

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

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

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

**Section A - Client Outcomes:**

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

<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>
		<b>Male:</b>	<b>African-American:</b>	<b>Probation:</b>
		<b>Female:</b>	<b>Asian:</b>	<b>Child Welfare:</b>
			<b>Caucasian:</b>	<b>Mental Health:</b>
			<b>Hispanic:</b>	<b>Other:</b>
			<b>Other:</b>	

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

a. **Describe any trends indicated by the data.**

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

Yes  No **Explain:**

3. a. **Complete one attached excel document titled, “RBS Days of Care Schedule” for each RBS provider listing information for each youth enrolled in RBS since implementation of the Project. This document captures information on the total days in care in residential, community-based bridge care, after-care and crisis stabilization.**

b. **For youth in crisis stabilization, what were the reasons for the returns to group home care for crisis stabilization?**

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

Yes  No Explain:

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**Section B - Client Involvement:**

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

a. Describe any trends indicated by the data.

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

Yes  No Explain:

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

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

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

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**Section C- Client Satisfaction:**

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

- a. Describe any trends in the data.

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

Yes  No Explain:

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

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

Yes  No Explain:

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

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

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

Yes  No Explain:

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

Yes  No Explain:

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

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

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

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

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

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

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

**Actual Costs in RBS Community:**

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

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

Yes  No Explain:

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

Yes  No Explain:

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

Yes  No Explain:

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

Yes  No Explain:

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

Yes  No Explain:

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**Section H – Lessons Learned:**

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

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