

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

<b>Demonstration Site:</b>  <b>County of San Bernardino</b>	<b>Reporting Period:</b>  <b>Calendar Year 2013</b>
<b>County Contact:</b>  <b>Name: Kelly Cross</b>  <b>Phone: (909) 388-0174</b>  <b>Email: <a href="mailto:kcross@hss.sbcounty.gov">kcross@hss.sbcounty.gov</a></b>	

Instructions: Pursuant to the legislative requirements for implementing RBS, each county participating in the RBS Demonstration Project shall prepare and submit an annual report. The report is to be developed in collaboration with the private nonprofit agency(ies) participating in the demonstration project. This County Annual Report (CAR) is to be prepared by the county as a single, comprehensive report for the reporting period. The report is prepared for each calendar year in which the RBS Reform Project is in operation and submitted by March 1 of the following year to the California Department of Social Services (CDSS) at [RBSreform@dss.ca.gov](mailto:RBSreform@dss.ca.gov).

**Section A - Client Outcomes:**

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

<b>Total Number Of Youth:</b>	<b>Average Age Of Youth:</b>	<b>Number Of Youth Who Are:</b>	<b>Number Of Youth Who Are:</b>	<b>Number Of Youth Placed By:</b>
16	16 years	Male: 7  Female: 9	African-American: 4 Asian: 0 White: 11 Declined to state: 1 Other: 0	Probation: 0  Child Welfare: 16  Mental Health: 0  Other:

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2. **Complete and attach one excel document titled, “RBS Days of Care Schedule” for each RBS provider listing information for each youth enrolled in RBS since implementation of the project. This document captures information on the total days in care in residential, community-based bridge care, after-care and crisis stabilization, beginning with the youth’s initial enrollment in RBS.**
- a. **For those youth who were both active in RBS during the reporting period and enrolled in RBS long enough to meet or exceed the approved site target for average length of stay in group home residential placement, what percent exceeded the site target for average length of stay in group home residential placement and by an average of how many days?**

San Bernardino county set the average length of stay in the RBS residential setting to be 12 months. As of June 30, 2013, there were 8 youths out of the 16 enrolled whose stay in the RBS group home was greater than 12 months: 50.0%. On average their stay was approximately 510 days or 16.8 months with a range of 377 days to 838 days. Therefore, youths stayed on average an additional 145 days or 4.8 months longer than the 12 month RBS residential goal.

- b. **For those youth who exited (for any reason) from the RBS program during the reporting period, what percent exceeded the approved site target for average length of stay in the full RBS program (residential plus community) and by an average of how many days?**

As of June 30, 2013 there was only one youth that exceeded the 24 months stay in the full RBS program (residential and community). The youth was active in RBS for 1,012 days or 2.8 years. The youth exceeded the 24 months standard by 9.2 months.

- c. **What number and percent of youth stepped down from group home residential placement to a lower level of care during the reporting period? Of those youth who stepped down, what number and percent returned to group home residential care? For any youth who stepped down to a lower level of care and returned to group home residential care multiple times, describe the number of youth and the reasons for each movement up and down in level of care.**

As of June 30, 2013 there were 5 RBS youths that stepped down to a lower level of care: 41.7%. None of the youths re-entered residential care in 2013.

- d. **Of those youth active in RBS during the reporting period, what number and percent exited from RBS due to graduation, emancipation,**

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**voluntary closure, and other (as defined by “Current Status Code” in the RBS Days of Care Schedule)? Of those exiting as “other”, describe the reasons for disenrollment.**

Two youths out of the 16 youths enrolled in RBS exited successfully in 2013: 12.5%. There were thirteen youths who exited before graduation for reasons other than emancipation: eleven of the youths were still in the RBS program when the RBS pilot ended. Those youth will be transitioning to the county’s Children’s Residential Intensive Services (ChRIS) program which is a county version of RBS. As for the other three youths: one youth transferred to an RCL 14 group home, one youth was incarcerated in juvenile hall and another youth became a dual status youth (Probation/Child Welfare) and transferred to another group home.

**e. Of those youth who exited from RBS since implementation of the RBS program, what number and percent re-enrolled in RBS during this reporting period?**

In 2013, no youth exited RBS and then re-entered RBS.

**f. What percent of youth utilized crisis stabilization services during the reporting period? Of those youth, what was the average number of episodes of crisis stabilization per youth? List the reasons why the crisis stabilization episode occurred:**

There has been no respite during the reporting period (2013).

In 2011, there was one youth that briefly utilized the respite portion of RBS. However, the residential provider did not have the conditional use permit and the youth was in respite for four days. The foster parent requested respite because of the youth’s behaviors.

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**Section B - Client Involvement:**

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

- a. Describe any trends indicated by the CANS data.

The CANS were not collected for calendar year 2013.

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

Yes  No Explain:

There was no CANS summary in 2013.

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

Total Number Of Youth:	Total Number Of Youth With At Least One Supportive Adult During Any Part Of The Reporting Period:	Number Of Youth Participating In At Least 90% Of Their Child/Family Team Meetings:	Number Of Youth With At Least One Supportive Adult Participating In At Least 90% Of That Youth's Child/Family Team Meetings:
16	16	16	13

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

Our goal and focus remained on securing full participation from our youth and their supportive adult participants through strategic scheduling of these important meetings during their available time. Although some initial resistance may have occurred with specific youth, the supportive structure of the Child and Family Teams resulted in consistent participation by our youth 90% of the time.

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**Section C - Client Satisfaction:**

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

- a. Describe any trends in the data.

The YSS and YSS-F were not collected for calendar year 2013.

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

Yes  No Explain:

See statement above.

**Section D - County and Provider Use of RBS Program:**

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

Yes  No Explain:

The original design of RBS was modified slightly during 2012 (see previous report for details), but there were no design modifications made in 2013.

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

N/A

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

Yes  No Explain:

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**3. Were RBS enrollments sufficient during the reporting period? If not, why not?**

Yes  No **Explain:**

The occupancy issue was resolved in 2013 by having key staff at the Central Placement Unit assessing every request from social workers to place in a group home for whether or not the youth would be a good fit for RBS. However, the program ended in June 2013.

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

RBS continued to be prioritized by the participants, and the management of resources for RBS reflects this prioritization. For the period of time in 2013 the county staffing of RBS was constant and no changes were made.

Provider: As evidenced by low occupancy levels at the beginning of the reporting period, there were fewer clients available for services. Service team, which includes clinicians, and specialized support positions were not all filled at this time. As occupancy levels stabilized the support positions (Life Coach, Parent Partner) were able to be delineated and filled in accordance with the contract structure. Prior to that time, these tasks were covered by existing staff. It was not until late 2013 that CFS created a more consistent process for referrals which led to our current 92% or above occupancy levels that made it possible to have enough clients available for services.

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

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

1. For Questions a through c, please complete the table below:
  - a. Report the total payments from all fund sources paid to the provider(s) for RBS during the period the report covers under each of the following:
    - Aid to Families with Dependent Children-Foster Care (AFDC-FC). (The amounts reported here should come from the amount reported under H1, amount claimed per fiscal tracking sheet. They will not be equal because H1 is cumulative for the project and F1 is only for the reporting year.)
    - Early, Periodic Screening, Diagnosis and Treatment (EPSDT).
    - Mental Health Services Act (MHSA).
    - Grants, loans, other. (Itemize any amounts reported by source.)
  - b. Provide the Average Months of Stay in Group Care for all children/youth enrolled in group home care during the reporting period.
  - c. Provide the Average Months of Stay in Community Care for all children/youth enrolled in community services (not in group home) during the reporting period.

	AFDC-FC	EPSDT	MHSA	Other	Total
Amount Paid for Residential	\$561,693.00	\$335,364.00	\$296,514.00	\$0.00	\$1,193,571.00
Amount Paid for Community	\$43,375.00	\$25,242.00	\$0.00	\$0.00	\$68,617.00
Total Amount Paid	\$605,068.00	\$360,606.00	\$296,514.00	\$0.00	\$1,262,188.00
Avg. Length of Stay in Residential	11.8 months	–	–	–	11.8 months
Avg. Length of Stay in Community	6.1 months	–	–	–	6.1 months
Avg. AFDC-FC Payment Per Youth in Residential	\$8,511.00	\$0.00	\$0.00	\$0.00	\$8,511.00
Avg. AFDC-FC Payment per Youth in Community	\$3,337.00	\$0.00	\$0.00	\$0.00	\$3,337.00

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

Yes  No Explain:

There were no changes made to the funding model. However, there were modifications to the RBS rates. During 2012, the RBS rate in San Bernardino county increased to match the provider's increase in costs. The monthly rate increased from \$8,835 to \$9,329 in 2012. (E.G. January to February 2012 was \$8,835, April to June 2012 was \$9,146 and July 2012 onward was \$9,329.)

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

Note: The amounts reported here should be based on each provider's accounting records for RBS for the period from January 1 through December 31, and be on a basis consistent with the method used to report costs on the annual A-133 Financial Audit Report and SR3 document filed with CDSS.

1. a. **For residential costs, complete the table below displaying provider actual costs during the reporting period, compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project.**

Note: This chart follows the SR-3 financial report. Definitions are listed in the instructions (RBS Letter No. 04-11, dated August 16, 2011).

**Actual Costs in RBS Residential:**

<b>Expenditures:</b>	<b>Proposed Budget for the Period</b>	<b>Actuals for the Period</b>	<b>Over/(Under) Budget</b>
<b>Total Salaries &amp; Benefits</b>	<b>\$972,510.00</b>	<b>\$753,725.00</b>	<b>(\$218,785.00)</b>
<b>Total Operating Costs</b>	<b>\$211,150.00</b>	<b>\$303,761.00</b>	<b>\$92,611.00</b>
<b>Total Child Care &amp; Supervision Costs</b>	<b>\$455,883.00</b>	<b>\$338,709.00</b>	<b>(\$117,174.00)</b>
<b>Total Mental Health Treatment Services Costs</b>	<b>\$295,725.00</b>	<b>\$192,333.00</b>	<b>(\$103,392.00)</b>
<b>Total Social Work Activity, Treatment &amp; Family Support Costs</b>	<b>\$220,902.00</b>	<b>\$222,683.00</b>	<b>\$1,781.00</b>
<b>Total Indirect Costs</b>	<b>\$83,003.00</b>	<b>\$26,576.00</b>	<b>(\$56,427.00)</b>
<b>Total Expenditures</b>	<b>\$1,266,663.00</b>	<b>\$1,084,062.00</b>	<b>(\$182,601.00)</b>

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

Yes  No **Explain:**

Total Child Care & Supervision Costs under budget 25.70%  
 Total Mental Health Costs under budget 34.96%  
 Total Social Work/ Costs over budget 0.81%  
 Total Indirect Costs under budget 67.98%  
 Total Expenses under budget 14.42%  
 Total Operating Expenses: Variance attributable to higher transportation costs (\$18K) and higher costs attributable to equipment and occupancy costs (\$75K).

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Transportation costs are larger due to the high level of program activity. Equipment and occupancy costs are higher due to depreciation related to higher costs for facilities and office space. These areas were reported in prior year CAR reports and were noted that they would continue.

Total Child Care & Supervision Costs: Variance attributable to staff reductions in response to average occupancy during the year being well below the 96% budgeted occupancy level in the MOU. Actual occupancy in 2013 was 84%.

Total Mental Health Treatment Services Costs: Variance attributable to Day Treatment services anticipated in this budget are not being utilized because of closure of the day treatment program for financial reasons. Individual mental health services are being utilized to replace these lost services. Lower occupancy also limits provider ability to offer individual services.

Total Indirect Costs: Variance attributable to the fact that our administrative costs were lower due to vacant positions, operating costs coming in lower than originally budgeted, and some other income to offset administrative costs.

2. a. **For community costs, complete the table below displaying provider actual costs during the reporting period, compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project.**

Note: This chart follows the SR-3 financial report. Definitions are listed in the instructions (RBS Letter No. 04-11, dated August 16, 2011).

**Actual Costs in RBS Community:**

<b>Expenditures:</b>	<b>Proposed Budget for the Period</b>	<b>Actuals for the Period</b>	<b>Over/(Under) Budget</b>
<b>Total Salaries &amp; Benefits</b>	<b>\$65,651.00</b>	<b>\$69,178.00</b>	<b>\$3,527.00</b>
<b>Total Operating Costs</b>	<b>\$19,069.00</b>	<b>\$12,315.00</b>	<b>(\$6,754.00)</b>
<b>Total Child Care &amp; Supervision Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Mental Health Treatment Services Costs</b>	<b>\$0.00</b>	<b>\$14,476.00</b>	<b>\$14,476.00</b>
<b>Total Social Work Activity, Treatment &amp; Family Support Costs</b>	<b>\$65,651.00</b>	<b>\$54,702.00</b>	<b>(\$10,949.00)</b>
<b>Total Indirect Costs</b>	<b>\$10,167.00</b>	<b>\$8,568.00</b>	<b>(\$1,599.00)</b>
<b>Total Expenditures</b>	<b>\$94,886.00</b>	<b>\$90,061.00</b>	<b>(\$4,825.00)</b>

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

Yes  No Explain:

Total Operating Costs under budget 35.42%  
Total Mental Health Costs over budget 100%  
Total Social Work/ Costs under budget 16.68%  
Total Indirect Costs under budget 15.72%  
Total Expenses under budget 5.09%

We came in under budget on Operating Costs, Social Work Support, and Indirect Costs largely due to number of clients served. Within the six month period we served 4 community clients for an average of 176 days or 5.79 months each.

We came in over budget on Mental Health Costs due to the fact that this was not in the budget however we did provide EPSDT services to the 4 community clients mentioned above.

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

Yes  No Explain:

There were costs related to enrichment activities that each youth incurred; however, it is uncertain if these were excessive as they were therapeutic in terms of identified changes in behavior as opposed to psychological need.

Provider: As far as excessive or increased costs related to youth care, transportation of youth to the enhanced community activities, family activities and therapy in their communities of origin was at a higher than expected level the last year as well. Although we budgeted for anticipated need in this area, it could not be predicted effectively due to shifting needs on the part of the youth and their families as they moved closer to bridging and permanency.

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

Yes  No Explain:

A close out audit was scheduled after the county annual report was due (March 2014). San Bernardino County Fiscal Monitoring Unit conducted a monitoring visit in May 2014 and fieldwork was completed by August 2014. Based on the results of the monitoring, no findings were identified.

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

1. This is a cumulative report from the beginning of the project. Amounts reported are based on the amounts included in the claim presented to CDSS. Using the RBS claim fiscal tracking sheets, please complete the information below for all children served by RBS from the start of the project to the end of the reporting period:
- 2.

<b>RBS Payments for All Children Enrolled in RBS from the start of the project through the end of the Reporting Period:</b>
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Total Children Served In RBS: <u>    44    </u>	Total: 44 enrollments unique youths	Federal: All FMAPS	State: 40%	County: 60%
<b>Federal Payments:</b>				
Residential:	\$2,200,134.10	\$1,124,740.97	\$430,157.25	\$645,235.88
Community:	\$89,056.00	\$44,602.84	\$17,781.26	\$26,671.90
<b>Total Federal Payments:</b>	\$2,289,190.10			
<b>Non-federal Payments:</b>				
Residential:	\$880,139.33	\$0.00	\$352,055.73	\$528,083.60
Community:	\$71,633.00	\$0.00	\$28,653.20	\$42,979.80
<b>Total Non-federal Payments:</b>	\$951,772.33			
<b>Total RBS Payments</b>	\$3,240,962.43			

Note: It is possible to have federal funds used in the Non-federal Payment (i.e., non-federal RBS children) category. These payments would be the federal share of any Emergency Assistance Funding used in the RBS program up to the first 12 months of a child's stay in RBS. The amounts reported would come from the non-federal fiscal tracking sheet, and are based on the instructions provided in RBS Letter No. 03-11, dated June 21, 2011.

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3. **Of the children reported in G1 above, please complete the information below for all children who successfully entered and exited RBS in 24 months, or remained in RBS for a full 24 months.**

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

**RBS Payments for all Children Entering and Exiting RBS in the 24 month Period or remaining in the program for longer than 24 months. (Include all children meeting this condition from the beginning of the project.): 11 Successful Exits/2 Exceeding 24 Months (and 1 successfully graduated)**

<b>Total Children Completing RBS: <u>    12    </u></b>	<b>Total: 12</b>	<b>Federal: All FMAPS</b>	<b>State: 40%</b>	<b>County: 60%</b>
<b>Federal Payments:</b>				
Residential:	<b>\$355,372.94</b>	<b>\$188,131.76</b>	<b>\$66,896.47</b>	<b>\$100,344.71</b>
Community:	<b>\$40,679.00</b>	<b>\$20,414.34</b>	<b>\$8,105.86</b>	<b>\$12,158.80</b>
<b>Total Federal Payments:</b>	<b>\$396,051.94</b>			
<b>Non-federal Payments:</b>				
Residential:	<b>\$666,357.11</b>	<b>\$0.00</b>	<b>\$266,542.84</b>	<b>\$399,814.27</b>
Community:	<b>\$71,633.00</b>	<b>\$0.00</b>	<b>\$28,653.20</b>	<b>\$42,979.80</b>
<b>Total Non-federal Payments:</b>	<b>\$737,990.11</b>			
<b>Total RBS Payments:</b>	<b>\$1,134,042.05</b>			

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

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

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

<b>AFDC-FC Base for Comparison:</b>				
	<b>Approved Base Rate Per Child:</b>	<b>\$8,835.00</b>		
	<b>Number of Children Completing RBS:</b>	<b>12</b>		
	<b>Approved Base Months in Regular Foster Care:</b>	<b>24</b>		
	<b>Applicable Federal Funds Rate:</b>	<b>50%</b>		
		<b>(from H2, above)</b>		
	<b>Total</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
<b>Base Payment for Target Group:</b>	<b>\$2,544,480.00</b>	<b>\$1,272,240.00</b>	<b>\$508,896.00</b>	<b>\$763,344.00</b>

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5. a. For those children who have completed the RBS program, using the information from G2 and G3 above, subtract G3 from G2 and complete the following information:

	Total	Federal	State	County
RBS Incremental Cost/(Savings)Based On Program Completion:	(\$1,410,437.95)	(\$1,063,693.90)	(\$138,697.63)	(\$208,046.42)

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

The RBS program resulted in a savings of 2 million. Six of the successfully twelve RBS youths transitioned to the community either in foster care placement or with parents/extended family members and another three youths had an aftercare placement. Two of the twelve youths exceeded the 24 month time limit in group care. However, one of those youths that exceeded the 24 month time limit also successfully graduated. Therefore, without RBS, the eleven youth that successfully graduated would have remained in an RCL 14 group home placement until they exited foster care.

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

Yes  No Explain:

There has been no change in the county's usage of EPSDT services for this population. The RBS youth are at a high level of severity requiring extensive mental health services, the provider has provided similar services under RBS as they would through other programs. There are no significant changes in the provisions of EPSDT for these youth.

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

Yes  No Explain:

In San Bernardino County the MHSA programs for children and youth fall under two categories; (1) Crisis Response Services available 24/7, and (2) Full Service Partnerships (FSP) through three different programs with the C-1 MHSA program. RBS is one of the FSP programs. The other FSP programs are available to other

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foster youth. Those youth in RBS have a higher percentage of MHSA funds being utilized to help locate and provide a stable residence, as this is a more significant need for this population.

**Section H - Lessons Learned:**

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

The lessons learned, as described in the previous report, are still considered to be significant. During the current reporting period it was essential to focus on the sustainability of the program. Specifically, this appears to require (1) constant marketing to line staff to ensure ongoing participation, (2) close monitoring of group home census, and (3) establishment of realistic expectations for the length of care after the youth leaves the bed. The perception is that youth need to be transitioned to ongoing outpatient care within 3 to 4 months of leaving the home to make an effective transition.

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

The RBS rate needs to be coordinated with the RCL rate changes and COLAs.

Technical assistance need to be provided by county mental health to assist traditional group home providers to properly bill and maximize the utilization of EPSDT services.