reality is not easy and “new system” glitches, i.e., not having protocols in place, not following protocols, etc., coupled with crises of confidence that arise during practice and culture change, can challenge and slow program implementation and system reform. Sacramento County has also found that generating referrals on a flow basis from both child welfare and probation has been more difficult than expected and the initial low occupancy rate prevented 2 of the 3 RBS providers from fully staffing and fully implementing all components 2 months after the RBS start-up date.

Sacramento County RBS has developed a strong Local Implementation Team that is responsible for both program utilization management and quality assurance. It is that team, comprised of representatives from all partnering county and provider agencies, in addition to key stakeholders, that has provided the structure and forum to address the challenges related to culture, practice and system change. The LIT’s willingness to address outstanding issues, refine guidelines, practices and processes as needed, and assume responsibility for the progress of each youth in the RBS Program, has been instrumental to moving implementation forward and ensuring adherence to RBS values and principles and program model fidelity.

The Sacramento County RBS Care Review Team (CRT) is expected to be a promising practice to support youth, families and the Family Support Teams. Serving as a “next level” review, the CRT’s role will assist the FST in addressing service gaps and ensuring a commitment to RBS program values so that RBS goals become a reality and youth can transition back to their families and their families will have sustained support within their community.

The use of Functional Family Therapy (FFT) by each provider in the Sacramento RBS Program is regarded from the County perspective as a best practice. FFT is a researched based prevention and intervention program for at-risk adolescents and their families that uses a strength-based approach to working with families that aligns well with RBS principles and values. FFT focuses on building protective factors and reducing risk factors within family systems through engagement, working with the families to develop a roadmap for changes and then providing families with the tools to be successful within their own values and culture. The use of FFT across providers will help to ensure program fidelity to a family centered approach in the Sacramento RBS Program.

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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) have put into operation the concepts proposed in the approved plan.

Martin's Achievement Place (MAP)

MAP has put the key concepts proposed in the approved plan into operation in the following ways:

- **Assessment and matching that will ensure that the youth and their families receive needed services.**

MAP has put this concept into operation through the participation in TDM (child welfare) and recommendations meeting (probation) process. The TDM process includes at least two provider representatives including the Comprehensive Care Coordinator (CCC) and the Family Partner. This collaborative meeting includes introductions of the provider to the potential youth and family, introduction and assistance of the family partner, assessment of appropriateness for placement, and outlines the specific roles of the family, youth, and provider. The recommendation meetings include a two step process. The first step is a clinical assessment of the youth through Sacramento Assessment Center. MAP participates in this assessment meeting with the CCC and RBS therapist. The second step, if the youth is identified as appropriate for placement, is the enrollment meeting. This collaborative meeting includes introductions of the provider to the potential youth and family, introduction and assistance of the family partner, outlines the specific roles of the family, youth, and provider, and provides the family with the option of enrollment.

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- **A comprehensive care plan (CCP) that is coordinated among agencies and caregiver.**

MAP has put this concept into operation as outlined by the RBS voluntary statement. The CCP is directly related to the Family Support Team (FST) meetings. Within MAP the first FST is held in the first two weeks. The primary focus of this FST is the development of the CCP. Present for the development of the CCP is the youth, their family, the placing agency, the Family Partner, the Youth Mentor, House Manager, Therapist, the Family Specialist, and is facilitated by the CCC. During the initial FST each member participates in the development of the CCP. Participation in the development of the CCP takes place through an activity led by the CCC. The activity begins with a card being assigned to each domain. The cards are hung from the wall or placed on a table where each person can see each card. The CCC gives a short description of the title on each card. The family members are given two (2) tags to place on the domain area that they feel are most impactful to success in RBS. Non-family members are given one (1) tag. The CCC explains that the CCP is a family driven plan therefore family members are given an additional tag. Through this process the top three to four domain areas are identified and each person discusses needs and strengths of the domain. The information gathered in the initial FST is used to develop the CCP and a follow-up FST is held within two weeks to review a draft of the CCP and finalize the care plan.

- **Intensive Family Involvement that ensures that the youth and their parents are fully engaged in the decision-making and care planning and implementation process.**

Intensive family involvement begins with the TDM and recommendations meeting and the families option to enroll as opposed to their child being placed by others. MAP has also implemented several new forms of engagement with family. First, MAP has included the role of the Family Partner. The Family Partner is involved with the first contact of the family at the time of enrollment. In the first two weeks following enrollment, the Family Partner completes a checklist of items to be completed with the family. Some of these items include a tour of the office, introduction to staff, review of the parent handbook, and asking questions related to family values, beliefs, and culture. Second, MAP has implemented the role of the Family Specialist into the family engagement process. Within the first two weeks of enrollment the Family Specialist gives the family a tour of the residential setting, reviews rules of the residential setting, discusses interventions and behavior modification tools used in the house, and discusses recommendations of the family for additional behavioral tools. Third, the youth mentor provides a tour to the youth on the first day of placement, reviews the youth handbook, and provides the youth with a welcome backpack that includes various supplies such as a journal, pens, toothbrush, etc. These engagement strategies are combined with the engagement strategies identified in the FST and CCP

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process. Further engagement takes place during family transport. Currently four (4) of MAP's (6) families utilize transportation assistance from the agency. Transportation is currently being provided by MAP's Family Specialist and Family Partner. Transportation time is additional time used for family engagement and support. Ongoing support includes check-in calls with the Family Partner, on-call access to the Family Partner during non-business hours, inclusion of family members in team meetings, and a monthly family day in the residential setting.

- **Parallel, pre-discharge, community based interventions that are initiated upon RBS enrollment and follow through the RBS stay, that help the youth, family members, and other people in the community to prepare for connection or reconnection with the youth.**

MAP has placed this concept into operation as an added focus in the FST process. This is best demonstrated with the case example of a youth currently enrolled. In this case the youth discussed his community involvement of lacrosse prior to RBS placement and this was discussed at the initial FST. This youth is currently involved in lacrosse as a pro-social intervention that will transcend RBS enrollment. His FST's have also focused on transitional goals such as church and youth groups as community based interventions to transcend RBS enrollment.

- **Intensive environmentally-based residential services that provide safe environment, along with stabilization, assessment and on grounds family strengthening and connection support.**

MAP currently provides intensive residentially based services to youth enrolled in RBS. These services include individual, group, and family sessions facilitated by therapist, milieu treatment groups led by residential care staff, and family visits. RBS provides a safe environment through twenty-four (24) hour supervision of the youth. During awake hours staff ratio is 2:6 with two staff and up to six youth. During sleeping hours MAP staffs the resident with a stay-awake staff. Stabilization is achieved through crisis assistance from the Family Specialist and Youth Mentor. RBS staff continually receives training focused on active supervision, crisis intervention, and milieu treatment. Each RBS staff received the full RBS training prior to the MAP RBS start date. MAP has not employed the position of Behavioral Specialist as stated in the voluntary statement. MAP has incorporated the use of TBS services in the residential setting to address disruptive behavior from RBS youth.

- **Therapeutic interventions that help youth and their families mitigate the conditions that led to the youth's placement in the program.**

Therapeutic interventions include one-on-one individual sessions at least once a week, family sessions at least once a week, specialized therapist facilitated treatment groups at least twice a week, and milieu treatment groups at least 5 days a week. Therapeutic interventions address the conditions related to placement in a holistic fashion. The focus of therapeutic

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interventions is full immersion including school, family, residence, and community.

- **Follow-up community-based services and support.**

MAP currently provides support while in a residential setting. MAP has yet to provide services to families in their homes. MAP does not have a youth that has transitioned to community living. The FST's are currently focused on the development of community-based services. These services include outpatient services, additional family members as informed support system, religious/spiritual supports, and RBS staff supports.

Children's Receiving Home of Sacramento(CRH)

The Children's Receiving Home (CRH) began phasing in key RBS service components in August 2010. On November 1, 2010, CRH opened and operationalized the RBS Cottage and phased in the intensive residentially based services.

- **Assessment and matching that will ensure that the youth and their families receive needed services.**

The CRH RBS team has actively participated in RBS Team Decision Making (TDM) meetings. The RBS TDM process has included the CRH Comprehensive Care Coordinator (CCC) and other CRH staff as best determined to support the youth and family. This collaborative meeting includes introductions of the provider to the potential youth and family, introduction and assistance of the family partner, assessment for appropriateness of placement and begins the discussion of specific roles of the family, youth and provider within the RBS program while also providing the family with the option of enrollment. In addition, with several of the initial RBS referrals, CRH's Assessment Program has provided a 12 domain clinical assessment prior to the youth's enrollment in RBS which has proved helpful in the matching process.

- **A comprehensive care plan that is coordinated among agencies and caregiver.**

Through the use of the initial and ongoing Family Support Team (FST), an integrated service planning process occurs that is tailored to the youth and family's individualized needs and updated every 30 days throughout the youth's enrollment in RBS. This planning process also includes the administration of the CANS to define areas of strength and concern and has been successfully implemented at CRH with the RBS collaborative framework. The FST includes the youth, their family (designated for permanency), the placing agency, Family Partner, RBS Supervisor, Clinician, Family Specialist and Youth Mentor and is facilitated by the CCC. The CRH RBS team has worked collaboratively with the youth's family and placing agency to develop a Comprehensive Care Plan (CCP), that includes a permanent plan for each youth at the start of RBS enrollment and has

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adjusted the plan as needed through out the provision of RBS to ensure a permanent connection for every youth as they transition from the residential and then from RBS community based environment.

- **Intensive Family Involvement that ensures that the youth and their parents are fully engaged in the decision-making and care planning and implementation process.**

Intensive family involvement has begun during the TDM, referral and assessment process at CRH. Youth and families have been provided with tours of the facility and an opportunity to gather information and ask questions of RBS staff prior to the TDM itself. The youth and families are presented with RBS as an option for placement during the TDM and are actively assisted in making a well informed choice. When the family and youth chooses RBS, the CRH Family Partner, Youth Mentor and RBS team have engaged the youth's family through initial orientation meetings and have supported their active involvement in the FST meetings and throughout the delivery of RBS services. In addition, the Youth Mentor with the aid of the Residential Counselors, Behavior Intervention Specialist and RBS Supervisor orients each youth to the residential component of the program and reviews the youth Welcome Packet which includes program rules and youth rights. Each caregiver is provided an RBS Information Organizer at their orientation meeting which includes program goals, rules as well as caregiver rights and other information. This binder also provides a place for the caregiver to store future information and paperwork and has been well received by the families served to date. CRH RBS staff has visited the youth and families in the community during home visits and the Family Partner checks in with each family by phone weekly. In addition, family members and caregivers have been offered twice weekly support and skill building parenting groups in which CRH has experienced a high level of RBS family participation. Family oriented activities have included weekly dinners and participation in community family events. An RBS family camping trip is being planned for Spring Break 2011.

- **Parallel, pre-discharge, community based interventions that are initiated upon RBS enrollment and follow through the RBS stay, that help the youth, family members, and other people in the community to prepare for connection or reconnection with the youth.**

The CRH RBS team begins working with the youth and family in relation to their community connections and discharge planning immediately upon enrollment into the RBS program primarily utilizing the FST meetings. Youth have been encouraged to attend their original school of origin which has occurred in several cases and allowed for the youth's continued participation in school based arts and sports programs. When the youth have been placed in a school placement based upon their CRH address, the RBS team has advocated with the local school districts to work towards the best educational placement to support the youth's move back into the community. In addition,

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the RBS youth are involved weekly with activity planning and encouraged to actively use community resources and events. This includes sporting, spoken word, arts and cultural events. Family activities have been designed to promote positive and fun interactions utilizing low or no cost activities that are accessible and community based. Functional Family Therapy (FFT) has been successfully initiated with 1 RBS family during the first 4 months of CRH RBS program operation with plans to begin FFT with 4 additional families in early 2011. This treatment modality occurs in home during home visits for treatment fidelity.

- **Intensive environmentally-based residential services that provide safe environment, along with stabilization, assessment and on grounds family strengthening and connection support.**

CRH provides intensive residentially based services to youth enrolled in RBS which includes a range of therapeutic, educational, behavioral and social interventions and milieu groups to support the youth's individual treatment process and transition to community based services. RBS provides a safe and encouraging environment through 24 hour supervision of the youth. Based upon the climate of the cottage and group management needs the staffing ratio varies from 2 staff to 6 youth to 1 staff to 3 youth or possibly higher. During sleeping hours, CRH staffs one awake night staff and has behavior intervention specialists on campus to assist if needed. Stabilization is achieved through crisis assistance from the Youth Mentor, RBS Supervisor, RBS Behavior Intervention Specialist and strong role modeling from all RBS staff. RBS staff continue to receive training focusing on supervision, life space interview, therapeutic crisis intervention and trauma informed care. The RBS team is involved with family activities and transportation and familiar with the RBS family members. This team approach has facilitated increased communication and support between all members of the youth and family team.

- **Therapeutic interventions that help youth and their families mitigate the conditions that led to the youth's placement in the program.**

Therapeutic interventions have included FFT, case management, rehabilitation services, collaborative services, caregiver support and skills groups and youth social skills/community groups. FFT is an evidence based treatment modality utilized to provide the therapeutic structure to the milieu and inform treatment practices. FFT is an empirically grounded, well-documented and highly successful family intervention for at-risk youth ages 10 -18 whose problems range from acting out to conduct disorders to alcohol and/or substance abuse. FFT is a strength based model with specific attention paid to both intra-familial and extra-familial factors and how they present within and influence the therapeutic process. CRH was fortunate to hire a previously trained FFT therapist who upon re-trained began service provision early in the project implementation. Her feedback has been very positive on the effectiveness of this treatment modality within the RBS

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framework. CRH has not initially provided individual therapy given the guidance and parameters of the FFT developers and the RBS team's desire to start the family treatment work early in the youth's RBS enrollment. However, CRH has received permission from the FFT developers to begin the provision of individual therapy on a case by case basis beginning in April 2011. This will greatly assist in enriching the individual treatment services provided to the youth enrolled in RBS.

- **Follow-up community-based services and support.**

In 2010, CRH primarily provided support and services within the residential setting. Some service provision, including FFT and crisis support, has occurred on nights and weekends in home while the youth is on home visits. We are phasing in the Family Specialist to our team in early 2011 and are moving towards additional community based service provision as our first youth transitions to community based care.

Quality Group Homes, Inc.

Quality Group Homes, has put the key concepts proposed in the approved plan into operation in the following ways:

- **Assessment and matching that will ensure that the youth and their families receive needed services.**

QGH has put this concept into operation through the use of our assessment team process that is used to evaluate placement youth referred to our assessment center, including those youth and families that may be eligible for, and who will likely benefit from, RBS services. In such cases, if first identified by a Probation Placement Unit supervisor, the Probation RBS Coordinator, or by a Probation Placement Unit Worker, the assessment center team will weigh in on whether assessment results confirm that RBS is the placement option that best fits the needs of the youth and family. Likewise, if a youth and family is not identified up-front by Probation staff, but the assessment results suggest that RBS is likely a viable option, QGH staff will notify the Probation Placement Coordinator of the reasons why RBS was recommended, and then in either case, with Probation's approval, a Recommendations Meeting with the youth's parents or guardians, and the youth, and the Probation RBS Coordinator and the RBS CCC will be held to inform them of the reasons for and potential benefits of RBS placement, in order to obtain their approval and buy-in, or to allow them to opt for another treatment and placement option. Our experience with the use of the assessment center program to identify or confirm likely RBS candidates has worked very well. The thoroughness and depth of the ten-area assessments provide a wealth of pertinent information upon which to decide whether cases are good RBS candidates or not in terms of accurate matching.

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- **A comprehensive care plan that is coordinated among agencies and caregiver.**

In addition to the information obtained from the multi-area assessments, Court and Probation background information, and family and youth input, the CANS is also used to accurately define areas of strength and concern, which are generally well known to the youth and his family. With their input, the initial Family Support Team meeting is used to develop a Comprehensive Care Plan. Present for the CCP development at the first Family Support Team (FST) is the youth, his family, the placing agency representative (Probation RBS Coordinator), the Family Partner, the Youth Mentor, Residential Manager, and the assigned Therapist. In some cases, the Family Specialist, Educational Specialist, or the Behavioral Specialist may be included. The FSTs are facilitated by the CCC. During the initial FST each member participates in the development of the CCP. Participation in the development of the CCP takes place through purposeful inclusion by the CCC. The spirit and practice of coordination and collaboration are built into the fabric of RBS, as explained below.

- **Intensive Family Involvement that ensures that the youth and their parents are fully engaged in the decision-making and care planning and implementation process.** QGH has ensured full youth and parent engagement and involvement in care planning and implementation, first through Recommendations Meetings, and then through monthly (or more frequent) Family Support Team meetings, as well as through employment of a Family Partner, a Youth Advocate. Every RBS staff person has been thoroughly trained in the necessity of full family and youth involvement in all decision making, reviews, and changes to the Comprehensive Care Plan. We believe that Intensive family involvement begins with the Recommendations Meeting—or really even during the referral and assessment process—but certainly occurs during the Recommendations Meetings, when the families have the option to enroll in RBS, versus decide to have their child placed in another residential placement option. These and any other applicable options are thoroughly discussed and the parents and youth are actively assisted in making a very well informed choice for or not for RBS. When the family and youth chose RBS, QGH's family engagement really begins, and this engagement starts with the Family Partner and Youth Advocate, together with an array of sensitive, positive, attentive, and supportive staff, as noted above. We have found that because of the large number of RBS staff members, it can be overwhelming to the families to have too many staff present, so inclusion of staff is kept to a core group, adding staff depending on who should attend. The Youth Mentor with the aid of Child Care Staff plays a critical role in assisting each youth in comfortably orienting to the group home. Each week following enrollment, the Family Partner conducts an initial family visit at their home, and the weekly home visit by the Family Partner is the practice for all RBS families. Other RBS

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- **Parallel, pre-discharge, community based interventions that are initiated upon RBS enrollment and follow through the RBS stay, that help the youth, family members, and other people in the community to prepare for connection or reconnection with the youth.**

QGH has operationalized this concept by actively involving parents and youth with key staff in each youth's school placement, in terms of enrollment, becoming informed of progress and behavior, as well as in finding alternative regular or special education placements if needed. At discharge from the residential program, youth and families will be assisted in transferring to an appropriate school of their choice in the family's neighborhood.

Unfortunately, the logistics of maintaining youth in their neighborhood school is not always feasible during RBS residential stay, but this is actively supported and assisted at the point of discharge from the RBS residence.

Next, we involve our RBS youth in very extensive, multiple times per week, in exploring and making use of community resources, activities, celebrations, including enrollment in sports or other athletic classes, and visits to libraries, community centers, and other neighborhood or city-wide resources. Through our periodic family activities, such as a family picnic, we promote fun, healthy exercise and recreational games in Sacramento parks, and make broad use of other resources that may be unknown to the youth and families, but can stimulate their own use of such resources. We also offer family recreational activities involving one family at a time to engage youth and parents in fun,

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low or no cost activities that are accessible in their neighborhood. We also take our RBS youth to museums, art shows, cultural events, tours of community colleges and Sacramento State University, as well as UC Davis' campus. For the most part, we expose both RBS youth and parents in previously unknown resources that they will hopefully continue to explore.

- **Intensive environmentally-based residential services that provide safe environment, along with stabilization, assessment, and on-grounds family strengthening and connection support.**

QGH provides comprehensive residentially-based services to youth enrolled in RBS. These services include individual, group, and family therapy sessions facilitated by therapists, residence groups led by residential staff and other staff (e.g., Family and Behavioral Specialists, Residential Manager, etc). QGH RBS provides a safe, secure, positive, and encouraging environment that includes 24 hour staff supervision of the youth. During awake hours, the staff ratio is 2:6 with two staff and up to six youth. During sleeping hours QGH staffs the resident with a stay-awake staff person. Stabilization is achieved through crisis assistance and management, strong adult male and female role modeling from all staff, as well as from the Family Specialist and Youth Mentor, and all RBS staff. All RBS staff members receive weekly formal training focused on active supervision, crisis intervention, and milieu treatment. Each RBS staff member received full RBS training before the QGH RBS start date. The Family and Behavioral Specialists and Residential Staff Members are involved in much of the family visit transportation and the residential staff members are familiar to the parents, which helps tremendously with residential staff and parent communication.

- **Therapeutic interventions that help youth and their families mitigate the conditions that led to the youth's placement in the program.** Therapeutic interventions include individual therapy sessions at least once a week, family sessions at least once a week (but can be two or three sessions a week, as well), therapist facilitated treatment groups at least four times a week, and milieu treatment groups at least five days a week, along with frequent individual conversations between staff and youth. Therapeutic interventions address the conditions related to placement in a holistic fashion. The focus of therapeutic interventions is full immersion and coordination between school, family, residence, and community. At this point, we have not yet started with Functional Family Therapy (FFT), but plan to do so shortly. One of the changes we made was the use of Family Skills group classes. Starting with basic parenting skills models, we developed classes that emphasize communication skills, discipline skills, conflict management (and prevention) skills, and family fun skills. This has turned out to be a favorite RBS activity for the parents, in particular, as well as for the youth. We split parents and youth into two groups and then bring them together after the classes for refreshments/meals.

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- **Follow-up community-based services and support.**

QGH currently provides RB Client support while youth are in the residential setting. QGH has yet to provide community-based follow-up to residential stay services to youth and families in their homes. However, we have identified target residential discharge dates for three RBS clients within the next one to three months.

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?

Martin's Achievement Place

There have been relative few changes in the original concepts proposed in the MAP RBS Program approved plan. The areas of change are noted below:

- Assessment and Matching- No changes from voluntary statement.
- Comprehensive Care Planning- No changes from voluntary statement.
- Intensive Family Involvement- Changes in this section include the identification of a Family Engagement Specialist. MAP does not currently employ the position of the Family Engagement Specialist. The duties of the FES have been assumed by other personnel due to the lower placement numbers at startup.
- Parallel, Pre-Discharge, Community based Intervention- No changes from voluntary statement.
- Therapeutic Interventions- No changes from voluntary statement.
- Intensive Environmentally Based Residential Services- Changes in this section are specific to the use of the Behavioral Intervention Specialist. MAP is not currently employing this position. MAP has experienced difficult youth as anticipated in the voluntary statement. In response to difficult behaviors, MAP has incorporated the use of a collaborative agency (Stanford) for implementation of Therapeutic Behavioral Services (TBS).
- Additional Training- No changes from voluntary statement as it relates to RBS. The treatment team did receive additional training related to an insulin dependent youth enrolled into the RBS program.

Additional Note: Section 3 of the voluntary statement addresses enrollment criteria for youth in RBS. MAP would like to note 2 crucial aspects of the entry criteria in this section. MAP, along with the local implementation team identified the need to be flexible with the criteria of no more than one (1) group home placement. The circumstance of multiple group home placements as it relates to acting out behavior does not necessarily reflect negative behavior or is a direct correlation to the

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youth's amenability to RBS treatment. Secondly, the criteria related to permanency identification at the time of enrollment. MAP has experienced two (2) permanency options that have withdrawn weeks after enrollment. One (1) family has threatened to withdraw if his son discloses additional acting out behavior. One (1) permanency has severely declined resulting in the need to develop a more viable option. One (1) is out of county resulting in difficulty with providing FFT therapy. The final permanency option is dependent on the therapeutic progress of the victim that remains in the home at this time. MAP feels that it should be noted that post-enrollment circumstances that impact the youth's permanency option will be common and questions the long-term utilization of permanency as an enrollment criteria due to its already demonstrated unstable nature.

Children's Receiving Home of Sacramento

The operation of the CRH RBS program has experienced minimal changes from the original concept proposed in the RBS Voluntary Agreement. The areas of change are as follows:

- Assessment and Matching – No changes from Voluntary Agreement.
- Comprehensive Care Planning – No changes from Voluntary Agreement.
- Intensive Family Involvement – Changes in this section involve the use of the Family Specialist. Due to the CRH phase in staffing model, this position was not phased in during 2010 and will be added to the RBS team in early 2011 as this position was clearly needed as youth and their families move towards community based care. However, thanks to our talented team, the intensive family engagement was achieved through the efforts of other members of the CRH RBS team (CCC, Family Partner, RBS Supervisor, Behavior Intervention Specialist, Youth Mentor, and Residential Counselors).
- Parallel, Pre-Discharge, Community Based Intervention – No changes from Voluntary Agreement.
- Therapeutic Interventions – Plans are in place for additional individual therapy provision in 2011 as a complementary process prior to and during the provision of FFT as approved by the FFT developers and specific to the RBS model.
- Intensive Environmentally Based Residential Services – No changes from Voluntary Agreement. The RBS program is reviewed weekly by the Clinical Manager and RBS team with the focus of improvement. This weekly dialogue focuses on the needs of the youth and families and how that either changes the program or reinforces the program design.
- Additional Training – No changes from Voluntary Agreement as it relates to the overall RBS training. The Clinical Manager, CCC and RBS therapist participate in all ongoing FFT consultation and training updates.

Quality Group Homes, Inc.

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There have been only minor changes in the original concepts proposed in the QGH RBS Voluntary Agreement approved plan. The changes are more elaborations on the original plan than actual changes. Specifically, the areas of change are as follows:

- Assessment and Matching- No changes from voluntary statement.
- Comprehensive Care Planning- No changes from voluntary statement.
- Intensive Family Involvement- Changes in this section include the use of a Family Specialist and a Behavioral Specialist. QGH employs both of these positions, and although they differ somewhat in focus, they both contribute to a very active and rich family and community focused program for the youth, the parents, and the families. Assisting in this process includes the whole clinical team, but also actively involves the Educational Specialist, the Therapists, Comprehensive Care Coordinator, Family Partner, Youth Advocate, and the Child Care Staff and Residential Program Manager.
- QGH RBS staff developed a weekly Family Skills class for the parents and separately for the youth at the same time, along with snacks and refreshments for the parents and youth afterwards. The Family Skills curriculum was compiled from generic parenting class curriculum, but rather than sending the explicit or implied message that the parents are not good at parenting, our Family Skills is much more interactive and attitude and focused on communication skills, conflict management and avoidance skills, and family fun and activities oriented. The families, parents, and youth have let us know that they really appreciate the groups, as well as the informal time together.
- Parallel, Pre-Discharge, Community based Intervention- No changes...
- Therapeutic Interventions- No change, but enhanced practical implementation of integrated, complimentary, and balanced services that are 1) not too overwhelming for the youth and the parents, 2) yet provide more intensity to the services than would typically be found in another residential or outpatient program.
- We have worked hard to determine in consultation with RBS partner agencies, our LIC, and FFT consultants and trainers the best way to provide fidelity-based FFT within the unique RBS treatment model, particularly regarding the best timing for FFT implementation of approximately 3 to 4 months of FFT within a longer RBS timeframe.
- Intensive Environmentally Based Residential Services- Changes in this section are specific to the change from a credits-based behavioral management program to the return of a phase (level) system, coupled with concrete and intangible rewards regarding onsite, offsite, day, and overnight or more extensive home passes. As anticipated, educational skills and behaviors have called for persistent child care, educational specialist, tutoring, individual behavioral plans, and family and youth meetings to resolve and make progress toward educational placement success for both behavior and academic improvement.

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- Additional Training- No changes from voluntary statement as it relates to RBS. The therapists and the Assistant Clinical Director and Clinical Director attended all FFT training and participated in therapist consultation and administrator consultation.

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

Martin's Achievement Place

MAP has managed program utilization in response to the needs of the client and number of clients placed. Positions unfilled at this time include, Transportation Worker, Behavior Intervention Specialist, and Family Engagement Specialist. The responsibilities of the Family Engagement Specialist have been included in the job duties of the Family Specialist and Family Partner. The duties of the Transportation Worker have been included in the responsibilities of the Family Partner and Family Specialist. The duties of the Behavior Intervention Specialist have been filled by the collaborative with TBS and outside agency. MAP foresees that a transportation worker will be employed as the need for transportation assistance increases with additional youth enrollment. MAP will continue to utilize TBS for behavior modification with RBS youth.

Children's Receiving Home of Sacramento

CRH managed resources based upon the needs of the youth and the program start up occupancy numbers. CRH has phased in staffing and resources from a need and perspective. We have been able to successfully identify the areas of need and address those by flexibly utilizing resources from the other parts of our program to assure that we were maximizing resources. In early 2011, the designated RBS Residential Supervisor, Behavior Intervention Specialist, and RBS Transportation Counselor positions will be phased in. During the start up, those services and roles were previously covered by the Comprehensive Care Coordinator and campus residential personnel. CRH has insured that staff utilized in the RBS Cottage have had the appropriate RBS training and were scheduled in a manner to assure meeting RBS program requirements.

Quality Group Homes, Inc.

The day to day operation of the Quality Group Home RBS program has involved giving highly practical meaning to the actual implementation of the RBS program. In terms of resource management, Quality Group Homes designated an existing six-bed group home residence for our RBS residential program. However, because this six-bed home is a rather small home in a residential neighborhood, there was not sufficient space to provide individual, family, and group therapy services on site, or conduct whole staff meetings. Therefore, an office in a business building near the RBS residence was leased to provide space for the

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required youth individual, group, parent, and family activities. In converting the existing group home to RBS, well trained, experienced, and skilled group home staff and program manager, formed the foundation for the RBS residential program. Initially, youth were commingled youth with non-RBS placements as RBS youth entered the program. In the spirit of RBS, activities such as weekend visits and weekend home passes were reorganized to better fit the new RBS population and the RBS model. Community activities were introduced during the week, as well as on weekends, and involved the parents and youth in planning and executing such community activities. Commingling of youth ended in November as the RBS census grew to a near full capacity.

4. Describe the interaction between the county and the provider.

Martin's Achievement Place

Positive changes in interactions between the county and this provider have taken place. The county and this provider have had an increase in communication since the start of RBS. Specifically the CCC and the county placement workers communicate frequently by telephone and beyond normal business hours. These increases in communication and investment from both the county and the provider have contributed to current RBS success. The county and this provider have been patient in learning their different perspectives, both have been willing to compromise, and both have been open to change.

The county and this provider have also encountered mismatched goals. These interactions took place primarily during the start of RBS and have decreased to this point. Continued struggles persist in the scheduling of FST's. While maintaining the concepts of family centered treatment, FST's are optimally scheduled around the availability of the family. Furlough days, trainings, and regular days off for the county employees have influenced the ability to attend FST's. Another struggle persists in the intake process specific to child welfare placement. Specifically, it is the experience of MAP that child welfare placement agencies require immediate placements leading to lack of adherence to follow through with intake protocol. Conflicts have also developed with the interests of the provider and county placement agencies, specifically with child welfare. Child welfare representatives have stated that they recommend disruptive youth remain in placement because the youth is in the best placement available and/or the disruptive behavior of the youth is "typical" for child welfare youth. MAP has raised concerns that disruptive behavior of the youth is having a negative impact on the treatment of other youth. Significant challenges arise with the retention of RBS youth who exhibit disruptive behaviors that exceed the average disruptive behaviors of both other RBS youth and youth not enrolled in RBS. The impact of these few youth on the other youth within the agency has prompted new interventions not previously established. Treatment concerns for

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all children placed are considered equally important by the provider. Continued management, early intervention, and creative problem solving will all be necessary in the mitigation and reduction of impactful behaviors. At this time the MAP beds are full. It took approximately 5 months before placing agencies generated enough referrals to bring MAP up to full capacity.

Children's Receiving Home of Sacramento

CRH has continued to have a positive working relationship as well as collaborative interactions with the Sacramento County Child Welfare Social Workers and Supervisors assigned to the RBS project. As expected with any significant culture/ program shift, during the initial implementation phase some challenges have occurred surrounding the concept of case "lead". Role clarification occurred via LIT meetings and in written correspondence under the guidance of the Local Implementation Coordinator (LIC). Significant improvements have occurred. As with the other RBS provider's, the county and this provider have been patient in learning their different perspectives, both have been willing to compromise and both have been open to change.

Referrals to the CRH RBS program have occurred at a slower pace than originally anticipated and in 2010 the program operated at or below 40% occupancy for the first 4 months. Cooperative team work between this provider and the county has improved the identification and system for RBS TDM referral and we anticipate increased occupancy numbers significantly in 2011.

The LIT meetings have been a successful, regularly scheduled forum for the RB county workers and provider's to explore innovative ideas and to gather feedback on project development, design and case planning. In addition the LIC has provided open, up to date communication to all members of the RBS LIT during those weeks without meetings which has proved very helpful.

Quality Group Homes, Inc.

QGH has a very effective and productive working relationship with Probation placement POs and administrators, and our communications with our Probation RBS Coordinator has been excellent. Time permitting, which is usually the case, involvement by the Probation RBS Coordinator includes attendance and participation at the Assessment Team Meeting, FST meetings, weekly RBS Clinical Team Meetings, and informal contacts with the CCC, Residential Manager, and with other RBS staff, as needed. The quality of contact is very high and appears to be mutually beneficial. However, the county and QGH have encountered difficulties regarding an adequate and timely referral base. Specifically, it took us much longer than anticipated to fill to five RBS slots and we have not reached a sixth referral being admitted. QGH understands that fewer youth are being Court-ordered into out-of-home placement, and family and

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community based alternative services appear to be the treatment of choice. We are communicating with our Probation Department RBS Coordinator and have been successful in filling five of six slots with suitable RBS clients. Additional concerns arise as youth in the RBS Program are nearing transition to the community which will create additional unfilled slots. QGH is working closely with the RBS Probation Officer to identify suitable referrals.

The Local Implementation Team meetings are held monthly and serve to monitor program progress and provide a forum for communication between RBS providers and county agencies which ensures that Voluntary Agreement guidelines and procedures are met. The RBS designated Probation Officer is part of the LIT meetings and attends FST meetings.

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

Martin's Achievement Place

Crisis stabilization for the youth has not been used as outlined in the Voluntary Agreement.

Children's Receiving Home of Sacramento

During this reporting period, crisis stabilization as described in the Voluntary Agreement, has not been used.

Quality Group Homes, Inc.

Crisis Stabilization as described in the Voluntary Agreement has not been used during this report period.

6. Discuss any lessons learned/best practices.

Martin's Achievement Place

The following represents a list of lessons learned and best practices during this early phase of RBS implementation:

- MAP hired the RBS staff prior to the start of RBS training. The training process with the entire MAP RBS staff together fostered strong unity.
- MAP dedicated and fully staffed the RBS house with only two youth enrolled. This process further unified staff and provided staff with an opportunity to gradually implement the full RBS program.
- MAP included the CCC position in the Local Implementation Team approximately five (5) months prior official start date. This inclusion was very beneficial to the implementation of RBS by the provider. The CCC was included in the review and feedback of policies and procedures which

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was helpful for the implementation and thorough understanding of RBS.

- Another helpful and interesting interaction was the agency tour. The tour provided the touring providers with ideas and concept used by other providers.
- MAP has found the Local Implementation Team as a useful, helpful, and critical means of receiving feedback about concerns related to RBS enrollment. MAP believes the construct of the issues discussed and the quality of leadership of this meeting will be essential to the future success of the pilot.

Children’s Receiving Home of Sacramento

As with any new program, the overarching lessons learned are patience and wherewithal as there will be “bumps” in the road. Other best practice/ lessons learned are:

- The phasing in of staff has been a challenge however fiscally needed and has best worked to assure the longevity of the CRH RBS program.
- Utilizing a specific treatment modality (FFT) ensures a continuity of treatment between the three providers and has been a unifying experience for the Clinical teams during training and case consultation.
- The LIT meetings have been an integral forum for open communication and support to brainstorm and problem solve new and innovative ideas to better serve and support youth and families via the RBS program. To be successful everyone must participate in the meeting with an open mind and willingness to collaboratively compromise and accept change.
- Utilize the consultants you have as much as possible for suggestions, support and feedback.
- Active and frequent communication within the CRH RBS team is essential for effective service provision.

Quality Group Homes, Inc.

The lessons learned and best practices for the initial start up period include the following:

Risk for Reoffending Behavior

QGH learned early that lengthy day and home visits without a planned use of visit time brings risk to the youth reoffending. Staff now work closely with the youth and family to ensure there is adequate supervision and the family has the tools and support that are key to successful visitation. A Family Skills curriculum was developed with a specific section on visitation planning to provide parents with the skills and tools to supervise and meet youths needs during visitation.

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Additionally, visitation planning is addressed in family therapy sessions with the youth and family. The RBS Program Youth and Family Specialist help families prepare for visitation and contact the parent and youth during the visits to check in and meet with the youth and family after the visit to assess the quality of the visit and plan for future visits.

QGH has also revised the time for introducing Functional Family Therapy earlier so that families have the opportunity to learn skills that will support successful visits.

Termination of One RBS Case

The second RBS youth referred to QGH was discharged within a month after reoffending and the assigned Probation Officer decided to terminate his enrollment without the use of the Family Support Team (FST) or Care Review Team in accordance with the RBS Program policy. The circumstances prompting this decision included the facts the minor was found to be in violation of his RBS contract and was subsequently arrested for drug charges. Further, his 18 year old sister was unable to provide adequate supervision.

Subsequent review of the termination process brought recognition to the need to utilize the FST and Care Review Team for care planning when youth are disrupting in the RBS Program.

RBS Team and RBS Client and Family and RBS Staff Communication

QGH has discovered that communication within the RBS team is essential to smooth operation and ensuring that there are not gaps in the services to youth and families in the RBS Program. In addition to using the FST for coordinated Care planning, QGH is utilizing an RBS All Staff weekly meeting to conduct RBS related in-service training and address program issues. QGH also has established an internal RBS Steering Committee, consisting of administrative and clinical team representatives, that serves to develop and adjust treatment and care policy to ensure RBS program fidelity.

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

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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.

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

The total AFDC-FC funds paid to providers during this report period is \$77,828. The total EPSDT funds paid to the providers for the period is \$71,577. No additional funds were paid directly to providers.

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)

The Sacramento County RBS Program was operational for 106 days during this report period. The 13 youth enrolled in Sacramento County RBS during this

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period entered the RBS Program at different times through the start up on Sept. 16, 2010 to the end of the report period on Dec. 31, 2010. The average length of stay is 8 days for the 13 youth, with 106 being the maximum time spent by youth in the program during the report period and 3 days being the minimum. It is important to note that all youth, with the exception of 1 early discharge, continued in the residential component of the program after December 31, 2010.

The average monthly cost per child in the program during this start up period, obtained by dividing the number of children enrolled in the program at the end of December 2010 (13) by the combined total of AFDC-FC (\$77,828) and EPSDT (\$71,577) and again divided by the 3.5 months of operation, is \$1,711 per month.

The average monthly amount of total AFDC-FC costs for the 3 /12 month report period is \$22,236. The average monthly cost of State General Fund expenditures is \$6,276.

It is important to note that because youth entered the program at varying times throughout this report period and the report covers the start up phase of the program, the program has not operated at full capacity for a 12 month period which results in averages that are not representative of true costs or lengths of stay.

- 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)

There were no youth enrolled in Community-Based Care services during this report period.

- 4. Discuss how the county and provider(s) managed any payment shortfalls/overages, incentives, refunds during the reporting period.**

There were no payment shortfalls/overages, incentives or refunds during this report 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.**

No changes have been made, or are being considered, to the Sacramento County funding model or payment system.

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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?**

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- 1. If the County has performed the fiscal audit required by the Memorandum of Understanding (MOU), described 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?**

The County fiscal audit has not been completed because the Sacramento RBS Program has only been in operation for 3 ½ months during this report period. The audit is planned for fiscal year 2011-12.

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

Martin's Achievement Place

The primary issue thus far concerning the funding model is the level of occupancy within the RBS Program. The RBS facility-based beds for MAP are currently full, however, this took place 5 months after the program was started in mid-September. Other issues to be considered are that MAP assembled the RBS team in preparation for a June, 1, 2010 start date. Training costs, RBS planning and staff team development costs were the primary pre-start expenses. MAP hopes to recoup these expenses as the project continues. Other than the above, the financial model success is dependent upon our future performance at reducing lengths of stay in the residential component of the program, coupled with successful exit from the County system after the community component has been completed. RBS exits will be needed to determine if the expectations for the financial model has been met.

Children's Receiving Home of Sacramento

It is too early to determine if the expectations for operating within the funding model can be met. Youth have been enrolled in the program for just over 3 months without full occupancy. Start up costs are anticipated to exceed compensation initially, but may balance out over time as occupancy increases and the program is fully operational.

Quality Group Homes, Inc.

The funding model has been in operation for 3.5 months and Quality Group Homes was not able to claim the RBS rate for youth enrolled in the RBS Program until mid-November as the youth were commingled with non-RBS youth until that time. Additional time is needed to determine if the funding model meets expectations.

- 3. Provide an analysis of the actual costs compared to the proposed budget. Comment on any changes made by the provider in operating the program within the funding framework. Discuss why those changes were**

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necessary, when they were made, and how effective they were.

Martin's Achievement Place

Actual costs exceed revenues in this report period due to the time it has taken to reach full occupancy after the start of the pilot and due to the delay in the start date (as noted in Question 2. Above) during which staff had been hired, trained and were working. The only changes to the proposed funding model have been delays in bringing on additional staff until occupancy within the RBS program increased.

Children's Receiving Home of Sacramento

The actual costs per child has been higher than budgeted since CRH has had only a few youth enrolled in the RBS Program during this report period and the program is still ramping up. The monthly total costs have been less than budgeted since not all of the staff were hired because the program has not been at full occupancy.

Quality Group Homes, Inc.

Similar to the other Sacramento RBS Programs, the actual cost per child during this report period has been higher than budgeted for the transition and program start-up phase. There were no changes to the funding framework, other than not being able to claim the RBS rate until 11/17/10 because youth were being transitioned from a commingled residential house.

- 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.**

Martin's Achievement Place

The RBS Program expenses exceeded revenues for the year as expected during the start-up phase. There has been no community-based care in 2010, therefore, it is too early to determine the costs for that component. The lack of experience overall with program operation makes it difficult to determine the relationship between costs and rates during this report period.

A Revenue and Expense Statement on the following page provides costs and expense detail.

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**Martins' Achievement Place, Inc.
RBS Revenue and Expense Statement
2010**

	RBS 2010
Revenue	
EPSDT	29,830
AFDC	85,663
Total Revenues	<u>115,493</u>
Expenses	
Salaries	189,997
Employee Related	16,287
Professional Fees	390
Supplies	5,693
Facility	21,441
Equipment	1,484
Auto	3,062
Personal Needs	3,984
Indirect Expenses	<u>29,683</u>
Total Expenses	<u>272,021</u>
Net Income	<u><u>(156,528)</u></u>

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Children's Receiving Home of Sacramento

The revenues and expense analysis is attached and shows that expenditures have exceeded revenues. This was expected based on the low level of occupancy at this early point in the program start-up. None of the youth enrolled in the program have reached the community-based phase, so those costs cannot be determined. CRH does not yet have enough operational experience to determine if the funding model will be sufficient over time.

The Revenue and Expense Statement below provides costs and expense detail.

**Children's Receiving Home of Sacramento
RBS Revenue and Expense Statement
September 1, 2010- December 31, 2010**

	<u>Mental Health</u>	<u>Residential</u>	<u>Total RBS</u>
Public Support & Revenue			
Foster Care		55,949	55,949
Contract Service Revenue	35,355		35,355
Total Public Support & Revenue	35,355	55,949	91,304
Expenses			
Salaries	35,683	45,629	81,312
Employee Benefits & Taxes	9,991	12,776	22,767
Professional Fees	523	1,037	1,560
Supplies	316	2,125	2,441
Communications	0	103	103
Furniture, Fixtures & Equipment	0	6,007	6,007
Printing & Publications	130		130
Travel	800	9	809
Assistance to Children	2,450	43	2,493
Depreciation & Amortization	0	0	0
Miscellaneous	205		205
Total Expenses	50,098	67,729	117,827
Allocations			
Indirect Program Costs	4,796	6,133	10,928
Total Allocations	4,796	6,133	10,928
Total Operating Expenses	54,894	73,862	128,756
Change in Net Assets	(19,539)	(17,913)	(37,452)

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Quality Group Homes, Inc

The RBS Program expenses exceeded revenues for the year as expected during the start-up phase. There has been no community-based care in 2010. The lack of experience overall with program operation makes it difficult to determine the relationship between costs and rates during this report period. The Budget to Actual Costs worksheet below provides cost and expense detail.

RBS Project - Budget to actual Costs

	Proposed Budget	Monthly Budget	Budget for period of 09/17/2010- 12/31/10	Actuals for period 09/17/2010- 12/31/10	Over /(Under) Budget
Earnings					
AFDC Rate	1,003,882.00	41,828.42	146,399.46	47,650.60	(98,748.86)
EPSDT	669,805.00	27,908.54	97,679.90	-	(97,679.90)
Mental Health				5,421.18	5,421.18
	1,673,687.00	69,736.96	244,079.35	53,071.78	(191,007.57)
Expenditures					
Salaries and Benefits	1,147,790.00	47,824.58	167,386.04	83,814.61	(83,571.43)
Food	17,100.00	712.50	2,493.75	2,773.08	279.33
Shelter	82,000.00	3,416.67	11,958.33	10,200.00	(1,758.33)
Building and Equipment	20,000.00	833.33	2,916.67		(2,916.67)
Utilities	22,500.00	937.50	3,281.25	1,926.27	(1,354.98)
Vehicles and Travel	30,000.00	1,250.00	4,375.00	2,719.92	(1,655.08)
Child Related	30,000.00	1,250.00	4,375.00	1,550.00	(2,825.00)
Supplies	22,500.00	937.50	3,281.25		(3,281.25)
Administrative Salaries	15,000.00	625.00	2,187.50	2,500.00	312.50
Other non-personnel admin. Costs	93,349.00	3,889.54	13,613.40	8,885.95	(4,727.45)
	1,480,239.00	61,676.63	215,868.19	114,369.83	(101,498.36)
Total Over /(Under)	193,448.00	8,060.33	28,211.17	(61,298.05)	(89,509.22)

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

Martin's Achievement Place

MAP has not had any outliers or costs associated with outliers.

Children's Receiving Home of Sacramento

CRH has not had any extraordinary costs associated with any RBS youth during this reporting period.

Quality Group Homes, Inc.

Quality Group Homes has not had any extraordinary costs related to any child or youth.

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?**

The Sacramento RBS Program has only been in operation for 3 ½ months during this report period. It is expected that an analysis of the RBS rates versus RBS expenditures will occur by November 1, 2012.

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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:

	Total:	Federal:	State:	County:
Total Children Served In RBS:				
Federal Payments:				
Residential:	\$45,973	\$ 22,917	\$9,223	\$ 13,833
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
Total Federal Payments:	\$45,973			
Non-federal Payments:				
Residential:	\$31,855	\$0	\$12,742	\$19,113
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
Total Non-federal Payments:	\$31,855			
Total RBS Payments	\$77,828			

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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:				
Total Children Completing RBS:	Total:	Federal:	State:	County:
Federal Payments:				
Residential:	\$0	\$0	\$0	\$0
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
Total Federal Payments:	\$0			
Non-federal Payments:				
Residential:	\$0	\$0	\$0	\$0
Community:	\$	\$	\$	\$
Post-discharge:	\$	\$	\$	\$
Total Non-federal Payments:	\$0			
Total RBS Payments:	\$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.

AFDC Base for Comparison:				
	Approved Base Rate Per Child:	\$8,031		
	Number of Children Completing RBS:	0		(from H2, above)
	Approved Base Months in Regular Foster Care:		24	
	Applicable Federal Funds Rate:		50%	
	Total	Federal	State	County
Base Payment for Target Group:	\$0	\$0	\$0	\$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:

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

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?

N/A for this report period.

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.

The total RBS EPSDT funding paid to all providers for the time period of 9/16/10-12/31/10 was \$71,577. The following is a breakdown of expenditures by provider:

Children's Receiving Home of Sacramento	\$32,896
Martin's Achievement Place	\$27,091
Quality Group Homes, Inc.	\$11,590

Each provider served 4 RBS enrolled youth during the above time period totaling 12 cases for the Sacramento RBS Program. The average cost per youth per month was \$1,704 which is much lower than the budgeted \$2,667 per month. A lower average was expected during start-up as providers learn to be more proficient with the EPSDT billing process and system.

The baseline EPSDT costs for youth in foster care in Sacramento County was determined to be \$1,200 per month which indicates that the current EPSDT expenditures for RBS enrolled youth, although lower than the budgeted \$2,667 per month during the first 3 ½ months of implementation, still exceeds the typical usage for youth in foster care.

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- 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.**

MHSA funding is not utilized as a funding source in the Sacramento RBS Program.