CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

EDMUND G. BROWN JR.
GOVERNOR

July 26, 2012

Mr. Luis Villa, Division Manager
Child Protective Services Division
Sacramento County Department of Health and Human Services
P.O. Box 269057
Sacramento, CA 95826

Dear Mr. Villa:

SUBJECT: APPROVAL TO AMEND MEMORANDUM OF UNDERSTANDING (MOU) NO. 10-6021 BETWEEN THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS) AND SACRAMENTO COUNTY REGARDING THE RESIDENTIALLY BASED SERVICES (RBS) REFORM PROJECT

This letter is in response to the request from Sacramento County to amend MOU No. 10-6021 between the CDSS and Sacramento County regarding the operation of the county's RBS pilot project. Sacramento County requests the following amendment to the MOU:

> MOU No. 10-6021, Section C, Term – Extend the term of this MOU to be effective August 15, 2010 through December 31, 2014.

The CDSS approves the amendment as described. All other terms and conditions of MOU No. 10-6021 remain the same. This amendment is hereby incorporated into MOU No. 10-6021 by attachment of this letter as Attachment I, Exhibit 4.

Should you have any questions regarding the RBS Reform Project or MOU No. 10-6021, please contact me at (916) 657-2598 or Gregory E. Rose, Deputy Director of the Children and Family Services Division, at (916) 657-2614.

Sincerely,

WILL LIGHTBOURNE
Director

7205000-11/12-348M

MEMORANDUM OF UNDERSTANDING

between

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

and

COUNTY OF SACRAMENTO

This Memorandum of Understanding, hereinafter referred to as Agreement, is entered into by and between the California Department of Social Services, hereinafter referred to as the state, and the County of Sacramento, hereinafter referred to as the county, for the purpose of implementing a pilot demonstration under the Residentially Based Services (RBS) Reform Project.

A. BACKGROUND

The RBS Reform Project is established pursuant to Assembly Bill (AB) 1453, Chapter 12.87 (commencing with Section 18987.7) Part 6 of Division 9 of the Welfare and Institutions Code (W&IC), relating to foster care. This legislation allows for a pilot demonstration project aimed at transforming the current system of group care, currently providing long-term congregate care and treatment, to RBS programs, which combine short-term residential stabilization and treatment with follow along community-based services to reconnect youth to their families, schools and communities.

B. PURPOSE

The purpose of this Agreement is to:

1. Make available to the county, the state share of Aid to Families with Dependent Children – Foster Care (AFDC-FC) funds, in order to allow the county to provide RBS program alternatives;

2. Enable the county to access all possible sources of federal funds for the purpose of developing RBS program alternatives;

3. Specify mechanisms/procedures to be used for tracking, claiming, reporting, and evaluating the number of children served, and the amount of funds requested for reimbursement; and

4. Specify the roles and responsibilities of all parties.

C. TERM

The term of this Agreement shall be from August 15, 2010 through December 31, 2012 and may be extended upon written mutual consent of both parties.

D. DEFINITIONS

For purposes of this Agreement:

1. "Residentially Based Services" means behavioral or therapeutic interventions delivered in nondetention group care settings in which multiple children or youth live in the same housing unit and receive care and supervision from paid staff. Residentially Based Services are most effectively used as intensive, short-term interventions when children have unmet needs that create conditions that render them or those around them unsafe, or that prevent the effective delivery of needed services and supports provided in the children's own homes or in other family settings, such as with a relative, guardian, foster family, or adoptive family. Residentially Based Services shall include the following interventions and services:

    a. Environmental interventions that establish a safe, stable, and structured living situation in which children or youth can receive the comfort, attention, structure, and guidance needed to help them reduce the intensity of conditions that led to their placement in the program, so that their caregivers can identify and address the factors creating those conditions.

    b. Intensive treatment interventions that facilitate the rapid movement of children or youth toward connection or reconnection with appropriate and natural home, school, and community ecologies, by helping them and their families find ways to mitigate the conditions that led to their placement in the program with positive and productive alternatives.

    c. Parallel, predischarge, community-based interventions that help family members and other people in the social ecologies that children and youth will be joining or rejoining, to prepare for connection or reconnection. These preparations should be initiated upon placement and proceed apace with the environmental interventions being provided within the residential setting.

d. Followup postdischarge support and services, consistent with the child's case plan, provided as needed after children or youth have exited the residential component and returned to their own family or to another family living situation, in order to ensure the stability and success of the connection or reconnection with home, school, and community.

2. "Voluntary Agreement" means an agreement entered into by the county and RBS provider(s) and shall satisfy the following requirements:

a. Incorporate and address all of the components and elements for RBS described in the "Framework for a New System for Residentially Based Services in California".

b. Reflect active collaboration among the RBS provider(s) operating RBS programs and county departments of social services, mental health, or juvenile justice, alcohol and drug programs, county offices of education, or other public entities, as appropriate, to ensure that children, youth, and families receive the services and support necessary to meet their needs.

c. Require a written evaluation report to be prepared annually and jointly by county and the RBS provider(s). The evaluation report shall include analyses of the factors set forth in W&IC Section 18987.72 (b) (3) which specify that the county shall send a copy of each annual evaluation report to the Director of the California Department of Social Services, hereinafter referred to as the Director, and the Director shall make these reports available to the Legislature upon request.

d. Provide that the failure to timely prepare a written evaluation as set forth in paragraph c above may result in termination of this Agreement, resulting in the withdrawal from the RBS Reform Project and approval of related waivers.

e. Permit amendments, modifications, and extensions of the agreement to be made in writing, with the mutual written consent of both parties and with approval of the state, based on the evaluation described above, and on the experience and information acquired from the implementation and the ongoing operation of the program.

f. Be consistent with the county's system improvement plan developed pursuant to the California Child Welfare Outcomes and Accountability System.

The Voluntary Agreement is one of three deliverables developed by the county in conjunction with RBS provider(s) and submitted to the state for approval. The Voluntary Agreement includes all elements and components specified above and in W&IC Section 18987.72 (c)(1-5). See Attachment I, Exhibit 1 – Sacramento RBS Voluntary Agreement.

3. "Funding Model" allows the Director to approve the use of up to a total of five alternative funding models for determining the method and level of payments that will be made under the AFDC-FC program to RBS provider(s) operating RBS programs in lieu of using the rate classification levels and schedule of standard rates provided for in W&IC Section 11462. These funding models may include, but shall not be limited to, the use of cost reimbursement, case rates, per diem or monthly rates, or a combination thereof. A funding model shall do all of the following:

   a. Support the values and goals for RBS, including active child and family involvement, permanence, collaborative decision-making, and outcome measurement.

   b. Ensure that quality care and effective services are delivered to appropriate children or youth at a reasonable cost to the public.

   c. Ensure that payment levels are sufficient to permit the RBS provider(s) operating RBS programs to provide care and supervision, social work activities, parallel predischarge support and services for children and their families, including the cost of hiring and retaining qualified staff.

   d. Facilitate compliance with state requirements and the attainment of federal and state performance objectives.

   e. Control overall program costs by providing incentives for the RBS provider(s) to use the most cost-effective approaches for achieving positive outcomes for the children or youth and their families.

   f. Facilitate the ability of the RBS provider(s) to access other available public sources of funding and services to meet the needs of the children or youth placed in their RBS programs, and the needs of their families.

   g. Enable the combination of various funding streams necessary to meet the full range of services needed by foster children or youth in RBS programs, with particular reference to funding for mental health treatment services through the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment program.

h. Maximize federal financial participation, and mitigate the loss of federal funds, while ensuring the effective delivery of services to children or youth and families, and the achievement of positive outcomes.

i. Provide for effective administrative oversight and enforcement mechanisms in order to ensure programmatic and fiscal accountability.

The Funding Model is one of three deliverables developed by the county in conjunction with RBS provider(s) and submitted to the state for approval. The Funding Model includes all elements and components specified above and in W&IC Section 18987.72 (d)(2)(A-I). See Attachment I, Exhibit 2 – Sacramento RBS Funding Model.

4. "Waiver Request" is developed by the counties and RBS provider(s) to waive child welfare regulations regarding the role of counties in conjunction with RBS provider(s) operating RBS programs to enhance the development and implementation of case plans and the delivery of services in order to enable a county and RBS provider(s) to implement the program description described in the Voluntary Agreement. The Waiver Request is one of three deliverables developed by the county in conjunction with RBS provider(s) and submitted to the state for approval. The Waiver Request must address all components as specified above and in W&IC Section 18987.72 (d)(1). See Attachment I, Exhibit 3 – Sacramento RBS Waiver Request.

E. COUNTY RESPONSIBILITIES

The county:

1. Shall provide children with the services indentified as part of their RBS program and outlined in their state approved Voluntary Agreement.

2. Shall follow the state approved Sacramento RBS Plan, as prescribed in Attachment I, Exhibits 1, 2 and 3, for the RBS Reform Project. These approved deliverables will address the system, process, and financing capacities identified in providing RBS program services.

3. Shall monitor the RBS Reform Project provided in accordance with the above RBS deliverables.

4. Agrees to comply with all language of AB 1453 Sections 18987.7, et seq.

5. Shall allow state access to statistics, records, and other documents required to carry out its responsibilities.

a. Shall ensure that the evaluation of the RBS Reform Project is conducted in accordance to 18987.72(c)(3).

b. Agrees to maintain all documentation necessary to track expenditures for the children participating in the RBS Reform Project.

c. Agrees to submit an annual report to the state in accordance with 18989.72(c)(3).

d. Agrees to the termination of this Agreement, and the withdrawal from the RBS Reform Project and waivers, if the state finds that the county failed to fully and timely perform the activities described in subparagraphs a, b, and c of paragraph 5.

e. Agrees to maintain all records associated with RBS, and cause to be maintained by any contracted RBS provider all records, including financial, case documentation and other support for all costs claimed for RBS for a period not less than three years from the last claim submitted for RBS. Any record related to litigation or any federal or state audit, exception(s), disallowance(s) or deferral(s) shall be retained until notified by the state.

f. Agrees to track in a manner prescribed by the state all payments to RBS provider(s), regardless of fund source and maintain total costs to RBS provider(s) for the purposes of reporting.

6. Agrees to participate in any state RBS Reform Project meetings and site visits conducted by the state or its designee.

7. Shall implement a project in a manner that will ensure that any services being provided to a child or family member at the time the RBS Reform Project ends will be completed and/or case plans for children and their families are adjusted, if necessary, for the post-demonstration project period.

8. Prior to entering into the agreement with the provider(s), the county shall verify that the provider(s), their principals or affiliates or any sub-providers used under this agreement are not debarred or suspended from federal financial assistance programs and activities nor proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered transactions by any federal department or agency, per Executive Order 12549, Debarment and Suspension.

F. STATE RESPONSIBILITIES

The state:

1. Will, at the request of the county submitted in the form of the Waiver Request deliverable, consider a state waiver of specific regulations under the waiver authority granted in W&IC Section 18987.7. In addition, technical assistance will be provided to the county to identify opportunities within existing law and regulation to implement the RBS Reform Project and where appropriate and feasible, pursue other waiver authority to remove barriers to implementation.

2. Shall process RBS Invoice Quarterly Claims for reimbursement in a timely manner.

3. Shall report during the legislative budget hearings the status of any county agreements entered into the RBS Reform Project and the development of statewide RBS programs.

G. JOINT RESPONSIBILITIES

1. Both parties agree to establish mutually satisfactory methods for the exchange of information, as may be necessary, in order that each party may perform its duties, functions, and appropriate procedures under this Agreement.

2. Both parties agree to comply with the provisions of W&IC Section 10850 and W&IC Sections 827, 827.1, and 830 to ensure that all information concerning children and families in RBS shall be kept confidential in accordance with federal and state laws and policies.

3. Both parties agree to comply with all elements and components of the state approved RBS deliverables. Any amendments, modifications, and extensions of the deliverables are to be made in writing, with the mutual consent of all parties and with approval of the state.

H. FISCAL PROVISIONS

1. Both the state and county understand that there are no new or additional sources of funds provided for the RBS Reform Project. For the purposes of ensuring there are no increased costs to the General Fund, if the state determines that additional upfront costs for this project are necessary, these upfront costs must be offset by other program savings identified by the state to ensure that there are no net General Fund costs in each fiscal year associated with this project.

2. The county shall pay the reimbursement rates to the RBS provider(s) as

prescribed in the Sacramento RBS Plan. See Attachment I, Exhibits 1, 2, and 3. Reimbursement rates for the county shall be paid as prescribed in the Sacramento RBS Plan. See Attachment I, Exhibits 1, 2, and 3. The Title IV-E allowable portion of these rates may be modified by the state to ensure conformity with federal requirements and to maximize federal financial participation.

3. The state shall reimburse the county, for the purpose of providing RBS program services up to 100 percent of the state share of non-federal funds, to be matched by the county's share of cost as established by law, and to the extent permitted by federal law, up to 100 percent of the federal funds allocated for group home placements of eligible children at the authorized rate. The federal funds reimbursement rate will be based on the applicable federal medical assistance percentage (FMAP) rate during the RBS Project period.

4. The county shall claim reimbursement of costs quarterly for federally eligible and non-federally eligible children on the RBS Invoice Quarterly Claims – RBS FC (Fed and Non Fed) - Summary Report of Assistance Expenditures, RBS FC 1 (Fed, Non Fed, and SB 163 Fed) - Foster Care Facility Report, and RBS CERT - Expenditure Certification for RBS Assistance Claim Expenditures. RBS Invoice Quarterly Claims shall be submitted thirty (30) calendar days after the end of the claiming quarter. The county shall submit the required RBS Fiscal Tracking Sheets to the state using the same quarterly schedule.

5. Contingent upon the county's timely submission of required state fiscal reports, the state may issue a monthly advance payment to the county based on county need and spending trends. If the state issues an advance payment, it will do so by the last business day of the month the advance is for.

6. All AFDC-FC expenditures associated with RBS claiming shall be subject to audit to ensure federal funds have been appropriately claimed.

7. The RBS Reform Project shall be subject to review under the county's single audit.

8. The state foster care funds and, to the extent permitted by federal law, federal foster care funds shall remain within the administrative authority of the county welfare department, which may enter into an interagency agreement to transfer those funds, and shall be used to provide RBS program services. Expenditures of excess funds shall be consistent with federal and state law. The county shall submit to the state copies of all contracts for RBS services entered into with the RBS provider(s). Nothing contained in this Agreement or otherwise shall create any contractual relationship between the state and any county sub-providers, and no sub-

providers shall relieve the county of its responsibilities and obligations hereunder. The county agrees to be fully responsible to the state for the acts and omissions of its sub-providers and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the county. The county's obligation to pay its sub-providers is an independent obligation from the obligation of the state to make payments to the county. As a result, the state shall have no obligation to pay or to enforce the payment of any monies to any sub-provider.

9. Any federal or state audit exception(s), disallowance(s), or deferral(s) resulting from a federal or state review or audit of two or more participating counties' RBS programs shall be based on the individual county's percentage of total costs claimed during the time period in question. In the event that any federal or state audit exception(s), disallowance(s), or deferral(s) are taken against an individual county, the county is not liable for any audit exception(s), disallowance(s), or deferral(s) resulting from a federal or state review or audit of any other county's RBS program; or any liability, claims or costs resulting from any other county's implementation of any duty owed the state.

10. In the event a federal or state review or audit results in an exception, disallowance, or deferral, the state and county shall participate in the repayment of the exception, disallowance, or deferral in accordance with W&IC Section 15200. In no case shall the state assume financial liability for the county share of federal or state review or audit exception(s), disallowance(s), or deferral(s).

    a. In the event an audit finding determines a cost to be allowable but not eligible for federal funding the county shall repay the ineligible federal portion and the state shall participate in the repayment of the state's portion pursuant to WIC Section 15200.

    b. In the event an audit finding determines a cost is not allowable for claiming, the county shall be responsible for refunding the federal and state share.

11. The County Auditor-Controller shall conduct an audit or review of the fiscal operation of the RBS program no sooner than twelve (12) months and no later than twenty-four (24) months after the program begins. These audits or reviews shall be conducted using the applicable standards in accordance with federal, state, and county regulations and guidelines, including federal Office of Management and Budgets Circular A-122, Cost Principles.

12. If the state determines, based on an audit or review, that an RBS provider has misused Title IV-E funds, as defined in the Manual of Policies and Procedures

(MPP) 11-400(m)(6), the county shall collect from the RBS provider an amount equal to the total amount of misused funds.

13. All RBS providers shall submit a Financial Audit Report (FAR) to the state in accordance with the W&IC Section 11466.21. The FAR submitted by the RBS provider(s) shall separately identify all revenues and expenditures attributable to the RBS program. Failure to submit a FAR in accordance with law will result in termination of the RBS rate.

14. The county shall ensure that each RBS provider participating in the operations of the RBS Reform Project shall conduct time studies of activities performed by the RBS provider staff in a manner prescribed by the state.

I. GENERAL PROVISIONS

1. This Agreement may be amended only by written agreement of both parties.

2. This Agreement is subject to any additional restriction, limitations, or conditions enacted by the state Legislature that may affect the provisions, terms or funding of the RBS Reform Project. This Agreement shall be modified as necessary due to changes in state or federal law that impact its provisions.

3. The Sacramento County Board of Supervisors hereby delegates to the Director or their designee of the Sacramento County Department of Health and Human Services the authority to enter into such written amendments with the state on behalf of the county.

4. The state's signing of this Agreement does not constitute a waiver of state laws or regulations, other than as specifically described in the Waiver Request (Attachment I, Exhibit 3) or the Agreement, pages one (1) through eleven (11).

J. TERMINATION

1. Either party shall have the right to terminate this Agreement for cause upon sixty (60) calendar days prior written notice to the other party.

2. The county may elect to terminate their participation in the RBS Reform Project subject to the following provisions:

    a. The county must consult with the state prior to exercising the opt-out election to terminate their participation in the RBS Reform Project and must provide written notification to the state of the county election to opt-out.

b. The state must be in receipt of the written notification of the county opt-out election sixty (60) calendar days prior to the first day of the month in which the county intends to terminate its participation in the RBS Reform Project.

c. The county must be able to implement a phase-down strategy to ensure that case plans for children and their families are adjusted, if necessary, for the post-RBS Reform Project period.

3. The state may terminate this Agreement in any of the following circumstances:

a. If the county fails to comply with Section E.

b. If the state determines, based on its review of the county's RBS program conducted no sooner than 18 months after the first child is enrolled, that the county is not achieving timely movement from RBS group residential care facilities into lower levels of care or exits from foster care to permanent families with associated savings. In this event, the state shall provide 60 days advance notice of termination to the county.

c. If the state determines that pursuant to Section H (1) upfront costs for this project are necessary but funds are not available.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	COUNTY OFSACRAMENTO
By:	By:
JOHN A. WAGNER, Director	Chair, County Board of Supervisors
Date: 09/15/2010	Date: 8/30/10

Voluntary Agreement

Residential Based Services Reform Project

Deliverable Template – VOLUNTARY AGREEMENT

Introduction: AB 1453 directs the counties and providers in each demonstration site who are cooperating to develop an RBS alternative to traditional group home care to describe their new program model in a document called the "Voluntary Agreement."

The California Department of Social Services is instructed to review each site's voluntary agreement according to criteria set out in the statute. If the proposal meets those criteria, the statute enables the director of CDSS to waive child welfare regulations regarding the role of counties in conjunction with private non-profit agencies operating residentially based services programs to enhance the development and implementation of care plans and the delivery of services as described in the voluntary agreement.

The AB 1453 statute states that voluntary agreements shall satisfy the following requirements:

1. Incorporate and address all of the components and elements for residentially based services described in the "Framework for a New System for Residentially Based Services in California."
2. Reflect active collaboration among the private non-profit agency that will operate the residentially based services program and county departments of social services, mental health or juvenile justice, alcohol and drug programs, county offices of education, or other public entities as appropriate, to ensure that children, youth and families receive the services and support necessary to meet their needs.
3. Provide for an annual evaluation report, to be prepared jointly by the county and the private nonprofit agency. The evaluation report shall include analyses of the outcomes for children and youth, including the achievement of permanency, average lengths of stay, and rates of reentry into group care. The evaluation report shall also include analyses of the involvement of children or youth and their families, client satisfaction, the use of the program by the county, the operation of the program by the private nonprofit agency, payments made to the private nonprofit agency by the county, actual costs incurred by the nonprofit agency for the operation of the program, and the impact of the program on state and county AFDC-FC program costs. The county shall send a copy of each annual evaluation report to the director, and the director shall make these reports available to the Legislature upon request.
4. Permit amendments, modifications and extensions of the agreement to be made, with the mutual consent of both parties and with approval of the department, based on the evaluations described in paragraph 3, and on the experience and information acquired from the implementation and the ongoing operation of the program.
5. Be consistent with the county's system improvement plan developed pursuant to the California Child Welfare Outcomes and Accountability System.

The 'Framework for a New System of Residentially-Based Services in California' defines the 4 services elements of RBS, identifies the role of the placing agency and the provider agency, establishes criteria for placement, defines the qualities necessary for programs to deliver

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residentially-based services and the elements of the services themselves, defines the outcome criteria that programs should be designed to achieve, and sets out a model for implementing the Framework.

Functionally, the Voluntary Agreement constitutes a memorandum of understanding among the public and private agencies who are working together to transform group home care in a given demonstration site that describes the structure and operation of the system they have designed and reflects their commitment to make that system a reality, should approval be granted by CDSS.

The purpose of this template is to provide a consistent format for these agreements that includes each of the provisions required by the statute. This version of the template is based upon a preliminary draft that each site completed and incorporates the questions from that draft, plus the questions from a second preliminary template, the Program Description, and also addresses some of the more detailed elements from the Framework that were omitted from the initial version that can now be completed because each site's program design is more fully developed.
The Voluntary Agreement and the Alternative Funding Model Templates are companion documents, and share some inquiries in common, such as the description of the services to be offered. This may require some duplication of answers in the two documents.

Residentially Based Services Reform Project
Voluntary Agreement
Sacramento County Official Submission

Demo Site: Sacramento	Date: 7/1/10
Prepared By: Geri Wilson	Title: RBS Local Implementation Coord. Organization: Sacramento County Dept. of Health & Human Services
Email: wilsoga@saccounty.net Wils228@aol.lcom	Phone: (916) 874-2333 (916) 337-7222 mobile

1. **EXECUTIVE SUMMARY** ***(Previously Question 2 of Program Description)*** **– In 1 page, summarize the alternative program and funding model you are proposing. Include a comparison between the specific service and funding model innovations in your RBS program and the services and funding that is currently in place. Please use Attachment A to list the active participation between all parties in the development of the RBS program.**

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The Sacramento County RBS Demonstration Project is designed to improve outcomes for youth with severe emotional and behavioral problems who are at risk of entering into a pattern of long-term group home care and detachment from family and community by enhancing the quality and scope of care and services provided through an integrated system of Residentially Based Services (RBS). The specific objective of the RBS Project is to expedite permanency by preserving, connecting or reconnecting youth enrolled in RBS with their families or other permanent caretakers through a proactive response that includes individualized services and youth and family involvement in all phases of plan development and care.

The key service components of the Sacramento County RBS Demonstration Project include:

1. A consistent and systemic method of **assessment and matching** that will ensure that youth and their families receive needed services, including RBS, at the right time and in the right location;
2. A **comprehensive plan of care that is coordinated** among agencies and caregivers, across settings and identifies the nature and duration of services;
3. **Intensive Family Involvement** that ensures the youth and their parents are fully engaged in the decision-making and care planning and implementation process;
4. **Parallel, pre-discharge, community based interventions** that are initiated upon RBS enrollment and follow through RBS stay, that help the youth, family members and other people in the community to prepare for connection or reconnection with the youth;
5. **Intensive environmentally- based residential services** that provide a safe environment, along with stabilization, assessment and on grounds family strengthening and connection support. Short-term residential care after a youth returns home will be provided as needed , when the needs of youth exceed the capacity of community based services;
6. **Therapeutic interventions** that help youth and their families mitigate the conditions that led to the youth's placement in the program; and
7. **Follow-up community -based services and support** provided to the youth and family that support stability and the enduring success of connections.

A local public-private collaborative of key stakeholders in group home care reform has worked together over the past 14 months to develop this comprehensive youth and family centered program model of care that is funded through the creative and flexible use of AFDC-FC funds and EPSDT funds. The work of the collaborative partners, consisting of representatives from county Mental Health, Juvenile Probation, Child Welfare and Education, along with the private partners, which has included youth, family, group home and wraparound service providers, has been guided by the shared belief that through this collaborative partnership a new and better system of residentially based services

A management infrastructure, that includes systematic evaluation, will be in place to ensure that quality of care in RBS facilities and the community is consistent with the program model and serving to improve the efficiency and effectiveness of the system of

Voluntary Agreement

care and the cost neutrality as required by legislation. County and providers will jointly share in the management and evaluation of the RBS system of care.

The primary identified sources of RBS funding will be through AFDC-FC, EPSDT and supplemental funds provided by the RBS providers during the start up phase of the program. The RBS Funding Model will contain provisions for reimbursement of provider costs that have exceeded the monthly RBS rate paid to the provider and will be explained in more detail in the Funding Model Proposal that is jointly submitted with this document.

The proposed Funding Model has been modified from the original version to accommodate local funding restrictions and strict requirements for annual cost neutrality at the local level as a result of a dramatic decline in the economic status of Sacramento County over the past seven (7) months. It is recognized that the proposed model is not ideal, but is sufficient to allow the Sacramento RBS Project to move forward to demonstrate the "proof of concept" that RBS Reform does realize better outcomes for youth and families and does not place State or County dollars at risk. The County will continue throughout the RBS Demonstration Project to explore possible ways to maximize federal funding to support both the facility based and community based array of flexible and innovative services throughout a youth's enrollment in RBS.

The Funding Model proposed for the RBS Demonstration Project will require flexibility in the use of the State and County portion of AFDC-FC funds, usually spent over an average 25 months of group home care, through an18 month period of RBS enrollment. AFDC-FC funds will be paid via a two step case rate that is being proposed for purposes of the RBS Demonstration Project. EPSDT dollars will be paid through a previously established cost reimbursement process.

The proposed RBS Program Model for the Sacramento RBS Demonstration Project contrasts significantly to the array of services and funding systems currently in place for youth in group home care and their families. There is currently no consistent process that ensures thorough, inclusive and systemic identification of their needs and strengths. Similarly, youth and families are not consistently engaged in the assessment process or provided the opportunity to participate in placement and case planning decisions. In the absence of an inclusive, systemic approach to assessment and placement matching, service coordination is often fragmented and occurs without benefit of the input of key stakeholders who are working closely and concurrently with the youth and family. The plan of care is often poorly coordinated and communicated, creating service gaps, poor resource management and services and supports unmatched to needs.

The proposed RBS Program Model approaches group home care differently than the traditional model of group care that exists today in Sacramento County. The RBS Demonstration Project views group home care as a service intervention that is needed for a short period of time, not a destination for youth with previously unmet service needs. Focus on a goal of permanency for all youth in care, replaces the more traditional focus on placement stability. The RBS Program Model also includes the

Voluntary Agreement

provision of a comprehensive plan of care that is facilitated by the provider through a Family Support Team (FST Meeting in which the youth, family, county care managers, and other key stakeholders are present. Services and supports that will facilitate the connection or reconnection to family will be identified through the FST process and documented in a Comprehensive Care Plan (CCP). Historically, that process has been the sole responsibility of county agencies.

Under the new RBS Program Model, services and supports will be tailored to the youth and family, not dictated by a particular RCL. Services and supports will be adjusted according to changing needs and circumstances throughout the youth's enrollment in RBS. The RBS provider will be prepared to meet the changing needs of youth over time, as compared to the current system that would consider discharging youth that progressed too little or too much.

The goal of Permanency for all youth enrolled in RBS requires that a portable therapeutic milieu be established that allows for the plan and provision of care to be seamlessly transferred by the care team between the residential setting, where it is originally based, to the community and family environments so that the youth and family are able to prepare for the youth's return home with services as quickly as it is safe to do so.

The specific RBS services that are new in the different approach to residential care include:

- A collaborative, integrated approach to a thorough assessment and comprehensive care planning process that is standardized across RBS provider agencies in which providers participate from the point of RBS referral
- A plan of care that is coordinated by a Family Support Team and facilitated by the provider throughout the youth's enrollment in RBS and integrates the key component of all existing service plans
- Utilization of the same standardized assessment tool (CANS) to determine a youth and families needs at the point of referral to RBS and by each RBS provider throughout a youths enrollment in RBS for the purpose of assessing progress and updating the care plan
- Utilization of youth and family satisfaction surveys throughout the youth's enrollment in RBS to inform care planning and decision-making
- The establishment of a Care Review Team (CRT) to assist the Family Support Teams in achieving positive outcomes for youth and their families and mobilize peer expertise across the youth and family services system to advance practice, reduce barriers and maximize resources
- Parallel facility and community-based services to begin preparing the youth, family and others in the community for the youth's transition to community-based care
- Aftercare and community-based services to ensure the stability and

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- Permanency services that include strategies that assist the youth reduce the challenges that have impeded the ability to be part of the family system in the past and support the family's effort to address the limitations that have prevented them from providing effective care of the youth
- Parent and youth involvement in all care planning processes and decision
- Innovative mental health services through the customization Functional Family Therapy for the Sacramento RBS Program
- Short-term residential stabilization
- Crisis response, including the availability of brief residential care (under 30 days) after a youth has transitioned to community-based care
- Flexible funding to assist the family in stabilizing the home environment and developing the linkage to community supports

Each RBS provider will provide this core array of services to all youth who are enrolled in RBS and their families.

Lastly, the proposed Funding Model for the RBS Demonstration Project will include the flexible use of AFDC-FC funds over a shortened length of group home stay. The flexibility and shortened length of stay will allow the opportunity to provide intensive services to the youth and family at an early point in the plan of care and continue to provide services and support at a later time in RBS enrollment that would not be tied to the youth having to reside in the residential component of the RBS program. Current funding is so limited that the flexible use of funds is often difficult to consider

Sacramento County looks forward to the opportunity to implement a new model of Residentially Based Services that promises a better quality of service and outcomes to children, youth and families.

2. PARTICIPANTS & ROLES

2.1 Participants (*Previously Question 1 of Program Description*): In the table below, please list the public and private non-profit agencies that will be involved in the operation of your program. For each participating agency or department identify a key contact person and their email address. If the Private non-profit participants have not yet been selected, identify the process and timeline for selection.

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Agency or Department	Contact Person Name & Title	Email Address
Sacramento County Department of Health & Human Services	Luis Villa, Division Manager	Villalx@saccounty.net
Sacramento County Department of Behavioral Health	Lisa Bertaccini, Division Manager	Bertaccinili@saccounty.net
Sacramento County Probation Department	Karen Dodrill, Division Chief	Dodrilk@saccounty.net
Quality Group Homes, Inc.	Carmen Maroney, Executive Administrator	Qualitysac@yahoo.com
Children's Receiving Home of Sacramento	David Ballard, Chief Executive Officer	Dballard@crhkids.org
Martin's Achievement Place	Jim Martin, Executive Director	J_martin@mapinc.net

2.2 Role of the Placing Agency(ies)[1]: Describe the role of the Placing Agency(ies) in the operation of the RBS program. I

The role of the placing agencies, Child Welfare and Probation, will be to work closely with youth and families to identify those youth who may be in need of group home care or are already in group home care and could benefit from the services offered through the RBS Program. Once identified the agency worker will refer the youth and family for a thorough needs and strengths assessment to determine which service and/or placement options can best meet the safety and service needs of the youth and family.

The assessment and matching process for each placing agency will differ in accordance with the existing regulatory and practice requirements of the agency. The specific protocols for each agency are outlined in Section 3.3.2 and will insure that all youth who are considered to need group home care will be assessed and matched with residential services as determined through a group process. Those processes are described in more detail in Section 3.3.2 and will include the perspectives of the youth, family, community and professionals with expertise in working with youth who have complex emotional and behavioral needs and their families. The use of the Child and Adolescent Needs and Strengths tool will be incorporated into each agency's assessment and matching process.

[1] Reference 'Role of the Placing Agency' section of the 'Framework' document

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Once the youth is successfully matched and enrolled with an RBS provider, each placing agency will continue to be part of the planning and care team through the Child and Family Team meeting to ensure the following:

- a collaborative and thorough planning process is consistent throughout the youth's enrollment in RBS
- services and supports as planned are provided
- progress is monitored and recognized
- permanency is in progress, and
- follow-up support is in place at the time of discharge from RBS.

2.3 Role of the Provider Agency(ies)[2]: Describe the role of the Provider Agency(ies) in the operation of the RBS program.

Three agencies have been selected for the start-up phase of the Sacramento County RBS Demonstration Project. Those providers are Quality Group Homes, Inc., The Children's Receiving Home of Sacramento and Martin's Achievement Place, Inc. The role of each agency in providing RBS is described below:

Quality Group Homes, Inc.

Quality Group Homes, Inc. (QGH) of Fresno and Sacramento will provide a total of six beds for RBS start-up and can provide services to both genders, which will be determined in consultation with the referring agency, Sacramento County Probation Department, based on the needs of the project in Sacramento County. QGH has designated space for six youth.

Assessment and Matching

QGH will play a key role in the initial Assessment and Matching Process for Probation youth who have been referred to RBS. QGH Comprehensive Care Coordinator and other QGH, as appropriate, will participate in the Assessment and Matching Process as outlined in Section 3.3.

Although QGH currently operates an Assessment Center for Probation youth, the use of the Child and Adolescent Needs and Strengths (CANS) tool reflects a new practice for the agency.

Comprehensive Plan of Care

Through the use of the FST, QGH, in partnership with the youth, family, Probation Officer and other key service providers and support persons, will facilitate the development of comprehensive plan of care at the start of the youth's enrollment in RBS and will utilize the FST to monitor progress continuously, and with all key planning stakeholders formally on a monthly basis, adjusting the plan and services as needed.

The Comprehensive Care Plan (CCP) will include specific permanency objectives that will support the youth's successful transition from facility-based placement back to his or

[2] Reference 'Role of the Provider Agency' section of the 'Framework' document

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her family or to another family setting.

QGH will use Sacramento Assessment & Treatment Center (SATC) staff, combined with Family, Child, Community Treatment Program (FCCTP) staff to provide seamless intensive care and support during the residential phase and community based follow-up phases of enrollment so there will be no break in the continuity of service and care for the youth and their family throughout the RBS enrollment period.

QGH has historically facilitated the development of a comprehensive care plan for youth served in the Sacramento Assessment Center. The responsibility for ongoing monitoring and plan development has been provided by QGH in the past year. It is expected that RBS will strengthen this practice.

Intensive Family Involvement
QGH will actively engage parents and youth through the involvement in the multi-area assessments, Recommendations Meeting, FST process, the facilitation of visitation, and by providing intensive and flexible family care and support while the youth is enrolled in RBS. QGH will utilize a Family Partner an a Youth Mentor, together with the Comprehensive Care Coordinator and RBS implementation staff, to support and engage family members while the youth is living at QGH and returns to the family and community.

In providing RBS services, QGH will broaden its family-focused work to include a range of onsite family visitation, Family Orientation and other family-focused interventions, such as parenting education groups.

Parallel, Pre-Discharge, Community based Interventions
QGH will offer continual, seamless, parallel family and individual youth interventions throughout the residential stabilization and the permanency connection phases of RBS care. While environmental interventions are being provided by the RBS Team that focus on helping the youth understand and let go of habitual behaviors that have led to legal difficulties and generated a great deal of disruption within the family, school, and community, the RBS Team will we working with the family and community to help in the development of ongoing services and supports that will be important to supporting the youth's transition to the community. Services and supports will be driven by the Comprehensive Plan of Care (CCP) developed at the FST and may include community based educational and vocational support, mental health services, substance abuse treatment, recreational services and the coordination of services that are provided by non-traditional partners, i.e., faith-based and culture leaders.

The provision of parallel, pre-discharge, community based interventions is not a service that Quality Group Homes in Sacramento County has been able to previously offer

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Therapeutic Interventions
QGH will provide mobile and facility based intensive family-intervention as guided by the CCP that is developed at the FST. QGH will be using therapeutic interventions that have demonstrated success with youth in the RBS target population and their families.

Under RBS, QGH will make internal adjustments to maximize family visitation and day and weekend passes, recognizing that reunification is the goal and that family practice time is needed.

During the residential treatment phase, the youth enrolled in RBS will participate in a range of treatment opportunities, such as substance abuse, anger management, pro-social thinking, gang intervention, art class, vocational readiness, individual therapy, and family therapy.

QGH has the resources outlined above available to youth currently enrolled in their program. These services will be able to be enhanced as a result of the augmented EPSDT and the opportunity for clinical staff to provide Functional Family Therapy as a treatment modality that will anchor practices in the RBS arc of care.

Intensive Environmentally Based Residential Services
The QGH RBS team will provide the intensive facility-based services to address the youth's behavioral, emotional, criminal, and mental health needs that have led to family, school, and community disruption, with a focus on behavioral stabilization so the youth is able to quickly transition to community based care. A range of services and supports will be provided during this phase of RBS that include, therapeutic, educational and an array of behavioral and social interventions.

As a 24/7 residential program, QGH has capacity to provide short-term residential stabilization care for the youth who have transitioned home, but require short-term respite care to support and stabilize the youth's reconnection to family and the community.

Intensive environmentally based services are currently being provided by QGH in their residential program.

Follow-up Post Discharge Support and Services
QGH will continue to provide individualized follow-up and post discharge services as outlined in the youth's CCP to support family and community integration and stabilization. QGH will facilitate the linkage of youth and their families with resources and opportunities, such as community school, employment, and when needed, post RBS treatment connection with services to sustain and support the youth and family's progress.

Although QGH has been able to link youth and families to community supports as the youth is discharged from residential care, the time and resources for this component of care will be greatly enhanced in the RBS program. The RBS Care Team will have the

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opportunity to work with youth and their families for an average of 9 months after the youth transitions to community care.

Children's Receiving Home of Sacramento

The Children's Receiving Home of Sacramento (CRH) will provide a total of ten beds for RBS start up, for youth currently being served by Child Welfare , and can provide services to 10 girls. CRH will provide a well-structured program that insures consistency and quality in the treatment environment. CRH will provide the key components of the RBS program model in the following ways:

Assessment and Matching

The CRH RBS Comprehensive Care Coordinator and other CRH staff as appropriate will participate in the assessment and matching process as outlined in section 3.3.

CRH currently operates an Assessment Center for adolescent females that are dependent youth and partners with child welfare to provide assessment and placement matching services. However the inclusion of family in the assessment and placement matching process has not been consistent and the use of the Child and Adolescent Needs and Strengths (CANS) tool reflects a new practice for the agency.

Comprehensive Plan of Care

Through the use of the Family Support Team (FST), CRH will assume responsibility for facilitating the development of an integrated service planning process that is tailored to the youth's and family's individualized needs and updated every 30 days throughout the youth's enrollment in RBS. CRH will work 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 adjust the plan as needed throughout the provision of RBS to ensure a permanent connection for every youth as they transition from the RBS environment.

CRH facilitates the development of a placement plan for youth transitioning from the Assessment Center. However, facilitation of the Family Support Team and the responsibility for ongoing monitoring and plan development is a new service component that has not previously been provided by CRH.

Intensive Family Involvement

The CRH Family Partner, Youth Mentor and RBS team will engage the youth's family and support their active involvement in Family Support Team meetings, (FST) and on an ongoing basis throughout the delivery of RBS services. Family oriented services and supports, such as parent education groups, parent support groups and planned family activities will be utilized to encourage and support family involvement throughout a youth's enrollment in RBS.

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CRH currently engages families and youth through the CRH Visitation Center. It will be utilized with increased frequency for families enrolled in RBS. With parents and family members active in the residential milieu, communication and mutual learning between the family and RBS staff will be open and frequent. Parents and family members will be encouraged to make daily decisions as it relates to their child's care. This practice will continue when the youth returns to the community.

Parallel, Pre-Discharge, Community based Interventions
At the same time as environmental interventions are being provided while a child or youth is living at CRH to help understand and replace the habitual behaviors that have contributed to (or been generated by) prior disruptions, the RBS team will be working with the family and community to help them prepare a landing pad that will effectively accommodate the child or youth, while reflecting and reinforcing the helping strategies that are being developed in the CRH facility by the milieu and family engagement staff.

The CRH RBS team established during the residential component of care will follow the youth and family into the community for continuity of care. In addition, community based training, school based services, coordination with non-traditional partners (including faith-based and cultural leaders), independent living and vocational training will be provided based upon the youth's individual needs and driven by the FST and RBS plan of care.

The provision of parallel, pre-discharge, community based interventions in not a service that the Children's Receiving Home of Sacramento has been able to previously offer.

Therapeutic Interventions
CRH will provide mobile intensive services and treatment driven by the RBS plan of care. Individual therapy modalities, family/ group therapy modalities and Incredible Years evidence based treatment will be utilized. CRH will be using therapeutic interventions that have demonstrated success with youth in the RBS target population and their families. Therapeutic interventions will be provided by the CRH RBS team wherever the youth is currently living.

CRH has the resources outlined above available to youth currently enrolled in their shelter care and assessment programs now. These services will be enhanced as a result of the augmented EPSDT for RBS enrolled youth and the opportunity for clinical staff to provide Functional Family Therapy as a treatment modality that will anchor practices in the RBS arc of care.

Intensive Environmentally Based Residential Services
CRH will provide the structure and treatment needed to stabilize the youth's behavior and provide, in collaboration with the youth and family's community resources, a range of therapeutic, educational, behavioral and social interventions to support the youth's treatment progress and transition to community based services.

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CRH will provide crisis stabilization as part of the array of services offered to youth and families. Youth will be able to return to CRH for a period of a few hours to several days as needed for temporary respite to support their return to home and community based services. CRH will also offer RBS enrolled youth who have left residential placement and their families 24 hour clinical on-call services that will be staffed by a Licensed Practitioner of the Healing Arts (LPHA) for phone and mobile, in-person assessment, support and crisis intervention.

Intensive environmentally based services are currently being provided by CRH in their residential program. These services are currently geared to caring for youth in shelter care and assessment center environments and will be extended for RBS youth who are expected to be placed in residential care for an average of 9 months.

Follow-up Post Discharge Support and Services
The CRH RBS team will continue to provide individualized follow-up post discharge support and services driven by the FST and RBS plan. The CRH RBS team will connect the youth and family with resources within the community as they move toward completion of their RBS enrollment.

Although CRH has been able to link youth and families to community supports as the youth is discharged from shelter care and the Assessment Center, the resources to provide the service over time has not existed. The time and resources for this component of care will be will be greatly enhanced in the RBS program. The RBS Care Team will have the opportunity to work with youth and their families for an average of 9 months after the youth transitions to community care.

Martin's Achievement Place
Martin's Achievement Place, Inc., (MAP), will convert one 6-bed group home, site still to be determined, where they will provide short-term stabilization and support enrolled RBS youth. Conversion of the 6 bed home will take place during the start-up of RBS services and a newly licensed, zoned and constructed site will be available by the end of 2010. The new facility will be close to the administrative offices, primary agency service center and on grounds non-public school which are close to a major freeway and will offer easy access to parents who will be actively engaged and supported in their participation in service plan development.

MAP will provide RBS services to male youth who are sexually acting out. The majority of referrals for service are initiated by Probation, but MAP services are also available to Child Welfare youth who present like treatment issues. It is anticipated that of the 6 available RBS slots, 4 will be used to serve Probation youth and 2 for CPS referred youth.

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Assessment and Matching
Through participation in the Assessment and Matching process outlined in Section 3.3, MAP will work with Sacramento County to identify and treat potential RBS youth and families who are the most likely to benefit from the services MAP provides.

MAP participation in the Assessment and Matching process of youth entering the current treatment program is usually limited to the review of placement packets for youth referred to the program and informal conversations with the referring case managers. The consistent participation in a formal process with the use of the CANS to guide the assessment of needs if a new practice for the agency.

Comprehensive Plan of Care
Like Quality Group Homes and CRH, MAP will facilitate an initial Family Support Team (FST) for each youth and their family that is enrolled in RBS where MAP, along with the family, placing agency and key stakeholders will come together to develop a strength based, individually tailored service plan for the youth and family that follows the youth throughout their enrollment in RBS. The FST will meet minimally at 30-day intervals to assess the youth and family's progress and modify the plan according to evolving and presenting needs. The Comprehensive Care Coordinator will be the staff person who will oversee the implementation and progress of the FST plan of care and will coordinate all services associated.

MAP has historically facilitated the development of a care plan for youth served in the current residential program. However, facilitation of the Family Support Team and the responsibility for ongoing monitoring and plan development of the Comprehensive Care Plan is a new service component that has not previously been provided by MAP.

Intensive Family Involvement
MAP will ensure the active engagement of the youth and family throughout the youth's enrollment in RBS. A Family Advocate, Family Specialist, and Family Engagement Specialist will work with all other members of the FST to assist, support, engage, and enlist the active participation of all families of RBS youth. MAP will work in partnership with the placing agency and family to ensure that Permanency is addressed as a key component of the service plan so that the youth is ensured a permanent connection as they transition from residential placement and eventual enrollment from RBS.

The efforts toward family engagement and the provision of intensive family involvement in the care planning and decision-making process have been limited in Martin's existing residential program. The provision of this service component represents a culture and practice changes that the agency is looking forward to implementing in the RBS Program.

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Parallel, Pre-Discharge, Community based Interventions
Supportive services to the family will be provided in the residential milieu and the community to facilitate the youth's transition from residence to home and community. These services will include assistance with educational issues, transportation, parenting skills, communication strategies, behavior modification techniques that can be utilized in the residential setting or in the community, therapy sessions for youth and family, and non-traditional supports that are considered strengthening to the family as identified by the FST.

The provision of parallel, pre-discharge, community based interventions in not a service that Martin's Achievement Place has been able to previously offer to youth in the current residential program on a consistent basis. The flexible use of AFDC-FC and enhanced EPSDT available in the RBS Program will provide the opportunity for this key component of the RBS service array.

Therapeutic Interventions
Individual, group, and family therapy services will be provided to all youth enrolled in RBS. MAP will utilize therapeutic interventions that have demonstrated success with youth in the RBS target population and their families. Family interaction and communication strategies will be identified for each family with assignments, practice, and feedback sessions that will reinforce these strategies. MAP anticipates that families will be able to utilize these strategies and skills on a regular basis while the youth is in the facility based portion of care empowering them to have more success as the transition to community based care progresses.

MAP has the resources outlined above available to youth currently enrolled in the current residential program. These services will be enhanced as a result of the augmented EPSDT for RBS enrolled youth and the opportunity for clinical staff to provide Functional Family Therapy as a treatment modality that will anchor practices in the RBS arc of care.

Intensive Environmentally Based Residential Services
MAP currently provides intensive residential services. Under the RBS pilot, MAP will incorporate the active participation of the youth's family families into their treatment and care in the RBS program. This will include regular visits, therapy sessions, family interactive practice sessions, as well as feedback from the youth and family about the development of their individual FST plan of care. 6-8 youth will be supervised in this residential environment with Child Care Work staff that have been trained and selected specifically for this pilot. Staffing will be consistent with the number, level of need, and acuity of the youth placed in the RBS facility. Behavior Intervention Specialists will work with youth with more difficult behaviors to develop more pro-social, appropriately assertive, and less intrusive responses to everyday situations.

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Intensive environmentally based services are currently being provided by MAP in the residential program. However, the involvement of the family will be increased in all phases of the youth's treatment.

Follow-up Post Discharge Support and Services
MAP will continue to provide individualized follow-up post discharge services and support to the youth and family in accordance with the Comprehensive Plan of Care (CCP). MAP will work with the youth and family to ensure they are connected to both the formal and informal services that will support a full and successful transition of the youth to community and family.

Short-term residential stabilization will be provided in our residential facility when the parents or youth need immediate assistance that requires a temporary stay away from the community home. This service will also be provided on a 24/7/365 basis for in-community support when parents or youth need immediate assistance without moving the child from the community. Both services would be provided with a short-term duration, from an hour to a couple of days, as assistance to support and stabilization of the youth and family. Community-based stabilization would include response by a member of our mobile team, discussions with therapists, and possible in-home support workers staying in the home while the immediate issues that necessitated the respite are being addressed. Individual, group, and family sessions will be continued as the youth moves from residentially based services to community based services.

Although MAP has been able to link youth and families to community supports as the youth is discharged from care, the resources to provide the service over time has not existed. The time and resources for this component of care will be greatly enhanced in the RBS program. The RBS Care Team will have the opportunity to work with youth and their families for an average of 9 months after the youth transitions to community care.

Additional training option
The three RBS providers and the County are currently pursing options for funding training in Functional Family Therapy (FFT) as a foundational approach for the system, but final word has not been received. If FFT is not available, all three providers and selected County staff will complete the same curriculum in Family Centered Practice to insure a common vocabulary and perspective on family involvement throughout the RBS system of care.

2.4 Role of Other Collaborators: Describe the active collaboration among the following participants in the operation of the RBS program:

- ***The other private non-profit(s)***
- ***Other public agencies/departments: mental health, alcohol and drug programs, education, juvenile justice, courts, tribes, etc.***

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- ***Children, youth and families***

In the very early stages of RBS planning, Sacramento County formed a committee of key stakeholders that has served as our "steering committee" throughout the RBS model development and implementation planning process. The RBS Reform Team has been meeting for 13 months and has had consistent representation from Parent Partners, Youth Leaders, Mental Health, Child Welfare, Probation, the Dept. of Human Assistance (AFDC-FC) and 9 group home/residential treatment providers. Education and the legal community also had representation in the early phase of model development. It is anticipated that their participation will increase as implementation planning progresses.

The role of system partners, especially that of youth and family, in the model development and implementation planning process has been key to ensuring that the Sacramento County RBS Reform Project framework does include the key values, principles and care components needed to improve outcomes for youth and their families. The RBS Reform Team will continue to serve as the team of key stakeholders that collaborate on the implementation and oversight of the Sacramento County RBS Demonstration Project. The team is currently meeting monthly and will review meeting frequency requirements after implementation is underway.

Each RBS provider will develop and/or expand current collaborative community partnerships to ensure youth enrolled in RBS and their families will have the community based services and supports in place to help them sustain their success.
In addition to linking each family with their community Family Resource Center, each provider will work collaboratively with formal and informal partners as follows:

Quality Group Homes, Inc.
Quality Group Homes has existing strong collaborations with the Sacramento County Division of Mental Health, Sacramento County Probation Department Placement Units, Sacramento County Office of Education, Panacea Services, Inc. and the Sacramento County Drug and Alcohol Treatment Program. At The new River Oak Campus location, will offer onsite opportunities for collaboration with Independent Living Programs, Pride Industry, local employers for emancipated youth, and other providers, including an Art Instructor, and other providers, to be announced. QGH will work to develop other community based collaborative relationships with both formal and informal service and supports to ensure that youth and family have the supports they need for the youth's successful transition to the home and community.

Children's Receiving Home of Sacramento
The Children's Receiving Home (CRH) has more than thirty years of experience working collaboratively with the Sacramento County Division of Child Protective Services. CRH also works closely with the Sacramento County Division of Mental Health and is currently in the third year of a mental health contract. These services

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include a wide range of behavioral health services to the children at CRH and their families. When possible, the CRH mental health team supports the child and family through the transition back into the community, coordinating with Sacramento County Department of Mental Health, Children's Protective Services Department of Sacramento County, and community based partners.

In addition, CRH collaborates with many organizations through the Family Support Collaborative, The Children's Coalition, The Human Services Coordinating Council, kinship support services with Lilliput Children's Services (housed at CRH), Sacramento Child Advocates, The California Alliance of Child and Family Services, and The National American Association of Child Residential Services. Groups are currently offered to CRH youth facilitated by community partners such as Panacea (Drug and Alcohol), WEAVE (Domestic Violence) and Planned Parenthood (Family Planning).

With the implementation of RBS, CRH will further develop its community collaborations with Independent Youth Programs, PRIDE Industries, and local employers for emancipating youth, Family Resources Centers, local recreation programs and faith based programs.

Martin's Achievement Place

MAP has collaborated with many state, county, and community based agencies over the past 35 years. MAP currently receives placements through over 20 juvenile probation departments across the state of California. A few youth are placed each year through child welfare agencies from various counties and several are referred and placed through Regional Centers for youth with Developmental Disabilities. MAP Non-Public School is certified through the State of California Department of Education and educational services are contracted through San Juan, Twin Rivers, Elk Grove and Sac City School Districts to provide for both youth in residential placement, as well as day students from the community who also have sexually related behavioral issues.

MAP became certified by Sacramento County to provide specialty mental health services to Sacramento youth in June of 2008. The outpatient program currently is under contract with Sacramento CPS for individual therapy sessions for parents needing family reunification services.

MAP has also collaborated with CACFS for accreditation reviews of other agencies and chairing of committees. For Transitional aged youth, MAP has worked closely with Diogenes, Adolpho, ILP, Junior Colleges, Easter Seals, and local businesses to secure jobs. MAP has participated in two development projects with the California Institute of Mental Health (CIMH) for Evidence Based Practices (EBPs) and participated as a validation site in a study of the MEGA, a primary risk assessment tool used to assess the level of risk for sexual re-offense. MAP has worked in partnership with the Sacramento Urban Indian Project, local and remote mosques, churches, spiritual representatives, and guidance counselors to address cultural and religious needs of youth receiving MAP services. Every Christmas the Country Club Optimists sponsor a pizza party for our boys that include several generous gifts for each youth during the

holiday season. MAP has worked with Homeless shelters for parents of youth in MAP placement to facilitate ongoing communication between youth and their families. To develop and recruit clinical staff, MAP has participated in MFT and MSW internship programs with CSUS, Chapman, National, and Univ. of Phoenix. Collaboration with Alcoholics Anonymous/Narcotics Anonymous provides periodic group sessions for youth with substance abuse issues. The Sheriffs gang unit has performed semi-annual trainings to educate MAP staff on the latest terminology and trends in gang culture. MAP has worked with other residential providers to ensure a youth's priority needs are met and through placement transitions.

The collaborative relationships that MAP has focused on developing over the years will support the provision of a wide array of individualized formal and informal services and supports to youth enrolled in RBS and their families.

3. ENROLLMENT CRITERIA

3.1 Target Population (*Previously Question 1 of Voluntary Agreement*): Describe the criteria that your RBS program will use to select the children, youth and families who will potentially be enrolled during the demonstration period. These criteria may include factors such as age; gender; current placement situation; emotional, behavioral and interpersonal characteristics; legal status; etc. Include a description of any phased or staggered enrollment into the RBS Program.

The target population of youth selected for enrollment in RBS will be male and female youth that are currently receiving placement services from Child Welfare and Probation who are age 12-16 years old and have a broad range of chronic emotional, behavioral and psychological needs that cannot be satisfactorily met in a less restrictive setting and would otherwise be placed in traditional group homes at RCL 12 or RCL 14. Additional enrollment criteria will include:

- The youth has not had more than one (1)* group home placement;
- The youth has a current connection to a family or non-related extended family member that is a viable resource as a permanency option;
- The family is willing and able to participate in the RBS program; and,
- The youth is not currently receiving wraparound services.

*Youth with more than one group home placement can be considered on an exceptional basis.

The selection of youth for RBS enrollment by the Team Decision Making and Recommendations Committee participants will be further guided by the following considerations:

- The age and gender of the youth;
- The nature and extent of the youth's family or primary adult caregiver's

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involvement in the youth's life and their willingness to participate actively in an intense program to find and implement solutions to the forces that have disrupted the family's relationships;

- The strengths, needs, interests and goals of the youth and family;
- The extent and nature of the disruption in the relationship between the youth and family; and,
- The geographic location of the family's household and their ability and willingness to participate in the RBS program.

Sacramento County has learned the value of "starting small" through our work with child Welfare Redesign efforts and the Casey Breakthrough Series Collaboratives. The initial implementation phase of RBS will start with 22 youth, to be served by three providers, and progress to a maximum of 48 youth enrolled in RBS during the first year as youth progress, move to community and exit RBS enrollment. The initial 22 RBS slots will not be rigidly assigned, but are generally expected to be divided as follows:

- 10 slots to serve probation youth (4 slots designated for sexual acting out male youth, 6 slots gen. population)
- 12 slots for child welfare youth (2 male sexual acting out slots, 10 female gen. population)

It is anticipated that over time, flexibility in referral source and gender of enrolled youth will occur to ensure that RBS slots are available to the neediest youth in the system of care. The initial plan and rate of expansion will be adjusted in accordance with project progress and success.

3.2 Enrollment Criteria: When the number of youth from the target population exceeds your RBS capacity, what selection criteria and process will be used to determine which youth from your target population will be enrolled in RBS:

When RBS referrals exceed RBS slot capacity, a RBS Referral Waiting List will be established and maintained by the RBS Project Coordinator. The list will be updated weekly. The number of immediately actionable items on the Child and Adolescent Needs and Strengths tool will guide referral prioritization. Additional criteria will include:

- Lack of stability in current placement
- Number of prior placements
- High level of need "immediate actionable items" determined by CANS
- Referral date

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3.3 Assessment and Matching *(Previously Question 3 of Voluntary Agreement)*: Please describe the approach your program will take to ensure that only the children and youth who are best served via Residentially-Based Services are appropriately matched for this level of care by answering the following questions:

***3.3.1* Indicate the tools your program will use to assess/identify the needs and strengths of the children, youth and families who are referred for enrollment.**

The Sacramento County RBS Demonstration Project will use the CANS (Child and Adolescent Needs and Strengths) tool to provide a consistent strengths and needs baseline for Child Welfare and Probation youth. However, each system will use additional tools specifically related to the needs of the children, youth and their families and as required by the primary service system. A list of those tools includes, but is not limited to:

Structured Decision Making
Psychological Evaluations
Individualized Educational Plans
Multi-Perspective, Comprehensive Assessments
Court Documents
Case Records

***3.3.2* Describe the process/procedures that will be used to decide who will be enrolled and how matching enrolled children, youth and families with an RBS provider will occur.**

The Sacramento County RBS Demonstration Project will be serving youth from Child Welfare and Probation. Because of individual agency requirements, there will be some variance in the assessment and matching process for RBS. The Assessment and Matching process for each agency will be addressed separately.

Child Welfare:

- Case carrying social worker/placement gatekeepers will determine that youth meets RBS referral criteria and forwards RBS TDM referral to TDM Scheduler with a cc to RBS Project Coordinator
- TDM Scheduler schedules RBS TDM and notifies youth, parents, Parent Leader, RBS providers, involved services agency reps and youth and parent support persons
- RBS Project Coordinator works with social worker to gather assessment data and complete CANS
- TDM held and assessment information from all sources, i.e., CANS, education, mental health, etc., presented and considered. RBS enrollment decided and placement matching or next steps to placement matching, i.e., onsite visits, with a follow-up plan occurs

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Probation:

- Probation Officer will determine that youth meets RBS referral criteria and forwards RBS referral to RBS Project Coordinator and the Sacramento Assessment and Treatment Center (SATC).
- Incarcerated youth, will receive a full assessment in the facility that is across multiple domains and includes the CANS. If not incarcerated, youth will be placed at the Sacramento Assessment Center and receive full assessment across multiple domains, including CANS
- Recommendations Team Meeting scheduled by SATC Case Mgr.
- SATC Case Manager notifies youth, parents, Parent Partner, RBS providers, involved services agency reps and youth and parent support persons of Recommendations Meeting time and location.
- Recommendation Team, including Probation Officer, youth and parents, decides RBS enrollment
- Probation Officer forwards RBS referral to Project Coordinator
- RBS Project Coordinator screens for eligibility and reviews RBS enrollment options and provider selected.

Decisions related to matching the youth and family with one of the three RBS providers will be based upon an analysis of which provider can best meet the specific needs and promote the strengths of the youth and family and on youth and family preference.
The above processes address the assessment and matching process for new youth enrolled in RBS. For the start-up phase of RBS, there will be some youth who are currently placed with the selected RBS provider that will be transitioned to RBS enrollment with that provider. The process for selecting and transitioning those youth will be jointly determined by a review team of provider and county staff that incorporates the use of the CANS and the involvement of the youth and family into the decision-making process through a TDM or Recommendations Meeting.

3.3.3. Explain how children, youth and families will be involved in the assessment and matching decision making processes.

The involvement of youth and families in the assessment, matching and decision-making process is recognized as being critical to achieving improved outcomes for youth enrolled in RBS. The involvement of youth and families will take place through two key avenues, the participation of the youth and family at the TDM for youth and families referred by Child Welfare or the Recommendations Meeting for youth and families referred by Probation, and the ongoing participation of the youth and family in the Family Support Team (FST) Meeting.

The youth's and family's participation in the TDM or Recommendations Meeting during the Referral, Assessment and Matching phase will be important to ensuring that the team has sufficient information about the youth and family's strengths, needs and goals

to make a sound placement decision. The support and buy-in from the youth and family for a specific placement decision is also important to the youth's progress with the selected RBS provider.

The youth and family's participation in the FST and the case plan decision making process is equally important to a youth's success in RBS. Involvement in the FST provides an opportunity to lend their perspective to the process and, at the same time, serves as an opportunity for the youth and family to understand the program's processes and progress review criteria.

The use of parent leaders and parent partners and youth advocates by the County and all RBS providers in the RBS system of care will support and encourage the consistent and ongoing participation of youth and families in the following key activities and decision making points throughout a youth's RBS enrollment:

1. TDM Orientation
2. Provider Orientation
3. Supportive phone calls prior to TDMs & FST meetings
4. Active Support during TDMs and FST meetings
5. Providing contact information upon RBS enrollment

4. PROGRAM CRITERIA[3]

4.1 Mission *(Previously Question 2 of Program Description)*: What is the mission that you hope to accomplish through the implementation of your program? At a minimum, the mission should:

- ***Ensure that all children/youth who receive services are ultimately able to connect or reconnect with family, school and community following placement and***
- ***Provide for active family involvement, behavioral stabilization, intensive treatment, parallel community services and follow-up support to help achieve the mission.***

The Sacramento County Residential Based Service Demonstration Project program model is designed with the objective of partnering with children, youth, families and other key stakeholders to provide a wide array of facility-based and community supports and services for the purpose of insuring that all children and youth who receive residential services are ultimately able to connect or reconnect with family, school and community so they can achieve productive adult life outcomes. Youth and family involvement in care planning and decision-making will be supported through family engagement activities by developing partnerships over time and through the availability and active encouragement by Parent Leaders/Partners and Youth Advocates.

[3] Reference the 'Program Criteria' section of the 'Framework' document

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4.2 Vision *(Previously Question 3 of Program Description):* Describe your vision of how your program will go about accomplishing the mission you have chosen:

The vision of the Sacramento County RBS Demonstration Project is that the program model will provide a comprehensive and coordinated array of individually tailored residential and community based services to children, youth and families with complex and critical unmet needs. The key services components of the program model are:

1. **Consistent and Thorough Assessment and Matching**
2. **Comprehensive and Coordinated Plan of Care**
3. **Intensive Family Involvement**
4. **Parallel, Pre-Discharge Services**
5. **Intensive Environmentally-Based Services**
6. **Therapeutic Interventions**
7. **follow-up Community Based Services**

Services will be integrated among service agencies and across settings and will allow the ongoing and consistent delivery of service and support to children and youth enrolled in RBS and their families so they can be efficiently and effectively reconnected to their families, schools and community. Eligibility for service and support will be tied to RBS enrollment, not residential placement.

4.3 Guiding Principles[4] *(Previously Question 4 of Program Description):* What are the value-based principles that will guide you in the development and operation of your program? These principles should support a program service environment that reflects the following values from the Framework:

- ***Respect for the culture, individuality and humanity of children, youth & families.***
- ***Maintaining a focus and building plans of care on the individual strengths, needs and goals of each child, youth & family member.***
- ***Providing for and insuring active and equitable family participation in all phases of intervention & treatment.***
- ***Helping children, youth develop and sustain positive connections with family, school & community.***
- ***Understanding and supporting the emotional, behavioral, intellectual and physical development of children, youth.***
- ***Providing positive and supportive assistance to guide children, youth in replacing the behaviors that require residential placement with pro-social alternatives that better express and address their unmet needs.***
- ***Helping children, youth in placement quickly return to and remain safely with their families, schools & communities.***

[4] Reference 'Values' in the 'Program Criteria' section of the 'Framework' document

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The Sacramento County RBS Reform Team spent considerable time identifying the shared principles and values that we wanted to serve as the foundation for the design and implementation of our RBS model. The identified principles and values have been instrumental in guiding our collaborative work. They have frequently been referenced as we have developed the specific elements of our RBS model and will continue to help ensure that our practice is aligned with our vision for improved outcomes for children, youth and families. The following is a comprehensive list of those principles and values:

Shared Principles

- Residentially based services reform is critical to improving the ability of children and families in Sacramento County to get needed services at the right time and location.
- Residentially based services should be a specific option chosen as a means to achieve a specific outcome.
- Residentially based services should provide effective and reliable services that facilitate the movement of children and youth toward permanent and positive connection or reconnection facilitate the movement of children and youth toward permanent and positive connection or reconnection with their families.
- The safety and well being of children and youth must be protected during the change process.
- The committed and integrated effort of families, placing agencies, decision-making bodies, provider agencies, regulatory and funding, agencies, community stakeholders and the children and youth, themselves, is needed to achieve improved outcomes.
- A comprehensive assessment and matching process is key to ensuring children and youth have the right blend of services and support for the right length of time.
- Effective discharge planning begins at the point of placement in residential group care.
- Children and youth who remain in their own communities are more likely to receive the maximum benefit from services and family support.
- Residentially based services must have the resources and competency necessary to address the needs of the children and families.
- Adjustments in funding strategies and regulations will be essential to providing a new framework of residentially based service delivery.
- Residentially based services should not be the only option for children and youth who require mental health treatment.
- No youth shall emancipate from the child welfare system.
- Age does not determine a youth's readiness for independence.

Core Values

Residentially Based Services should:

- Provide and use thorough assessments to drive services that are tailored to individual youth, children and families.
- Demonstrate respect for the culture, individuality and humanity of children, youth and families.
- Maintain a focus and build plans of care on the individual strengths, needs and goals

of each child, youth and family member.

- Insure active and equitable family participation in all phases of planning, intervention and monitoring.
- Help children and youth develop and sustain positive connections with family, schools and community.
- Help families develop and sustain positive connections with their children, schools and community.
- Understand and support the emotional, behavioral, intellectual and physical development of children and youth.
- Provide positive and supportive assistance to guide children, youth and families in replacing the behaviors that required residential placement with pro-social alternatives that better express and address their unmet needs.
- Help children and youth in placement quickly return to and remain safe with their families, successful in their schools and integrated into their communities.
- Prepare families to be able to successfully care for their children upon discharge from group care.
- Provide post-discharge, follow along services to assure children and youth are able to remain and thrive with their families after they leave group living.
- Hold all providers and systems accountable for actions and outcomes.

4.4 Administration[5]:

4.4.1 Placing Agency Oversight: Describe how the Placing Agency will ensure that each Providers' administration, management and staff will provide high quality, cost-effective care and facilities for youth and families enrolled in the RBS program. Also, include specific parties/units who will be responsible for carrying out this approach.

Probation and Child Welfare will work in partnership by establishing a team of cross agency staff, from line to management level, to provide oversight to ensure that each provider's administration, management and staff will provide high quality, cost effective care and facilities for youth and families enrolled in the Sacramento County RBS Demonstration Project. Although each placing agency will have responsibilities related to the youth enrolled in RBS by their agency, the oversight of Sacramento RBS care management will be coordinated by a RBS Project Coordinator. This position will sit in the Department of Health and Human Services, Child Protective Services division, during the start-up phase of RBS. In addition to having key care management responsibilities that for each agency's enrolled population, the Project Coordinator will also ensure that all members of the care management team are completing their care management tasks on a timely and thorough basis. The roles of the individual care management team members are described below:

Management

[5] Reference 'Administration' in the 'Program Criteria' section of the 'Framework' document

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Oversight of RBS Management will be provided at the Division Manager level of the partnering County agencies. The Division Managers will receive monthly reports from the RBS Project Coordinator that provide cost, census and process outcome data. Each manager will receive annual evaluation reports from Walter R. McDonald and Assoc. that address outcome and cost neutrality data.

Project Coordinator

In addition to providing oversight and quality assurance to the work of the care management team, the Project Coordinator's responsibilities related to care management will include monitoring of the contract between the County and the RBS providers on a monthly review basis to ensure performance is consistent with the "Scope of Work" which will include the provider responsibilities as described in the Voluntary Agreement and outcome based. The Project Coordinator will also receive and document the use of the tools and reports (CANS, YSS, YSS-F, FST Summary Report) the providers have used to facilitate evaluation of services and youth and family as a means to ensure processes are in place to assess youth and family progress and ensure quality of program and services. The Project Coordinator will work hand in hand with Walter R. McDonald and Assoc. to facilitate the evaluation of key RBS outcomes related to safety, permanency and well being. Lastly, the Project Coordinator will track RBS enrollment to ensure timely placement in RBS and the progress of transitioning youth from residential to community and family care.

Mental Health Contract Monitor

A Mental Health Contract Monitor will be assigned to monitor the EPSDT contract between County Mental Health and the providers on a monthly basis to ensure provider performance is consistent with the "Scope of Work" that defines the type of services and that costs are in line with the annual allocation of EPSDT funding.

Placing Worker Supervisors

The supervisors of the placing workers will assure quality of service and service effectiveness for youth enrolled in RBS through bi-weekly case conferencing with the case carrying worker and the 6 month case reviews and approval process.

Placement Workers

Under RBS, placement/case management Probation Officers and Child Welfare Social Workers who will have direct contact with the youth enrolled in RBS and their families will have a key role in ensuring that the youth enrolled in RBS and their families receive the array of services and support that are specified in their Plan of Care. The placement staff that will be responsible for the case management of youth enrolled in RBS will be well trained on the key RBS values, skills and practices. Their oversight will be provided through participation at FSTs, TDMs and through monthly visitation with the youth and family. The County placement/case management workers will follow the youth through RBS enrollment to ensure better continuity of care.

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Fiscal Mgt. Team
A Fiscal Team comprised of a Fiscal Manager from the Department of Health and Human Services, Child Protective Services division, a Fiscal Manager and staff from the Department of Human Assistance, Fiscal Unit Claiming and a Supervisor and Manager from Foster Care Eligibility will work together to track the monthly costs of each youth enrolled in RBS for the purposes of tracking cost neutrality and providing the fiscal data to determine RBS program cost effectiveness.

4.4.2 Provider(s) Resource Capacity: For each Provider involved, describe the capacity for supplying adequate fiscal, material and personnel resources to carry out their role in the RBS program.

The Sacramento County RBS Demonstration Project will use a lead agency structure for the delivery of the array of services provided to youth and their families throughout their enrollment in RBS. The provider agencies described in Sect. 2.3 of this document, Quality Group Homes, Children's Receiving Home of Sacramento and Martin's Achievement Place, will serve as lead agencies in the initial phase of RBS start up. Each provider will assume responsibility for facilitating the development and implementation of a comprehensive plan of care for the youth enrolled in their RBS program. The planning, coordination and provision of individually tailored services designed to support reconnection of the youth to their community and family will be funded through our alternative model for AFDC-FC funding. Individual behavior health services will be provided and supported through the use of EPSDT funds. The following narrative describes the capacity of each RBS lead agency provider to supply adequate fiscal, material and personnel resources to carry out their role in the RBS program:

Quality Group Homes, Inc.
QGH has provided brief, intermediate, and long-term residential, foster care, assessment, wrap-around, and intensive in-home treatment services for over thirty years. Our agency has provided formal RCL 14, 12, 11, and 10 services for the majority of this time. QGH has taken an increasingly proactive role in serving RCL 12 children and youth and their families during the last decade in the Sacramento area.

QGH has the current capacity to provide RBS residential care to a total of 6 male youth who are receiving services from the Juvenile Division of the Sacramento County Probation Department. QGH now has the administrative capacity to insure that all youth and families enrolled in the RBS program receive high quality, cost effective care. Additional personnel will be added based upon the phase in of RBS youth and family enrollment.

As a lead agency RBS provider, QGH will provide facilitation for the Family Support Team Meeting and assume responsibility for the management of the Comprehensive Plan of Care of a full array of facility and community based services, that is development, in partnership with the youth, parents and other key stakeholders, The services and supports will be funded through the flexible use of AFDC-FC funding and

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EPSDT funding for behavioral health services.

QGH will dedicate one 6-bed group home (Sparks facility) to the facility-based portion of RBS.

The QGH RBS program will be structured to support the provision of individualized, comprehensive services by the same team members in both facility-based and community-based environments. QGH will provide overall care coordination for each enrolled youth and their family through the FST process. Ongoing services will be provided throughout the youth's enrollment in RBS including comprehensive assessment, residential stabilization, individualize youth and family services, active family engagement and permanency services, parallel and follow along community services. In addition, QGH will make arrangements for additional formal and informal assistance, services and supports as appropriate given each youth and her or his family's specific strengths, needs, and goals as identified in the RBS Comprehensive Care Plan. These services will be provided by QGH RBS staff and by encouraging voluntary community assistance and natural connections wherever possible.

QGH RBS will provide crisis stabilization at the residential facility for youth enrolled in RBS as needed to support their reconnection to family and the community
The QGH RBS teams will consist of childcare specialists and mental health clinical staff for the 6 RBS clients assigned to our SATC RBS slots.

Each youth enrolled in QGH RBS will receive approximately 70 hours per week of dedicated staff services. These staff will be specifically assigned to work with RBS youth at the Sparks site. Each RBS youth and their family will receive an array of facility based services that will be tailored to the youth and family's needs and designed to enhance and support connection/re-connection and a successful transition from to the community and eventual discharge from the RBS program.

The 6 youth enrolled in RBS will receive services and support from the following staff that will comprise each youth/adolescent's RBS Team:

Position	**FTE's**	**Component**	**Hours / RBS Client / Week**
Program Director	.50	Parallel/Post	2.0
Program Aide	.25	Parallel/Post	2.0
Family Partner	.50	Parallel/Post	2.0
Youth & Family Specialist (Clinician)	1.0	Parallel/Post	6.0
Res. Child Care Couns.	7.0	Residential	40.0
Res. Child Care	1.0	Residential	8.5

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Manager			
Res. Child Care Prog. Supervisor	.33		
Behav. Intervention Specialist	1.5	Combined	6.0
Intake/ Discharge Aide	.50	Residential	3.0
Youth Mentor	.50	Parallel/Post	3.0
Educational Aide	30	Parallel/Post	3.0
Therapist	1.0	Parallel/Post	3.5
Comprehensive Care Coordinator	1.0	Parallel/Post	6.0
Occupational/ILP Recreation Spec.	.70		4.0
Psychiatrist	.10 [dedicated]	Parallel/Post	1.0
Total Hours Per Week Per RBS Client			**89.5**
Total Specific RBS-Staff Hours Per Day Per RBS Client			**14.9**
Utilization is expected to vary based on youth and family need.			

The Sparks site is being established as a collaborative project with the Sacramento County Probation Placement Unit, Panacea Services Inc. and various other partners. This site will offer a wide array of resources and service options for youth and families. QGH will assign specifically trained and dedicated staff to our initial 6 RBS client's slots.

As previously explained, the QGH internal quality assurance and audit self-checking procedures will ensure that Foster Care Rates, State, RCL, Title 22 and local/State regulations and contract requirements are held to the highest of standards. Bookkeeping, accounting, and administrative staff will maintain a separate daily client roster and population tracking system. A separate RBS billing tracking log via separate client daily log and cost center tracking reports will be utilized to ensure there are no issues with funding compliance.

Children's Receiving Home of Sacramento

CRH has provided brief, residential services for over sixty-four years to children and youth served by Child Welfare in Sacramento County. CRH has taken an increasingly proactive role in serving children and youth with complex behavioral and emotional needs in the last decade of operation. The CRH campus currently offers an assessment center, on grounds public school, mental health services and an area where children, youth and their families can visit in comfortable surroundings.

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CRH will convert a 10-bed cottage that will be dedicated to 10 female RBS youth for the purposes of short-term stabilization and ongoing assessment. In addition to providing the structure and supervision to ensure the youth's safety, CRH will provide a wide range of facility and community based therapeutic, educational, behavioral and social interventions in accordance with the youth's established plan of care.

CRH will provide services that support the youth's transition to family and community from facility based care. Short-term stabilization care will be provided for youth enrolled in RBS as needed to support their reconnection to family and the community.

For the start up phase at CRH, the following staff will comprise each youth's RBS team:

Position	FTE's	Location	Approx. Hours / RBS Client / Week
Comprehensive Care Coordinator*	1.5	Parallel/Post	6.0
Family Specialists*	2.0	Parallel/Post	12.0
RBS Supervisor	1.0	Residential	4.0
Vocational/Activities/ILP Coordinator*	1.0	Parallel/Post	4.0
Therapist*	1.0	Parallel/Post	4.0
Behavioral Intervention Specialist*	2.0	Parallel/Post	6.0
Intake/Discharge Coordinator	1.0	Parallel/Post	2.0
Residential Counselors	15.0	Residential	50.0
Transportation Counselor*	1.3	Parallel/Post	6.0
Family Partner*	0.5	Parallel/Post	2.0
Youth Mentor*	0.5	Parallel/Post	2.0
Activities Assistant	.50	Parallel/Post	2.0
Psychiatrist*	.15	Parallel/Post	1.0
Records/ QI Coordinator	1.0	Parallel/Post	4.0
Tutor*	0.25	Parallel/Post	1.0
Training Specialist	.25	Parallel/Post	1.5
Program Manager	1.0	Parallel/Post	1.5
Program Director	.3	Parallel/Post	2.0
Clinical Manager	.10	Parallel/Post	1.5
Total Hours Per Week Per RBS Client			114.5

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Total Specific RBS-Staff Hours Per Day Per RBS Client 9.54 (approx.) *Utilization will vary depending on youth and family need.

The CRH RBS team established during the residential component of care will follow the youth and family into the community for continuity of care. The RBS team will receive additional intensive training in strength based and permanency practices, family finding and engagement, resource mapping, working within an integrated care system and the roles and responsibilities of public and non-profit staff provided by the RBS Provider partners and the CRH Training Specialist.

As with Quality Group Homes, CRH will assign specifically trained and dedicated staff to our initial 10 RBS clients. The ten female youth will live in one of the Willows cottages in close proximity to our Family Visitation Center.

The RBS team will only be providing services to those youth and families in the RBS pilot and will not be counted for RCL points. Residential direct care staff will be specifically identified, trained with the RBS team and assigned to the RBS clients. .

CRH will ensure no issues of co-mingling in the areas of program service delivery as well as funding/ billing by the following means:

- CRH accounting and administrative staff will maintain a separate daily client roster and population tracking system.
- CRH will utilize a separate RBS billing and tracking log to ensure there are no issues with funding compliance.
- CRH RBS staff will be required to maintain a separate time sheet for any staff that is dual function in working both with the RBS and non-RBS youth. Those staff that are entirely allocated to the RBS clients will only complete, submit and track an RBS time sheet.
- Audits will be held to the strictest standard, i.e. RCL standard

CRH will provide a well-structured program that insures consistency and quality in the comprehensive services provided during facility based, parallel and community based RBS treatment environments. Separation of RBS specific treatment and activities for the RBS enrolled youth will be assured through each youth's individualized plan of care developed by the youth's Family Support Team and specific to the needs of the youth/family in support of reintegration into the community and permanency.

CRH is committed to continue to provide quality overall care coordination for all youth and families served on our campus and in the community. The provision of RBS will support our mission and 64 year history of providing community services for children, youth and families during their most vulnerable time.

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Martin's Achievement Place

MAP, Inc. has provided residential care to adolescents for 34 years to children from over 20 counties across the state of California. MAP, Inc. has focused on treating children with sexually acting out behaviors since 1987 as one of the first programs in the state to focus on this area of treatment. Along with a special education non-public school, mental health services, and outpatient clinic, MAP continues its mission of serving individuals and families impacted by sexual abuse.

MAP will convert one 6-bed group home, site still to be determined, where they will provide short-term stabilization and support enrolled RBS youth. Conversion of the 6 bed home will take place during the start-up of RBS services and a newly licensed, zoned and constructed site will be available by the end of 2010. The new facility will be close to the administrative offices, primary agency service center and on grounds non-public school which are close to a major freeway and will offer easy access to parents who will be actively engaged and supported in their participation in service plan development. The site will be utilized to provide services for 4 probation youth and 2 youth from child welfare or mental health. Short-term residential stabilization will also be provided at the site after the proper zoning process for the property has been completed.

In the startup phase of RBS, MAP will employ the following individuals as RBS specific staff members:

Position	FTE's	Location	Approx. Hours / RBS Client / Week
Program Director	.50	Parallel/Post	2.0
Res. Counselors	7.0	Residential	42.0
Family Specialists*	1.0	Parallel/Post	12.0
Behavior Intervention Specialist*	0.7	Parallel/Post	3.0
Family Advocate/Partner*	1.0	Parallel/Post	6.0
Youth Advocate/Mentor/ Partner*	0.3	Parallel/Post	3.0
Therapist	1.0	Parallel/Post	6.0
Comprehensive Care Coordinator*	1.0	Parallel/Post	6.0
Records Coord/Clerical Staff	0.5	Parallel/Post	3.0
Emergency	0.8	Parallel/Post	3.0

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Stabilization Worker*			
Education Specialist*	0.5	Parallel/Post	3.0
Transportation Workers*	1.0	Parallel/Post	12.0
Family Engagement Specialist*	1.0	Parallel/Post	3.0
Total Hours Per Week Per RBS Client			102.00
Total Specific RBS-STAFF Hours Per Day Per RBS Client (approx.)			15.00
*Utilization will vary depending on Client need.			

All team members, except for the Child Care Workers will be involved with the child starting from the Residential Stabilization component of the RBS program and following the child and family into the community setting. Utilization of staff time will be on a case basis as determined by the Family Support Team (FST) based upon each child and family's individual need.

MAP will be researching current practices of shorter-term programs serving sexually acting out youth. Several programs across the nation have been targeted for study, comparison, visitation, and consultation in an effort to develop a state of the art delivery system that fits the California RBS Pilot timelines while delivering the services needed to address acting out behaviors in a safe and expedited manner. Current treatment time for residential clients at MAP is 18 months on average. The shift to the delivery of services in the RBS pilot is a significant and ambitious change for MAP. Additionally, training in family finding, permanency definitions and practice, facilitating FST meetings and family engagement will be prioritized for team members participating in the pilot.

4.4.3 Provider(s) Consumer Input Capacity: For each Provider involved, describe how the administrative structure will include opportunities for ongoing input by representative family members and service consumers.

The administrative structure of each RBS provider will provide multiple opportunities for ongoing input by representative family members and service consumers. The approach of each provider is somewhat varied, but includes both formal and informal methods for obtaining consumer input and feedback. Provider specific structures and approaches are outlined below:

Quality Group Homes, Inc.
QGH will include a family partner (a.k.a., family advocate) on the management and clinical team of our RBS program. QGH will also explore the feasibility of a youth mentor

joining our program staff that is a former client of either child welfare or mental health, and juvenile probation systems, and has experience in residential treatment. Several formal and informal techniques will be used for obtaining family and youth or youth feedback including focus groups (client counsel for youth and parenting groups for family members), and mid-service and exit satisfaction surveys. Both the family partner and youth mentor will work closely with representative family members and youth to ensure their voice is heard in QGH RBS management and clinical team meetings.

Children's Receiving Home of Sacramento

CRH will include a family partner on the management team supervising our RBS program. CRH also employs a youth mentor who is a former client of both the child welfare and mental health systems, and has experience in residential treatment. The family partner and youth mentor will work closely will families and youth to ensure their voice is heard in CRH management and clinical team meetings. Several techniques will be used for obtaining family and child or youth feedback including regular interaction, focus groups and mid-service and exit satisfaction surveys.

Martin's Achievement Place

MAP will include a family/parent advocate and a youth advocate as part of the RBS Program. MAP will utilize these key positions to consistently support the valuable input and feedback from youth and family in the development of the RBS services and in the reevaluation of service delivery over time. Satisfaction surveys, focus groups, and regular interaction between advocates, youth, family, and staff will be utilized to facilitate feedback opportunities.

4.4.4 Provider(s) Data Capacity: For each Provider involved, describe the capacity for having a well-structured and reliable system for data management that accurately reflects its operations, costs, service delivery and outcomes.

Quality Group Homes, Inc.

QGH is committed to quality assurance and quality improvement. Several tools and findings will be used to improve performance and better meet the needs of RBS youth and families. QGH will review the youth involvement and satisfaction with services through the completion of the Youth Satisfaction Survey (YSS) and the Youth Satisfaction Survey for Families (YSS-F) which will be completed semi-annually. The utilization and outcomes of Team Decision Meetings (TDM) will be tracked and reviewed monthly. The CANS Tool and Progress Summary Report will be reviewed monthly to track the youth's progress in RBS. FST usage and youth and family involvement will be reviewed quarterly.

QGH seeks to optimize the use of Probation Department outcome data, and with their permission to conduct independent outcome studies to document the success and changes brought about through high quality RBS intervention.

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QGH seeks to provide the most relevant accounting information for use by management and board members in decision making and conducting the operations of the agency. To this end, all records and financial statements are prepared in accordance with generally accepted accounting principles for nonprofit organizations using the Sage MIP non-profit accounting software.

Additional quality improvement activities include training and education, research, maintaining professional and staff qualification, and internal and external review of case records. Research activities include qualitative and quantitative evaluations, and providing specific reports based on various types of performance data.

While QGH data systems are not capable of direct linkage with CWS/CMS, the agency will produce hard copy reports that are easily entered into the Sacramento County's data system.

Children's Receiving Home of Sacramento

CRH is committed to quality assurance and quality improvement. Several tools and findings will be used to improve performance and better meet the needs of children and families. The CRH Director, Clinical Manager and QI Coordinator will review the child/youth involvement and satisfaction with services through the completion of the Youth Satisfaction Survey (YSS) and the Youth Satisfaction Survey for Families (YSS-F) which will be completed semi-annually. The utilization and outcomes of Team Decision Meetings (TDM) will be tracked via an internally developed, reliable data collection system and reviewed quarterly. The CANS Tool and Progress Summary Report will be reviewed quarterly to track the child/youth's progress in RBS. FST usage and youth and family involvement will be reviewed quarterly. All reviews will be conducted by the CRH Director, Clinical Manager and QI Coordinator in a secure, highly stable electronic data collection system.

CRH seeks to provide the most relevant accounting information for use by management and board members in decision making and conducting the operations of the agency. To this end, all records and financial statements are prepared by the Chief Financial Officer and Accounting Manager in accordance with generally accepted accounting principles for nonprofit organizations using the Sage MIP non-profit accounting software.

Additional quality improvement activities include training and education, research, maintaining professional and staff qualification, and internal and external review of case records. Research activities include qualitative and quantitative evaluations completed by dissertation students, and providing specific reports based on various types of performance data collected in an internally developed, highly stable and secure electronic data collection system designed to be multi-modal and multi-environmental and compiled by the QI Coordinator.

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While CRH data systems are not capable of direct linkage with CWS/CMS, the agency will produce hard copy reports that are easily entered into the Sacramento County's data system.

Martin's Achievement Place

As an ongoing process, MAP will utilize standardized assessment instruments, including the CANS, YSS and YSS-F, to establish care and performance base lines and each individual youth's progress through the various stages of treatment. Following the first year of RBS implementation, MAP management and RBS Team, in coordination with county partners and Walter R. McDonald and Assoc., will review and assess all aspects of the treatment outcomes and service satisfaction findings, to determine positive outcomes and areas in need of change.

The outcomes for all youth are tracked in our Continuous Quality Improvement (CQI) plan, and, in addition to be evaluated internally for program improvement, will be evaluated by our Board of Directors and Management on a semi-annual basis. The needs and strengths of the youth and family of the youth will guide all changes in the treatment and care plan and will be identified and coordinated through the FST. Each individual youth's gains will be aggregated and reported on. Long term sustainability of youth and family gains cannot currently be tracked by MAP as funding sources have not been identified that would provide for tracing over time.

In addition to the CANS and YSS and YSS-F, the following assessment tools and data will be utilized to gather operational and outcome data for quality assurance purposes: ABEL, MEGA, GAF, FFS, Jesness, Millon, J-SOAP-II, WIATT-II, demographic, admission & discharge data, clinical diagnoses, and length of stay information.

The collection of data will begin upon the youth's enrollment in RBS to establish a base line for treatment, education, family functioning, social skills and other issues as they relate to each individual client. Subsequent assessments will be conducted on a monthly, 6 month and yearly basis with relevance to the selected assessment and the demonstrated progress or lack of progress of the client.

Data will be sent to Sacramento County RBS partners and to a consulting psychologist who for internal purposes analyzes and prepares the report on semi-annual basis. The report is given to the Board of Directors in the subsequent quarterly Board meeting and reviewed with Management input and suggestions for improvement.

4.5 Management:[6]

4.5.1 Management Roles & Responsibilities (*Previously Question 7 of Voluntary Agreement*): Please identify key managers of the Placing Agency(ies) and each Provider Agency(ies), and their roles and

* Sacramento County RBS Demonstration Project Organizational Chart is attached. (See Attachment A)

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responsibilities for the implementation and operation of your program (If a Provider Agency has not yet been selected for your project, simply describe the roles and responsibilities that they will be expected to fulfill upon selection). *If available attach organizational chart that displays positions by job title/ classification.

Participating agency	Managing staff person	Role and responsibilities
Sacramento County Department of Health and Human Services, Child Protection Division	Luis Villa, Division Manager	• Oversee RBS implementation and operations • Serve or assign a representative to serve as a member of the RBS Reform Team Committee • Supervise RBS Project Coordinator
Sacramento County Department of Health and Human Services, Mental Health Division	Lisa Bertaccini, Division Manager	• Oversee RBS implementation and operations • Serve or assign a representative to serve as a member of the RBS Reform Team and Local Implementation Team Committee • Supervise EPSDT Contract Monitor & appoint & supervise MH Implementation Comm. Lead
Sacramento County Probation Department	Karen Dodrill, Probation Division Chief	• Oversee RBS implementation and operations • Serve or assign a representative to serve as a member of the RBS Reform Team Committee • Appoint & supervise Prob. Implementation Comm. Lead

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Sacramento County Department of Health and Human Services	Geri Wilson, RBS Project Coordinator	• Facilitate initial and ongoing RBS development and implementation activities • Serve as a representative to serve as a member of the RBS Reform Team Committee. • Assume QA responsibility for start-up phase
Quality Group Homes	Carmen Maroney, Executive Administrator	• Oversee RBS implementation and operation in accordance with RBS Lead Agency Model design as outlined in contract Scope of Work • Serve or assign a representative to serve as a member of the RBS Reform Team Committee. • Assign RBS Agency Manager to implement and oversee day to day operations
Children's Receiving Home of Sacramento	David Ballard, Chief Executive Officer	• Oversee RBS implementation and operation in accordance with RBS Lead Agency Model design as outlined in contract Scope of Work • Serve or assign a representative to serve as a member of the RBS Reform Team Committee. • Assign RBS Agency Manager to implement and oversee day to day operations

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Martin's Achievement Place, Inc.	Jim Martin, Executive Director	• Oversee RBS implementation and operation in accordance with RBS Lead Agency Model design as outlined in contract Scope of Work • Serve or assign a representative to serve as a member of the RBS Reform Team Committee. • Assign RBS Agency Manager to implement and oversee day to day operations

4.5.2 Communication Network: Describe how your management team will have a communication network sufficient to insure that accurate information about issues and challenges regarding program operation or child, youth and family needs are noted and responded to in a timely and effective manner.

The RBS Project Coordinator and the RBS Reform Team Committee will serve as our two primary forums for communication.

The RBS Project Coordinator will serve as the "information hub" for all RBS activity. The RBS Project Coordinator will receive monthly progress, qualitative and quantitative information from each provider and will track placement agency intake and discharge information. The RBS Project Coordinator will assume responsibility for providing reports as required to Walter R. McDonald and CDSS for evaluation purpose, monthly progress reports to County management, the RBS Local Implementation Team (LIT) and the RBS Reform Team committee.

The RBS Reform Team committee will include participants from key RBS stakeholders, including youth, families, the RBS providers and group home agencies, Mental Health, Probation, Child Welfare, County Education, the Courts and other community service networks. The LIT participants will include representatives from the partnering county and provider agencies and parent and youth representatives who are responsible for RBS implementation activities. The RBS Reform Team and LIT will have the data and information and experience of the youth and families and observers to assess progress and adjust the structure, operations and services of the RBS Demonstration over time to strengthen services in response to youth and family need.

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The RBS Project Coordinator will have responsibility for recording issues and challenges that are identified by the Management, the RBS Reform Team and the LIT to ensure the development of timely plans to strengthen program and operational challenges.

4.6 Staffing:[7]

4.6.1 Staff Roles & Responsibilities: What changes will the Placing Agency(ies) and each Provider Agency be making in the staffing model in order to transform their existing group home programs into the new RBS program. Include information on the role and responsibilities, qualifications, experiences, and education necessary.

Placing Agencies

The Sacramento County Probation Department will be training their respective agency placement units to manage RBS enrollments. The Child Protective Services Division will train all group home units on the values, philosophy and practices of RBS, but will select a specific social worker to manage all child welfare RBS enrollments in the early phase of implementation. A second social worker will be designated to RBS midway through the first year as RBS enrollments increase.

The actual roles and responsibilities for county agency placing workers will not change with RBS transformation. However, training will be provided to all placing agency staff involved in the provision of RBS to strengthen the skills, ability and knowledge they will require to provide effective, permanency focused, youth and family centered RBS program services in partnership with youth, parents, providers and other key stakeholders.

Quality Group Homes, Inc. of Sacramento

QGH will establish a new RBS unit at the Sparks facility. The staffing will support the provision of individualized, comprehensive services to the youth and family by a core RBS treatment team while the youth and their family is receiving facility based and community based care. QGH will further ensure a transformation of current group home programming to RBS by making the following changes to the current program staffing models:

Assessment and Matching

QGH employs (or sub-contracts with) a full range of expert evaluators, including one or more individuals in each of the following roles: child psychiatrist, clinical psychologist, educational psychologist, family evaluator, substance abuse evaluator, occupation and recreation evaluator, group home assessment unit social worker, and assessment team meeting chairperson. QGH's Director of Mental Health Services will oversee and coordinate assessment and matching. In addition, SATC works collaboratively with the

[7] Reference 'Staffing' in the 'Program Criteria' section of the 'Framework' document

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assigned deputy probation officer, the SCOE teacher, and residential care staff. New to this staffing will be the QGH RBS Comprehensive Care Coordinator and key residential and community-based staff, who will participate in the assessment and matching process as outlined in section 3.3. The FCCTP Director will serve in the role of RBS Comprehensive Care Coordinator.

Comprehensive Plan of Care
The QGH RBS Comprehensive Care Coordinator will coordinate and facilitate the Recommendations Meeting and subsequent Family Support Team (FST) meetings. Newly hired mental health and RBS staff will coordinate the development of the RBS plan of care and will provide the clinical services offered during the facility based and community based portions of the program. These staff will be supervised by current QGH leadership staff, who have been involved in the RBS pilot development.

Intensive Family Involvement
The QGH Family Partner, Youth Mentor, RBS unit Social Worker, and the RBS treatment team will engage the youth's family and encourage and support their active involvement in the development of the care plan and throughout the delivery of RBS services. QGH will provide a Family Partner and Youth Mentor for the RBS program to support, encourage and strengthen family involvement in the RBS arc of care. The Family Partner will have the experience consumer of mental health services or have a child member who is or was a consumer of children and family mental health services. QGH will seek a Youth Mentor who has been a former resident of the SAC (or SATC) program, was discharged from Probation and emancipated successfully.

Parallel, Pre-Discharge, Community-Based Interventions
RBS residential and community, family-based interventions will proceed in a parallel process throughout the residential phase of RBS care. The parallel intensive family work will focus on preparing the family for the reunification phase, as well as focusing on coordinating and integrating treatment gains, addressing new concerns, and solidifying progress gained in the residential program by the youth. The RBS team will consist of Residential Counselors, Behavioral Specialist, the RBS Comprehensive Care Coordinator, and Group Home Manager, Unit Social Worker, Activities Group Coordinator, Substance Abuse Counselor, and Individual and Family Therapist. In addition, the Case Manager will possess at least a BA degree, and the Family Therapist will possess at least an MA degree in the behavioral sciences, and be licensed and experience working with families in crisis, community, and in residential care. The other specialists will possess a minimum of a BA degree in their field of study.

Therapeutic Interventions
As outlined above, QGH will utilize specialists whose job it will be to work with the RBS youth in the residential treatment program, in the family home, or elsewhere in the community. "Bridge" specialists, such as the individual and family therapist, case manager, and Comprehensive Care Coordinator, will work in both facility based and community based care components of RBS and work with the youth and family discharge from RBS.

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Intensive, Environmentally-Based Residential Services
Under the direction and supervision of the Child Care Manager, the residential treatment and care staff will maintain the care environment in the new RBS program. This will be similar to their current duties, but at a higher staff to youth ratio. Based on the QGH history of providing primarily short to moderate duration placements, as well as 2 to 4 month residential family reunification placements, these staff have familiarity with working with short-term placements that are highly reunification and permanency oriented. Under RBS, child care residential staff will receive additional training specific to RBS core principles and values, as well as in integrating residential treatment and care into intensive family services.

RBS residential staff will include direct care RBS child care staff, an RBS Child Care Manager, Behavioral Intervention Specialist, and an RBS Residential Program Manager. These staff members are expected to have a BA level of related education, along with considerable group home work experience. QGH medical clinic staff will provide on-site medical services and medication management. Staff include a Registered Nurse, part-time, and a Board Certified LVN), a sub-contracted Pediatrician (Board Certified MD) and contract Child Psychiatrist (Board Certified MD).

Follow-up Post Discharge Services and Support
The QGH RBS team will continue to provide individualized follow-up post discharge support and services driven by the FST and RBS CCP.

Children's Receiving Home of Sacramento
CRH will establish a new RBS unit at the CRH campus site. The staffing will support the provision of individualized; comprehensive services by the same team in both facility-based and community-based environments CRH will ensure the transformation from current group home programming to the implementation of RBS by making the following changes in our current staffing model:

Assessment and Matching
The CRH RBS Comprehensive Care Coordinator and other CRH staff as appropriate will participate in the assessment and matching process as outlined in section 3.3. The newly hired RBS Comprehensive Care Coordinator will possess a Masters Degree in a Social Services field and have experience working with youth and families in both residential treatment and community based environments.

Comprehensive Plan of Care
The CRH RBS Comprehensive Care Coordinator will coordinate and facilitate the Family Support Team (FST). Newly hired mental health and RBS staff will coordinate the development of the RBS plan of care and will provide the clinical services offered during the facility based and community based portions of the program. These staff will be supervised by current CRH leadership who has been involved in the RBS pilot development.

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Intensive Family Involvement
The CRH Family Partner, Youth Mentor and RBS team will engage the youth's family and support their active involvement in the development of the service plan and on an ongoing basis throughout the delivery of RBS services. CRH will utilize our current Family Partner and Youth Mentor for the RBS program. The Family Partner is required to have either been a consumer of mental health services or have a family member who is or was a consumer of mental health services. The Youth Mentor was a former resident of the CRH shelter program and emancipated successfully with continued connections to her birth family upon graduation from our Assessment Program.

Parallel, Pre-Discharge, Community based Interventions
At the same time as environmental interventions are being provided while a child or youth is living at CRH, the RBS team will be working with the family and community to help them prepare for the child or youth's return. The RBS team will consist of RBS Residential Counselors, Behavioral Interventions Specialists, an RBS Supervisor and Program Manager, Family Specialists, an Activities/ Group Coordinator and Therapist. The Family Specialists will possess a BA degree in the social services and experience working with families in crisis. The Activities/ Group Coordinator will possess a BA degree in either the social services or recreation/physical education field of study.

Therapeutic Interventions
CRH will provide mobile intensive services and treatment driven by the RBS plan. The RBS team will provide therapeutic interventions wherever the youth is living, i.e. at home or not at home. The RBS Therapist will be a Licensed Practitioner of the Healing Arts (LPHA) and have experience working with youth and families both in the residential treatment and community based environments.

Intensive Environmentally Based Residential Services
The residential milieu staff will maintain the care environment in the new RBS program. This will be similar to their current duties due to our history of providing short-term placements, however these staff will receive additional training in RBS core principles and values. RBS residential staff will include direct care RBS Residential Counselors, an RBS Residential Supervisor, Behavioral Intervention Specialists and an RBS Residential Program Manager (BA level of training required). CRH's medical clinic staff will also provide on-site medical services and medication management. Staff include a Health and Wellness Manager (Board Certified LVN), Medical Assistants, a contract Pediatrician (Board Certified MD) and contract Psychiatrist (Board Certified MD).

Follow-up Post Discharge Services and Support
The CRH RBS team will actively collaborate with the family and community resource partners to provide individualized follow-up post discharge support and services driven by the RBS plan of care (CCP).

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Martin's Achievement Place

MAP will establish a new RBS team with a very different theoretical orientation of youth and family empowerment from that traditionally applied with youth who act out sexually. Selecting staff that are willing to embrace youth and families with diverse needs and challenges will be key to the success of RBS. MAP will be carefully informing current staff of RBS team opportunities and will screen and select only those individuals whose prior work experience has demonstrated prior implementation of empowerment strategies. MAP may also hire from outside the agency any candidate who demonstrates the above theoretical orientation during interview and training. Since RBS positions will be paid at a higher rate than current residential positions, MAP expects the filling of positions will be competitive and will draw more highly skilled and educated staff to the pilot. The roles and responsibilities of the staff members will be developed and periodically evaluated based on the success of the youth and families served. MAP will be seeking individuals with a minimum of a Bachelor's degree for all positions other than transportation workers and the advocacy positions. The Therapist will of be certified to provide services through the county Mental Health Services certification process and will already have significant experience working with our focused population.

MAP will make many changes and additions to existing service delivery processes under the RBS pilot. The changes and additions are described in the following sections. Qualifications listed will be the minimums for the following listed positions.

Assessment and Matching

The Comprehensive Care Coordinator will be hired to facilitate the FST and the Comprehensive Care Plan (CCP) process for all youth and families. This will be in addition to regular case management and existing therapy. The CCC or a Clinical Representative will participate in the county referral and matching process prior to enrollment of an RBS youth. Continued assessment will take place by the Therapist and consideration for services that meet the need of the client will be evaluated approx. every 30 days utilizing the FST process. The CCC will have a minimum of a Bachelor's degree and several years of experience in residential treatment, and/or case management and will be trained in the Facilitation of FST.

Comprehensive Plan of Care

As described in the Assessment and Matching section above, the CCC will be hired to facilitate the FST and the development of the CCP for all RBS enrolled youth. Therapists, family members, Family Advocate, Youth Advocate, Family Specialists, and Family Engagement Specialists are also members that will participate in all FST meetings.

Intensive Family Involvement

Qualified individuals for the Family Advocate position will be those parents of children who have been served by the Foster Care, Mental Health, and Special or regular Education Systems locally in Sacramento County who wish to act as an advocate,

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educator, and communication liaison with all family members and the RBS FST members.

Qualified individuals for the Youth Advocate are young adults who have been in higher level foster care placement themselves, demonstrate good communication skills, take creative approaches to problem solving, and are interested in acting as an advocate, educator, and communication liaison with youth enrolled in RBS.

Qualified individuals for the Family Specialist position will possess a bachelor's degree in a behavioral science, several years of working with youth and families in a residential and/or community setting, good communication skills, a high degree of comfort working in residential and community environments, the ability to teach, model and give feedback on Family Interaction assignments, and the ability to establish a therapeutic and supportive relationship with families and youth.

Family Engagement Specialists will possess a bachelor's degree in a behavioral science, will be trained in family engagement protocols, strategies, and intensive relative searches, will have good communication skills, and be able to positively reinforce families for their initial, ongoing, and community based support of all youth.

Education Specialist will possess a minimum of an AA degree and will act as advocate, educator, and communication liaison with parents, school districts, schools, and teachers. The education specialist will assist parents in learning more about the educational system their child participate in and will work to develop the family's self sufficiency skills in navigating, advocating, and participating in their child's education.

Parallel, Pre-Discharge, Community based Interventions
Family Specialists will work with families throughout residential and Community based interventions. All other members of the FST will follow the youth and family through the entire enrollment process of RBS.

Therapeutic Interventions
Therapists will deliver the individual, group and family therapies that will be utilized to support youth and families. Therapists will possess a master's degree, be licensed or a registered intern for LMFT or LCSW licensure, will have experience working with sexually acting out children and their families, and will participate as a member of the FST Therapists will be trained in Evidence Based practices that support the needs of the youth and families enrolled in RBS.

Intensive Environmentally Based Residential Services
The residential milieu staff will maintain the care environment in the new RBS program. This will be similar to their current duties due to our history of providing short-term placements, however, these staff will receive additional training in RBS core principles

and values. RBS residential staff will include direct care RBS Residential Counselors, an RBS Residential Supervisor, and Behavioral Intervention Specialists.

Follow-up Post Discharge Services and Support
The MAP RBS team will continue to follow the youth during the community-based services provided to the family and youth. The Therapist, Behavior Intervention Specialist, Emergency Respite Worker, Transportation workers, and all other members of the FST will be available to the family as identified in the individualized FST plan of care.

4.6.2 Provider Staff Capacity Plan: Describe how the RBS program will recruit and retain skilled and effective staff, maintain adequate and consistent staffing levels, and ensure that staff understand and are able to put into action the mission and values of the program.

Each Sacramento County RBS Demonstration Project provider will utilize the following recruitment, retention and staff development strategies to ensure that RBS staff is able to carry out the mission and values of the RBS:

Recruitment
- Utilize the RBS Framework document and Sacramento County RBS program description to recruit existing and new staff that meet the minimum qualifications of specific positions and are excited about group home reform and want to develop the skills that align with the values and principles of the project.
- Utilize flexible funding to augment current pay scales

Retention
- Ensure staff has the guidance, support and leadership of a direct supervisor who is trained in the RBS program model, understands the RBS Framework and has demonstrated the practice of the values and principles aligned with RBS Reform.
- Provide adequate resources, i.e. time, tools and training, to do the job.
- Utilize flexible funding to recognize performance success
- Provide career advancement opportunities
- Recognize and celebrate program successes

Maintain Adequate and Consistent Staffing Levels
- Develop and utilize a proactive, ongoing and highly targeted recruitment plan to address the advancement and transition of staff

Providers will consistently use the feedback of outcome data and the results of their agency's YSS and YSS-F surveys and other forms of youth and family input to determine that their staff is putting the mission and values of RBS into practice.

4.6.3 Placing Agency & Provider Agency Staff Training Plan *(Previously Question 10 of Voluntary Agreement)*: Please describe your plan for training the Placing Agency(ies) and each Provider Agency(ies) staff

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who will be implementing your program and also describe how ongoing (continued) training will be provided. Include the positions that will require training, the training topics essential to implement your RBS program, and the general skill development you are seeking to improve.

An RBS Training Plan has been developed that will ensure that training is provided to all Sacramento staff and key partners that are involved in the implementation and administration of services throughout the RBS arc of care (See Attachment B for copy of the RBS Training Plan). The Training Plan specifies positions that will require training and the training topics deemed essential to implement the RBS program. Training topics range from the basic orientation and understanding of RBS in the system of care to practice interventions and services that are key to the provision of a comprehensive and individualized plan of care developed through the Family Support Team (FST).

The Training Plan specifies the frequency of training for public and private partners and stakeholders. The specific training components received by individuals will be determined by their respective roles in the implementation of RBS. As an example, the training plan for those staff involved in direct service provision will entail as much as 40 hours over an extended period of time, and may include "refresher" training, whereas a community stakeholder may only receive an Orientation to RBS which could range from 2-6 hours depending on their role and needs.

The RBS Training Plan consists of a set of core or foundational skills that all staff will be expected to demonstrate to ensure a transformation to RBS in all aspects of the program such as skills related to family centered practice, family engagement, etc. Each of the skills has an associated description, a rationale for its development and a set of practices for building the skills.

Training curriculum and planning will be modified over time as we roll out implementation of RBS and learn more about the public and private stakeholders training needs.

The development of a plan for the coordination of RBS Training is underway. A copy of the Sacramento County RBS Training Plan is included in this document as Attachment B.

4.7 Quality Assurance (*Previously Question 9 of Voluntary Agreement*):[8]

4.7.1 Describe the tools and/or methods your program will use to insure accuracy and accountability in service delivery and the persons responsible for managing quality assurance.

[8] Reference 'Quality Assurance' in the 'Program Criteria' section of the 'Framework' document

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QA Tools	Intent/Purpose: What aspect of the program is this tool measuring?	QA Methods	Frequency	Person/s responsible: Title and Duties
YSS, YSS-F Data Report	Measure youth and family's involvement and satisfaction with services	Provider ensures completion by youth and family and submits results to Walter R. McDonald & Assoc. Results reviewed by the RBS Local Implementation Team (LIT) and RBS Team	Semi-annually and at end of RBS enrollment w/monthly LIT review and quarterly RBS Reform Team review	Provider, Walter R. McDonald & Assoc.., RBS LIC
TDM Utilization Report	Measure TDM use and outcome/decisions	TDM Supervisor prepares TDM use report monthly and sends report to RBS LIC for LIT and RBS Reform Team review	Monthly review by LIT and Quarterly review	TDM Supervisor, RBS LIC
CANS Tool and Progress Report	Measure youth's progress in RBS and effectiveness of RBS	Provider completes CANS. Results to Walter R. McDonald and Assoc. for report of collective RBS progress. Progress report reviewed by LIT and RBS Team.	At intake and quarterly throughout RBS enrollment for quarterly LIT and RBS Reform Team review	Provider, Walter R. McDonald & Assoc., RBS LIC
CFT Use Report	Measure CFT usage and youth and family involvement	Lead provider agency staff collect FST use data and prepare use report to be forwarded to RBS LIC for review by RBS Reform Team	Monthly collection w/monthly review by LIT and quarterly review by RBS	Lead Provider Agency, RBS LIC

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			Reform Team	
RBS Contract Monitoring	Ensure quality and scope of RBS service	Review of scope of service with providers	Monthly	RBS LIC
EPSDT Contract Monitoring	Ensure quality and scope of EPSDT service	Review scope of service with providers	Monthly	Mental Health Contract Monitor

4.7.2 Explain how each Provider is linking its quality assurance system and goals with those of the broader community, including the county SIP and state PIP.

The Sacramento County RBS Demonstration Project is a key element of the Sacramento County Child Welfare SIP (System Improvement Plan). The youth who are enrolled in RBS have historically experienced poor outcomes in the area of safety, permanency and well being. The success of RBS will result in improved lives for these youth and their families and, at the same time improve the outcome indicators for the SIP, which, in turn, will favorably impact the performance indicators of the statewide PIP (Program Implementation Plan).

Additionally, the three RBS providers, county agency partners, representative youth and family members, and other key stakeholders, will be members of the RBS Reform Team, the advisory committee to the Sacramento County RBS Demonstration Project. The RBS Reform Team will oversee project performance and outcomes, provide feedback on the quality and success of service and care delivery and make recommendations for system and service improvement throughout the life of the project.

5. SERVICE CRITERIA[9]

5.1 Engagement

5.1.1 Engagement Processes: Do staff have explicit processes for engaging the children, youth and families who are referred for care, and accurately determining their strengths, needs, and goals? Explain.

RBS providers will treat engagement as a multimodal process that will include assessing the cultural, linguistic and acculturation needs of the youth and family and utilizing best practice family engagement methods to assure youth and family voice and choice throughout the youth's enrollment in RBS. Each RBS provider will use the

[9] Reference the 'Service Criteria' section of the 'Framework' document

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following processes to engage youth and families who are referred for care and accurately determine their strengths, needs and goals:

Every enrolled youth and his or her family will be greeted and treated with respect, attention, and encouragement by the RBS staff. As part of the RBS transformation, all staff will be trained and supported to use best practice family engagement methods based upon Motivational Interviewing and Stages of Change. Through these engagement methods, RBS providers will help ensure authentic involvement of parents and youth as they participate in visitation, involvement in the multi-area assessments, intensive family and community-based mental health treatment services, Recommendations and Family Support Team meetings throughout the duration of RBS services. Family Partners, Youth Mentors, together with the Comprehensive Care Coordinator and RBS implementation staff will become well-versed in these best practices in order to support and engage family members while the youth is living in the residential facility and when he or she returns to the family and community.

With parents and family members active in the assessment and treatment planning and monitoring, communication between the family and RBS staff will be open, full, and frequent. Parents and family will be encouraged to participate in decisions regarding their youth's day and weekend, as well as extended family visits. Monthly FST meetings will include the family, youth, Family Advocate and Youth Mentor (when available), the Comprehensive Care Coordinator, and other RBS treatment staff to support the family's voice and choice in the comprehensive care planning and monitoring process. Family and individual therapy sessions will be offered at the residential clinic and at the family home, as needed, along with active support to help youth and families build enduring sources of support in their community.

Bi-lingual and/or interpretive services will be provided to families who are non-English speaking. RBS provider staff will receive training in cultural competency to ensure that a thorough assessment of the family's cultural, linguistic and acculturation needs consists of understanding the influences of the cultural family customs and norms on the families readiness to participate in the care planning and decision-making process.

5.1.2 Family Supportive Environment: List and describe the supports, such as the use of parent partners and peer advocates, provided to insure that children, youth and family members understand the program's nature and processes and have adequate and effective voice and participation?

Each Sacramento County RBS provider will provide the following program components as supports to ensure that youth and family member understand the nature and processes of the RBS program:

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- Meeting with the youth and family at the point of entry to the RBS program to explain the nature and processes of the program
- An assessment of the youth and families cultural, linguistic, and acculturation needs in preparation for providing culturally responsive services and treatment
- A Family Advocate who has been a primary caregiver or close family member of a youth with severe emotional disabilities experiencing high level out of home placement will be a resource for the Family to teach them about the program and how to be involved with and express their wishes for plan of care for their child. The Family Advocate would also be the primary trainer of the EES curriculum supplied by the United Advocates for Children and Families – an education program that teaches parents about the mental health, probation, education, and child welfare systems, as well as giving parents valuable information about several common mental health diagnoses for youth and medication information.
- A Youth Advocate, who has been a youth that has experienced high level out of home placement, can educate other youth about the program, and can teach youth how to appropriately advocate for themselves.
- Family Therapy will be provided by the therapist on a to help the family prepare for the return home of their youth, develop skills for active and consistent communication and listening between family members, address past issues that have been barriers for good communication and to coordinate support for the youth and family.
- Family Support Groups will be used by the therapist and Family Advocate to encourage support from one family to another, discuss successes and challenges throughout the RBS pilot process, address crisis issues, and facilitate training on EES or agency specific issues for family members. The Family support group would also be a forum for evaluation and re-evaluation of the RBS program where the Comprehensive Care Coordinator and other Administrators could meet with parents to discuss their opinions and experiences while receiving RBS services. Family support groups may also include participation of the Family Specialist and/or Family Engagement Specialist. Family Specialists will help to supervise interactions between family and youth during residential placement, assist with therapeutic family interaction assignments, discuss, encourage, model, and give feedback in the development of positive interaction skills that meet the needs of the family and youth and prepare both family and youth for success in the community. Family Specialists will start their work with the family and youth in the residential facility and will be an integral part of the transfer of services out into the community with the family.

5.1.3 <u>Engagement Consistency</u>: Describe how the engagement process will be used consistently and effectively with each child or youth who is referred for services and with his or her family

<u>Quality Group Home, Inc.</u>

Voluntary Agreement

Family and youth engagement is an ongoing process that starts with initial contact and requires continual focus throughout the treatment process. The Assessment and Matching process is the first and most crucial opportunity for engagement. Assessment, just as treatment, requires a high degree of joining, active listening, and acceptance of the place and position the youth and family find themselves, always taking into consideration the clients' needs and unique situation, preferences, and culture. It also entails helping the youth and family embrace hope, which for people who have known a great deal of trauma, loss, and other difficulties can be an elusive thing. Patience, acceptance, focused adherence to the treatment plan, along with ongoing reevaluation and plan adjustment, together with highly practical assistance are all requisite elements of successful initial and ongoing engagement, from start to the finish of treatment.

Children's Receiving Home of Sacramento
Engagement consistency is supported by the core skills that all staff will be trained to use respect, attention, encouragement, understanding and response. The way these steps will be expressed will vary with each child or youth and family's situation, preferences, culture and needs. In order for the process to be used consistently and effectively, training is only the first step. That training is reinforced by the documentation required to complete the RBS plan of care, by the ongoing quality assurance and improvement feedback that is provided through peer to peer and supervisory consultation, and through the results of client satisfaction groups and surveys.

Martin's Achievement Place
Engagement with the family will be one of the most critical pieces for the MAP RBS pilot. The shortened timeline of RBS services necessitates that any barriers to cooperation between MAP and the family members be addressed and managed upon youth enrollment so that families are comfortable and interested in actively participating in the treatment plan of their child. MAP will identify and acknowledge each family's member's strengths, skills, and opinions regarding the care of their child, will work with the family to integrate these strengths, skills and opinions into the plan of care, and will actively seek regular ongoing feedback from the youth and family involved in the RBS Pilot. All youth and families will be approached with the same engagement plan. MAP will individually tailor this engagement plan to the needs of each individual family situation.

Each RBS provider's direct care staff will use best practice Motivational Interviewing and Stages of Change methodologies as a framework to implement the engagement practices described above with each youth and family. This framework will provide guidance to staff in terms of how to build and sustain engagement as youth and their families experience normal fluctuations in trust and involvement in their movement toward hope and confidence in their abilities to achieve a strong and lasting attachment.

5.2 Service Planning

5.2.1 Individualized Service Planning *(Previously Question 6 of Voluntary Agreement)*: Describe the process your program will use to develop and document the individual service plan that will guide intervention and assistance for each enrolled child or youth and his or her family.

Voluntary Agreement

The individualized service plan for youth enrolled in the Sacramento County RBS Demonstration Project will be developed and updated as the youth and family's needs and strengths change through an ongoing planning process that will continue throughout the youth's enrollment in RBS.

The initial individualized service plan for a youth will be developed through the Family Support Team meeting process, which will occur within 30 days of the youth's enrollment in RBS. The FST is a cornerstone practice of the RBS program. As explained previously, the FST participants consist of the youth, family and those who are providing support to the youth and family. The FST is led by the provider agency FST Facilitator. The FST Facilitator will be responsible for ensuring that the strengths, needs and goals of the youth and family are represented and recorded at the FST.

The use of the CANS in the individualized planning process will be instrumental to identifying and prioritizing the needed services and supports as they relate to the youth's safety, permanency and well being. The utilization of the CANS will support the identification of the strengths, needs and goals of the youth family across multiple domains and will be used prospectively to guide plan development and the implementation timeline for services and activities.

The initial FST Meeting will conclude with the team's development of an initial Comprehensive Care Plan (CCP) for the youth and family. The individualized plan will reflect the Team's collective agreement about the services and supports that will be provided by the lead agency, county case managers, other public agencies and formal and informal community based providers. The CCP will incorporate the requirements of any existing Court ordered plan. The initial CCP will include projected dates for the youth's transition to community and eventual discharge from RBS enrollment. Copies of the CCP will be provided to FST members at the conclusion of the meeting.

The CCP will be reviewed through the FST process every 30 days throughout the youth's enrollment in RBS. The CANS will be updated for the FST meeting and the team will review the youth and family's progress to determine which services and supports are working, which need to be replaced or augmented and whether there are service gaps that need to still be addressed.

The Individualized Service Planning process for the Sacramento County RBS Demonstration site will be further strengthened by the development of a Care Review Team. The Care Review Team is comprised of County, provider and family representatives who do not have RBS direct care responsibility. The Care Review Team will meet monthly and on an as requested basis by the FSTs.
The role of the Care Review Team is to provide systematic assistance to the Family Support Teams in the following ways:

1. Promote and build consensus among FST members.
2. Assist FST with difficult case planning issues.

Voluntary Agreement

3. Provide assistance in accessing resources needed to implement the CCP.
4. Identify system gaps and service barriers and report back to the Local Implementation Team.
5. Identify changes in policy at agency or system level that need to occur for RBS youth to be fully served.

It is the responsibility of the FST to develop a recommendation for a youth's discharge from RBS (see RBS Discharge Protocol, Attachment D) when the team has determined that the Comprehensive Care Plan goals and objectives have been achieved or the youth can no longer benefit from continued enrollment in RBS. The Recommendation for Discharge will be forwarded to the Care Review Team for a final decision and authorization. The Care Review Team will consider the adequacy of services provided to the youth and family during RBS enrollment and the quality of services and supports that have been put into place to ensure the achievement of meaningful future outcomes prior to authorizing the youth's discharge from the RBS program. In the rare instance that the FST does not agree with the Care Review Team decisions or recommendations, the matter will be referred to county and provider agency executive management for resolution.

5.2.2 Active Family/Youth Participation: Describe how the service planning process includes active and equitable participation by children, youth and families.

The inclusion of "family voice and choice" is another cornerstone practice of the Sacramento County RBS Demonstration Project. The RBS service planning process begins to actively engage youth and families at the referral stage for RBS. County case managers will engage youth and parents in a discussion about possible service options when considering group home care as possible intervention. Youth and family involvement will continue for those youth being referred to RBS through the Team Decision-Making meeting in which the youth and family will be present to participate in determining whether RBS is an appropriate intervention for the youth. A member of the FST will meet with the youth and parent for a Family Orientation meeting upon enrollment. Youth and family participation in the service planning process will continue through the youth and family's presence and active participation at the initial Family Support Team Meeting where the Comprehensive Care Plan is developed that outlines the specific services and supports that will be provided to the family. Both the youth and family will be involved in the completion of the CANS for the initial and monthly review of the CCP so that planning elements will always be based on their response.

5.2.3 Child-Specific Planning: Describe how this process will adapt the RBS program's general services interventions, treatment and support options to address each child or youth's specific unmet needs and those of his or her family.

Voluntary Agreement

The utilization of the CANS for initial and ongoing care plan development will ensure that the needs, strengths and goals of the youth and family serve as a foundation for care planning throughout the youth's enrollment in RBS. The flexible use of RBS funding will allow the RBS providers to reach beyond the more traditional set of residential services to meet the specialized needs of individual youth enrolled in their programs. The direct support to the youth and family provided by Youth Advocates and Family Partners throughout FST meetings and the development of the CCP will facilitate addressing the unmet needs of the youth and family. It is also expected that the frequent updating of the youth's CCP will ensure that the plan matches the presenting and ever-changing needs of youth as they move through the RBS arc of care.

5.2.4 Parallel & Follow-Up Services: Describe how the plans will identify strategies for providing or obtaining parallel services in the home and community to prepare for the return of the child or youth and for delivering follow-up services to maintain the community placement once it occurs.

Quality Group Homes, Inc.
QGH will offer continual, seamless, parallel family and individual youth interventions throughout the residential stabilization and the permanency reunification phases of treatment. The milieu staff, together with the individual therapist, family therapist, and other specialists will focus on helping the youth understand and let go of habitual behaviors that have generated a great deal of disruption within the family, school, and community, as well as led to legal difficulties, and thus stood in the way of successful pro-social adjustment. In support of pro-social development, youth individual therapy, residential, as well as community based educational and vocational support, and other essential elements of RBS treatment, such as substance abuse treatment, will be continually applied during the residential stabilization and the family reunification phases of treatment.

Children's Receiving Home of Sacramento
RBS Comprehensive Care Plans are multi-modal and multi-environmental. At the same time as environmental interventions are being provided while a child or youth is living at CRH to help understand and replace the habitual behaviors that have contributed to (or been generated by) prior disruptions, the RBS team will be working with the family and community to help them prepare a landing pad that will effectively accommodate the child or youth, while reflecting and reinforcing the helping strategies that are being developed in the CRH facility by the milieu and family engagement staff.

Martin's Achievement Place
MAP will develop with the family and youth an individualized portable behavior management and communication plan that can be utilized in the residential or community settings. During the residential portion of RBS enrollment, in-facility family interaction assignments will be completed in preparation for and anticipation of issues

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that families and youth will be facing together in the community. Guided by the Family Specialist, these assignments will give families and youth opportunities to learn, develop, and discuss functional communication techniques and strategies. Family Therapy will take place during residential and community placement. Family support groups, Individual therapy and youth groups will also be provided across environments as set forth in the Comprehensive Care Plan (CCP).

5.2.5 Flow Diagram: Please provide a diagram or flow chart that clearly illustrates the flow or movement of a particular child through the RBS program.

Please see attached Sacramento County RBS Program Flow Chart (Attachment C).

5.3 Service Implementation

5.3.1 Services Baseline (*Previously Question 7 of Program Description*): Please indicate the service arrangements that are currently being used to meet the needs of the members of your target population that will form the baseline against which you will measure the changes in system and service design that you will be implementing through your project. This should include the type of services, the service description, the approximate average duration of service involvement, and the locations where these services are being provided.

Type of Service	Service Description	Average Service Duration	Service Location
Group Home Placement	Placement in RCL 12 or 14 Group Hm	26 months or more in aggregate	Throughout California and other states
Intensive In-Home Treatment	Intensive behavioral health services offered in an alternative school setting	12 months	Provided when a child or youth is at home or in a community based placement
Therapeutic Behavioral Services	One on one intensive behavioral intervention designed to identify a specific challenging behavior and help a child or youth replace it with a more effective and pro-social alternative	3 months per episode	Can be provided in any setting where the child is living, including group home, foster home, kinship care or family home
Foster Care	Can include family foster care, intensive treatment foster care, etc.	44 months or more used by 90%	Licensed foster homes
Kinship Care	Placement with a relative or non-related extended family member	12 months used by 22%	Approved Kinship Care provider
Individual, Group and Family	Various types of mental health	9 months	Licensed clinician either onsite

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Therapy	treatment		or in an outpatient office
Psychiatric Consultation and Medication Management	Treatment by psychiatrist, medication prescription and monitoring	26 months	Onsite or at outpatient office
Psychiatric Hospitalization	Admitted voluntarily or involuntarily for psychiatric treatment	6 days per episode	Psychiatric hospital

5.3.2 RBS Program Services: Please provide a detailed description of the services that will be provided for the following Service Categories: (A) = Environmental Interventions, (B) = Intensive Treatment Interventions, (C) = Parallel, Pre-Discharge, Community-Based Interventions, (D) = Follow-Up, Post-Discharge Support & Services. Be sure to indicate whether or not the services are currently being provided.

Detailed descriptions of the array of services that will be provided by each Sacramento County RBS provider is specified in the grids that follow:

Quality Group Homes, Inc.

Service Category	Type of Service	Service Description	Range of Service Intensity	Expected Service Duration	Service Location	New	Current
A	Residential Care	Assessment, stabilization and short-term residential treatment	Highly intensive, 24/7 care & structured program.	Average of 9 months, used by 100%*	Sparks Home	X	
B	Assessment & Matching	Multi-Area Assessment	Highly Intensive	One Week used by 100%	Sparks Home		X
C	Family engagement and empowerment	FCCTP and SATC Staff using FFT, Family Finding and Engagement	Moderately intensive, up to 20 hours per week, average of 5	Aggregate average of 6-12 months, used by 100%	SATC Clinic, school and Family Home.	X	
A	Intensive treatment foster and relative care	Bridge care provided in a foster or relative home	Moderately intensive, short-term	Average 2o months, used by 15%	Community	X	
B	Residential and Intensive In-Home Parallel Services	Clinic & mobile intensive services and treatment driven by the RBS treatment plan	Moderately intensive, up to 20 hours per week up to nine months	Average 12 to 18 months, used by 100%	Family , Foster, or Relative Home	X	
B	Individual and family counseling	Evidence-based treatments including FFT or MST	Moderately intensive, up to 10 hours per week	Average of 12 , used by 100%	SATC Clinic and Family Home		X
C	Intensive In-home services	FCCTP Team using FFT or MST	Moderately intensive, up to 15 hours per	Average of 9 months, used by 100%	Family Home		X

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			week, average of 8				
C	Educational engagement and enrichment services	RBS team coordination with educational providers and supportive services driven by the care plan	Moderately intensive, varying overtime, average of 5 hours per week	Average of 12-18 months, used by 100%	Local public school and/or school of origin	X	
D	Follow-up post discharge services	FCCTP	Low intensity, up to 4 hours per week	Aggregate average of 12 months, used by 100%	Community and Family Home	X	
D	Follow-up post discharge services	Short-term stabilization	Highly intensive 24/7	Avg. 14-30 days used by 85%	SATC RO Campus	X	

Children's Receiving Home of Sacramento

Service Category	Type of Service	Service Description	Range of Service Intensity	Expected Service Duration	Service Location	New	Current
A	RBS Facility based care	Stabilization, assessment and short term residential treatment	Highly intensive, 24/7 care	9 months, used by 100%	Children's Receiving Home Campus (CRH)	X	
A	Short-term residential stabilization	Stabilization, assessment and respite	Highly intensive, 24/7 care	Average 7-14- days, used by 50%	CRH	X	
B	Intensive therapeutic interventions	Mobile intensive services and treatment using FFT driven by the CCP	Moderately intensive, varying over time, with an average duration of 2-4 hours per week	Average of 12 – 18 months, used by 98%	Provided by CRH RBS team wherever youth is currently placed	X	
B	Individual and family counseling and treatment	Individual therapy modalities, family/ group therapy modalities using FFT and use of Incredible Years evidence based treatment.	Moderately Intensive, up to 3hours per week	Average of 6 – 12 months, used by 95%	CRH campus or in community	X	
B	Medical support	Medical Services, medication management	Moderate to low intensity, varying over time, with averaging 1 hour per month	Average of 12-18 months, used by 70%	CRH Clinic		X
C	Family/ Youth engagement and empowerment	Family Partner, Youth Mentor and RBS team individualized service	Moderately intensive, varying over	Average of 6-9 months,	On location with youth and families	X	

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		provision using FFT driven my FST, Family Finding & Engagement	time, with an average of 1 hours per week	used by 100%			
C	Family skill-building and support	Family Partner, Youth Mentor and RBS team individualized services provision driven by CCP	Moderately intensive, up to 3 hours per week	Average of 9-12 months,* used by 75%	On location with families	X	
C	Educational engagement and enrichment services	RBS team coordination with educational providers and supportive services driven by the CCP	Moderately intensive, varying overtime, average of 2 hours per week	Average of 12-18 months, used by 100%	Valley Oaks School and/or school of origin	X	
C	Non-traditional behavioral health services	Community based training, school based services, coordination with non-traditional partners (including faith-based and cultural leaders), independent living and vocational training.	Moderately intensive, varying over time, with an average of 5 hours per week	Average of 12-18 months, used by 80%	On location with youth and families	X	
D	Follow-up post discharge services	RBS team provides individualized services driven by CCP	Low intensity, up to 2 hours per week	Average of 9 months, used by 100%*	On location with families	X	

Martin's Achievement Place

Service Category	Type of Service	Service Description	Range of Service Intensity	Expected Service Duration	Service Location	New	Current
A	RBS Facility based care	Stabilization, assessment and short term residential treatment	Highly intensive, 24/7 care	9 months, used by 100%*	MAP Residential Facility	X	
A	Short-term residential stabilization	Stabilization, assessment and respite	Highly intensive, 24/7 care	Average 30-60 days, used by 85%	MAP or in Community	X	

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B	Intensive therapeutic interventions	Mobile intensive services and treatment using FFT driven by the CCP	Moderately intensive, varying over time, with an average duration of 5 – 10 hours per week	Average of 12 – 18 months, used by 98%	Provided by MAP RBS team wherever youth is currently placed	X	
B	Individual and family counseling and treatment	Individual therapy modalities, family/ group therapy modalities using FFT and use of evidence based treatments.	Moderately Intensive, up to 10 hours per week	Average of 9 – 18 months, used by 95%	MAP or in community	X	
B	Medication Management	Medication management	Individualized based on acuity of client need and family feedback. Varies over time, with a maximum 1 hour per week	Average of 12-18 months, used by 70%	MAP		X
C	Family/ Youth engagement and empowerment	Family and Youth Advocates, Youth Mentor, and RBS team individualized service provision using FFT driven by FST	Moderately intensive, varying over time, with an average of 5 hours per week	Average of 9-18 months, used by 100%	On location with youth and families	X	
C	Family/ Youth engagement and empowerment	Family Finding & Family Engagement Specialist, and RBS team individualized service provision driven by CCP	Moderately intensive, varying over time, with an average of 5 hours per week	Average of 9-18 months, used by 70%	On location with youth and families	X	
C	Family skill-building and support	Family Specialists, Youth Mentor and RBS team individualized services using FFT provision driven by CCP	Moderately intensive, up to 15 hours per week, average of 8	Average of 9-18 months, used by 95%	On location with families	X	

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C	Educational engagement and enrichment services	Education Specialist and RBS team coordination with educational providers and supportive services driven by the CCP	Moderately intensive, varying overtime, average of 5 hours per week	Average of 12-18 months, used by 100%	Non-Public school and/or school of origin	X
C	Non-traditional behavioral health services	Community based training, school based services, coordination with non-traditional partners (including faith-based and cultural leaders), independent living and vocational training.	Moderately intensive, varying over time, with an average of 5 hours per week	Average of 12-18 months, used by 80%	On location with youth and families	X
D	Follow-up post discharge services	RBS team provides individualized services driven by CCP	Low intensity, up to 4 hours per week	Average of 9 months, used by 100%*	On location with families	X

Martin's Achievement Place, Inc.

*The 9 months of residential care and 9 months of community-based care were selected as the average length of each RBS Program care phase by the Sacramento County RBS Local Implementation Team after determining there is a likelihood the total time in the RBS Program could be reduced from the avg. 26 months in group home care for Sacramento County children and youth to a total of 18 months of RBS enrollment with the provision of: 1) Comprehensive care planning and continuity in the care team 2) Enhanced mental health services 3) Family involvement in the residential milieu and care planning process 4) the provision of Functional Family Therapy to serve as a foundation for aligning practices across providers and, 5) the availability of aftercare services. The decision to divide of RBS arc of care into 9 months of residential care and 9 months of community-based care was based on the belief that youth do not have to be "fixed" to leave residential care and can continue to receive services to address their needs and support their progress in a community based setting.

5.3.3 Coordination between Facility-Based and Community-Based Services: Describe the coordinating mechanisms that will ensure collaboration between facility-based and community-based services and resources.

Quality Group Homes, Inc.

Treatment coordination will be managed by a designated care coordinator, who will convene a Family Support Team (FST)), comprised of the youth, parents, treatment and care team members, and deputy probation officer, and, as needed, teacher. The care coordinator will lead the development, and/or adjustment of a comprehensive youth and family RBS treatment plan (CCP) that will guide service delivery and interventions while the youth is in residential care and also when the youth is at home and in the community. The meetings will be held at least monthly, but may be convened on an emergency basis, if needed.

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Children's Receiving Home of Sacramento
Coordination will be managed by a care coordinator, who will convene a child and family team, and with them develop a comprehensive child and family RBS plan of care. The CRH treatment team established while the youth is in residential care will also follow them into the community. The Family Support Team meetings will provide the format for updating the plan of care and establishing the individualized services necessary throughout RBS enrollment.

Martin's Achievement Place
Members of the FST will be actively involved in both facility based and community-based settings. The Comprehensive Care Coordinator will be the lead person at MAP that will supervise the implementation of the RBS plan of care with input from all members of the FST. These monthly FST meetings will give regular opportunities to those wishing to be involved in and preparing for the youth and family's transition back into the community.

5.4 Permanency

5.4.1 Describe how the RBS program will include services and strategies for reinforcing, re-establishing or establishing positive and lifelong connections between the child and his/her family, if possible, or with caring adult in a familial relationship if reconnection within the family cannot be accomplished.

The Sacramento County RBS Demonstration Project will utilize the following definition of Permanency and Permanent/Lifelong Connection developed by the California Permanency for Youth Project to guide the development and provision of permanency services to youth and their families who are enrolled in RBS.

Permanency is both a process and a result that includes involvement of the youth as a participant or leader in finding a permanent connection with at least one committed adult who provides:

- A safe, stable and secure parenting relationship
- Love
- Unconditional commitment
- Lifelong support in the context of reunification, a legal adoption, or guardianship, where possible, and in which the youth has the opportunity to maintain contacts with important persons including brothers & sisters

A broad array of individualized permanency options exist; reunification and adoption are an important two among many that may be appropriate.

An adult who consistently states and demonstrates that she or he has entered an unconditional, life-long parent-like relationship with the youth. The youth agrees that the adult will play this role in his or her life.

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The Permanency services and activities that will be offered by each RBS provider to ensure that youth enrolled in RBS will have a permanent connection at discharge from RBS enrollment to support their lifelong success are outlined below:

Quality Group Homes, Inc.

With the development of the QGH mental health program in Sacramento during the last nine years, and in Fresno during the last twenty-five years, QGH is able to provide a family and community involvement program designed to involve the youth's family at the Assessment and Matching phase of engagement and throughout residential and reunification phases of treatment.

In providing RBS services, QGH will broaden its family-focused work to include a range of onsite family visitation, facility and community-based and other family-oriented interventions, such as parenting education groups. QGH will develop partnerships that provide increased opportunities for the integration of community-based services and supports into the CCP.

Ensuring that a youth is permanently placed in a stable family cannot happen without making this the highest possible priority from intake to discharge. QGH recognizes the importance of permanency and successful reunification, and strives to ensure that each youth has a permanent home through working intensively with the youth and family or prospective family to develop and/or support and strengthen family connections.

In order to accomplish the RBS mission, QGH will utilize Motivational Interviewing and Stages of Change practices to empower the youth and family throughout the process of family engagement, family therapy, and family placement. The same practices will serve as a foundation for engaging youth and existing or prospective families to help them acquire the knowledge, skills, and understanding needed to increase their resiliency and provide a safe, stable, and nurturing permanent home for the youth.

The QGH RBS team will provide intensive facility-based and community- based services and to help build upon the strengths of the youth while addressing the behavioral, emotional, criminal, and mental health concerns that have been a part of the family, school, and community disruption, within the context of the culture, structure, and needs of the entire family system.

Children's Receiving Home of Sacramento

With the development of our mental health program during the last three years, CRH provides a family and community involvement program designed to involve the child's family as soon as possible and follow this linkage as far as possible through facility based treatment and in-home, community based services. CRH has broadened its work with family visitation and other family-based interventions, which make CRH a unique family based service model. These family-based interventions include services such as anger management groups, domestic violence classes, substance abuse courses and other needed interventions.

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Ensuring that a child is permanently placed in a stable family environment cannot happen without making it a priority. CRH recognizes the importance of permanency and strive to ensure that each child has a permanent home through interviewing the child and significant others and making the most of positive connections in the child's life (current and/or past). The child will be empowered and involved throughout the process of family engagement and support.

CRH will provide the support and resources that are needed to reinforce the establishment of family connections for each youth enrolled in RBS. Family engagement will occur with respect and acknowledgement of the strengths of each family that can be utilized to support permanency planning and connections. CRH will utilize a variety of informal and formal types of assistance, guidance and instruction to help them acquire the knowledge, skills and understanding needed to increase their resiliency. The CRH RBS team will provide intensive-in home services and support to help address the challenges that may be presented by the youth's behavioral, emotional and mental health issues that have previously been a part of the family disruption in the context of the family system.

Martin's Achievement Place

MAP will work to reinforce, reestablish, or reconnect a permanent lifelong connection for each youth enrolled in RBS. Permanency plans will be established at the 1st FST meeting for each client and reviewed at each subsequent FST. Reinforcement of established family relationships will happen with the acknowledgement of the strengths that each family brings to the table and also includes the supports that MAP will provide with the Family Advocate, Support Group, Family Therapy, and non-traditional family supports if needed. Reestablishment will be supported the same way with the additional services of the Family Engagement Specialist who will work to encourage and acknowledge the regular positive involvement of family.

The family will be encouraged to take an active role in participation in all aspects of the treatment of a youth enrolled in RBS, have regular and frequent contact and discussions, and give feedback about the RBS process.

Each RBS provider will provide the following activities and services to support the attainment of legal permanency for youth enrolled in RBS:

- Early identification of established relationships and the youth's desired permanent placement
- The inclusion of permanency goals and strategies in the Comprehensive Care Plan
- Monthly review and ongoing revisions to the permanency plan
- Reinforcement of established relationships through visitation, in-home support, Functional Family Therapy, and active parent or significant adult's participation in the residential milieu and care planning process

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- Use funding flexibly to build and support the family's capacity to care for the youth
- Providing family advocacy and support through Family Partners
- Identifying and linking the family to non-traditional supports such a community centers, faith-based organizations, recreational activities, cultural activities, etc.

5.4.1 Describe the role and involvement of adoption agencies in your RBS program.

Quality Group Homes, Inc.

QGH has operated a Foster Care Agency based in Fresno that provides Intensive and Therapeutic Foster care for children, youth and adolescents of all ages. In this capacity QGH has decades of experience finding, selecting, training, and working with foster families, and QGH is willing to partner with Probation Department approved foster care finding organizations in the Sacramento area to facilitate permanency. When kinship, concurrent planning, or foster or adoptive services are part of a youth or youth's range of services at the time of enrollment, or when the benefit of using those services arises during enrollment, the care coordinator, in conjunction with the youth or youth's case manager, will invite a representative from the appropriate provider to join the youth and family team, and will ensure that the youth or youth's kinship or foster/adoption plan of care is well matched with the overall RBS plan of care.

Children's Receiving Home of Sacramento

CRH partners with two long established adoption agencies in our community. Our partnership with Lilliput Children's Services Kinship Support Services Program allows for individualized education and support of prospective relative caregivers on the CRH site and in the community. Our partnership with Sierra Forever Families (formerly Sierra Adoption Services) allows for concurrent permanency planning with the biological family as well as a committed foster family. When kinship, concurrent planning, or foster/adoptive services are part of a child or youth's range of services at the time of enrollment, or when the benefit of using those services arises during enrollment, the care coordinator, in conjunction with the child or youth's case manager, will invite a representative from the appropriate provider to join the child and family team, and will ensure that the child or youth's kinship or foster/adoption plan of care is well matched with the overall RBS plan of care.

Martin's Achievement Place

When there are no locatable family members that can be engaged as the Permanency option for an RBS youth, adoption will be considered. MAP will approach several adoption agencies in the Greater Sacramento area to develop the resources necessary to locate and secure non-family Permanency Options for RBS youth. Adoption of adolescent boys is usually a difficult arrangement unless the Adoptive Parent already has a connection and established relationship with the youth. In such a case, we would

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work to support the Adoptive Parent as any other family member involved in the plan of care for an RBS youth. However, emphasis will be placed on reconnection with members of the RBS enrolled youth's existing family whenever possible.

5.4.2 Describe how you will serve those children and youth who will be unsuccessful at reaching permanency due to lack of family connections, behavioral problems, aging out, etc.

Quality Group Homes, Inc.
QGH will strive to place youth with their biological or extended family, or when family is not available, with a permanent, caring, viable alternative family. QGH recognizes that no treatment system is perfect and some youth may not be able to be moved to a form of permanency. Nonetheless, QGH will work very hard to make permanency happen through connecting youth to adults who will provide a lifetime permanent connection. Although it is expected to be an exception, it is understood that not all youth will have a permanent adult connection at the time they are discharged from RBS enrollment.

QGH will work with youth who will be aging out of the system, to prepare them for successful adulthood by helping by providing the following services;

- Educational supports and opportunities in partnership with Sacramento County Office of Education to facilitate obtaining a GED or high school diploma and enrollment in college or vocational training according to interest
- Independent living skills training opportunities, i.e., job skill prep, household mgt., skills, etc. through Sacramento County ILP and, supplemented by QGH independent living opportunities
- Linkage to transitional living programs

Children's Receiving Home of Sacramento
Although the CRH goal for all youth enrolled in the RBS program to have a permanent family home at the end of their enrollment in RBS, it is recognized that no system will be perfect and that alternative options must be available. CRH will take the following steps to serve those youth who will leave without a permanent connection:

- Utilize family engagement strategies to insure that each enrolled child or youth has appropriate and ongoing family connections, even if those connections do not lead to placement opportunities
- Work with Sacramento Child Protective Services Division of the Department of Health and Human Services (DHHS) Department and The John Burton Foundation to link youth who are emancipating from alternative care with the THP Plus program in the community where they hope to live as they become adults and leave our care systems

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- Ensure that those youth who are not able to enter THP-Plus receive all needed training through the Sacramento County Independent Living Program (ILP), supplemented by CRH ILP, well in advance of their turning 18
- Recruit and support the participation of volunteer mentors to join the child and family teams, and then to provide any support needed to help that relationship continue on post graduation from the RBS System.

Martin's Achievement Place

MAP will place emphasis on securing permanency prior to discharge so that youth aging out of the system becomes an outcome exception. MAP also understands that Permanency Options for youth only include family and adoptive relationships, but are not limited to these two options only. Other individualized options for permanency will be explored and MAP will obtain more training on these other options to determine how to best support youth served in RBS.

In the rare situations where youth will not have a permanent connection prior to aging out of the system at RBS dis-enrollment, MAP will support the transition by assisting youth in the following ways:

- Locating living arrangements through existing community housing programs such as VA and THP-Plus
- Providing educational supports and/or opportunities
- Facilitating the development of job skills and other independent living skills such as, establish savings accounts, learning about transportation, household management, etc.
- Partnering with Sacramento County Independent Living Program services to ensure maximum opportunity for independent living skill development

5.5 Evaluation and Quality Improvement

5.5.1 Data Baseline (*Previously Question 9 of Program Description*): Describe the current tools and methods that are available for acquiring, analyzing and reporting information about the needs of the children, youth and families in the target population. This will provide the baseline against which you will measure changes in your program's target population.

Data Acquisition Tools	Items Measured	Process or Outcome Indicators
CWS/CMS	Placement history, Court involvement, abuse or neglect history, service plans, law violations, etc.	Is the child in a stable placement, safe and avoiding involvement in the Juvenile Justice system?
Child Welfare Outcomes and Accountability Data	Safety and Permanency Outcomes	Is the child in a stable permanent placement?

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Education Records	Report cards, IEPs, transcripts, attendance reports	Is the child enrolled in school? Is the school placement stable and is reasonable academic progress being made?
Project Coordinator Data Report	All aspects of the care planning and service delivery process	Was there a thorough assessment and matching process? Is there youth and family involvement in decision-making? Are services being provided? Is there progress with services?

5.5.2 Evaluation (*Previously Question 11 of Voluntary Agreement*): Please indicate the means by which you will gather the information required for the annual evaluation report required by AB 1453 and who will responsible for compiling this information and submitting the report. Please include the names and job titles of these individuals.

Info Gathering Process	Person/Agency Responsible	Timeline
CWS/CMS	Tammie Ostroski,, CWS/CMS Program Specialist for DHHS, CPS Division	Quarterly
CANS	Geri Wilson, RBS Local Implementation	Monthly
YSS,YSS-F	Geri Wilson RBS Local Implementation Coordinator	Quarterly
RBS Cost Data	Hermia Chow, Administrative Service Officer, DHHS	Monthly

5.5.3 [X] Check this box if both the Provider Agency and Placing Agency will be involved in the development of the terms and conditions of the evaluation plan developed by Walter R. McDonald & Assoc. Community Research and the Evaluation Subcommittee. By checking this box and signing this Voluntary Agreement you are agreeing to the terms and research method criteria of Harder + Company Community Research.

5.5.4 Please provide the name and title of the individual(s) who are participants of the Evaluation Subcommittee:

Agency or Department	Name/Title	Email
Sacramento County Department of Health & Human Services (DHHS)	Geri Wilson, RBS Local Implementation Coordinator	Wilsoga@saccounty.net
Sacramento County DHHS	Tammie Ostroski, Program Specialist	Ostrosk@saccounty.net

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Martin's Achievement Place, Inc.	Jim Martin	J_martin@mapinc.net

5.5.5 Quality Improvement: Please describe both the Placing Agency and Provider Agency feedback loops that will be in place to keep staff informed about what is working and not working both with individual families and also at a program level that assists them in developing more effective alternatives.

Section 4.7.1 identifies the following QA tools that will be utilized for quality assurance purposes to track the effectiveness of the Sacramento County RBS Demonstration Project:

- YSS, YSS-F Data Report
- TDM Utilization Report
- CANS Results Report
- Child and Family Team Use Report

There will be two primary Placing Agency and Provider Agency feedback loops that will be in place to keep staff informed about what is and is not working with both individual families and at a program level.

The first level of review and feedback loop will occur at the monthly Local Implementation Team (LIT) meeting where a review of the data reports from the QA tools listed above will occur for the purpose of assessing overall RBS program effectiveness. Provider and Placing Agency Staff involved in the day to day operations and direct care of youth and families enrolled in RBS will sit on this committee and have the opportunity to utilize the information to recommend program improvements as needed in any phase of the RBS arc of care.

The second level of review and feedback loop will come with the systematic use of the RBS data reports by Placing and Provider Agency managers at monthly meetings to inform their staff directly involved in the implementation of RBS about the effectiveness of the program. Staff feedback will be obtained to determine strategies that will strengthen what is working or adjust what is not working on a program or individual service area for youth and families.

An additional level of quality improvement review and feedback will occur through the monthly monitoring of the RBS Contract by County contract personnel which will include using the data reports from the Avitar System.

6. IMPLEMENTATION PLAN (*Previously Question 10 of Program Description*) – Please summarize your plan for implementing your program by listing the key implementation activities, the persons or agency responsible for carrying out these activities, and the timeline for accomplishing them. Be sure to address

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key implementation areas such as policy & procedures, training, communications, provider conversion, quality assurance, etc.

Implementation Activity	Person/Agency Responsible	Timeline
County completion of RFP process, providers selected and awards posted	LIC and County Contract Staff	1/21/09/Completed
County to begin implementation planning with selected providers	LIC and Provider Staff/RBS Implementation Team	1/26/09/In progress
RBS Steering Committee to oversee implementation planning and progress	LIC	1/28/09, ongoing
County finalizes RBS contract	LIC and County Contract Staff	6/15/10/10
County system approval of RBS Plan	LIC and County Contract Staff	4/16/10
Develop County Resource Mgt. System-draft	LIC and designated CW, Probation and MH staff	6/15/10
Develop Referral, Assessment & Matching Protocol (RAMP)-draft	RBS Team RAMP Workgroup	11/4/09/Completed
Develop protocol and guidelines for Coordinated System of Care (CFT)-draft	County and Provider Subcommittee	12/31/09
Develop Training Plan	RBS Team Training Workgroup	4/30/09/In progress
Submit Deliverables to CDSS	LIC	12/4/09
BOS Review & Approval of county request to enter into RBS Voluntary Agreement with CDSS and providers	LIC and County Contract Staff	5/31/10
CDSS Review of Program, Waiver and Funding Proposals	CDSS and RBS Review Team	12/4/09-5/15/10
Establish CDSS/County MOU	CDSS and County Agencies	6/15/10/10
Provide Training to County & Provider Staff	RBS Team Training Workgroup	1/10-7/10 and ongoing
Develop plan and implement conversion of youth to RBS slots	County and RBS Provider Workgroup	5/10-7/10
County & Providers sign RBS Contract (VA)	LIC and County Contract Staff	6/15/10/10
Finalize Program Policies &	RBS Team	5/31/10

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Procedures		
Finalize Funding Protocol	County and Provider Fiscal Staff	4/16/10
Finalize Evaluation Protocol and Processes	County, Provider Staff and Walter R. McDonald & Assoc.	5/31/10
Provider Conversion Complete	Providers and County	6/30/10
Begin youth enrollment	County and Providers	7/1/10
Begin QA and RBS Resource Mgt.	LIC, County Fiscal, Providers and Harder & Assoc.	47/1/10
Provider and County Implementation Team meet monthly to assess and adjust implementation activities as needed	LIC	7/1/10-12/31/11

7. GLOSSARY OF TERMS – Please provide a list of definition of terms and acronyms that may not be known to the general public.

Term/Acronym	Definition
BOS	County Board of Supervisors
CANS	Child and Adolescent Needs and Strengths tool
CCC	Comprehensive Care Coordinator
CCP	Comprehensive Care Plan
CPS	Child Protective Services
CPYP	California Permanency for Youth Project
CRH	Children's Receiving Home of Sacramento
CW	Child Welfare
DHHS	Department of Health and Human Services
FST	Family Support Team meeting
FCCTP	Family and Child Community Treatment Program
EBP	Evidenced Based Practice
EPSDT	Early Periodic Screening and Diagnostic Treatment
FFT	Functional Family Therapy
IEP	Individualized Educational Plan
IMPACT	Integrated Model for Placement, Assessment, Case Management and Treatment
LIC	Local Implementation Coordinator
LPHA	Licensed Practitioner of the Healing Arts
LIT	Local Implementation Team
MAP	Martin's Achievement Place, Inc.
MH	Sacramento County Department of Behavioral Health
MST	Multi-Systemic Treatment
RAMP	Referral, Assessment and Matching Protocol

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SATC TDM	Sacramento Assessment and Treatment Center Team Decision Making

Voluntary Agreement - Attachment A
Active Participation in the Development of the RBS Program

Agency/Department	Level of Involvement: High, Medium, Low
Sacramento County Department of Health & Human Services/Child Welfare	High
Sacramento County Department of Health & Human Services/Mental Health	High
Sacramento County Department of Probation	High
Sacramento County Department of Human Assistance	Medium
Sacramento County Mental Health Family Advocates	Medium
Sacramento Children's Home Family Advocates	Medium
Sacramento County Youth Advocates/Leaders	High
Sacramento County Office of Education	Low
Children's Receiving Home of Sacramento	High
Martin's Achievement Place	High
Trinity Youth Services	High
Sacramento Children's Home	High
Milhous Youth Services	High
Families First	High
Crossroads Treatment Center	High
Quality Group Homes	High
River Oak Center for Children	High
Mathiot Group[Home	High

SACRAMENTO RBS TRAINING PLAN V.1

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
RBS Orientation (Comments: this can be standardized except the community partners and agency provider piece) * family partners need to be present in the training components as part of the training team)	1. What is Residential Based Services (Hx, Research, Outcomes) 2. Who are the partners in RBS? 3. Why is RBS important? 4. What is different about RBS? Cultural Shift for counties and providers 5. Which children & families will be assisted through RBS? (Target populations) 6. How will children & families be assisted through RBS? 7. How will we know that RBS is working? 8. What are implications for RBS in the future?	◆ General Public ◆ Youth, families ◆ Community partners ◆ State partners ◆ All RBS participants	◆ 2 hours in person as needed for all newcomers ◆ Video on website

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
Understanding RBS in Sacramento County (Comment: localized and involve youth in training)	1. Brief review of RBS history, goals, target population(s), site program model(s), referral/access, evaluation and future implications 2. Sacramento County's commitment to RBS 3. Changing the culture of services– how RBS is different & why 4. Sacramento County children & families eligible for assistance through RBS (Target Population). Forecasting goodness of fit 5. Sacramento County's Reconnection Engine (permanency) 6. The RBS Arc of Care in Sacramento County 7. Importance of Family in treatment	◆ Local youth, families ◆ Community partners ◆ All local RBS participants	◆ 4 hours ◆ As needed/3mos ◆ Video(youth & parents telling their stories)

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
Ensuring Child & Family Voice & Ownership	1. The power of family in achieving permanency 2. The importance of youth & family in reaching goals & objectives 3. Understanding key elements of family voice and choice 4. Family-centered practice & building relationships 5. Family finding & engagement & empowerment 6. The importance of culture (Family & Youth) 7. Effective communication and support (Active Listening) 8. Family reconnection & healing (Need for Repair) 9. Child & family voice in Sacramento County RBS 10. Child and Family Teams (Facilitation and Participation)	◆ Families (should have own module for navigating i.e., EES) ◆ Agency providers ◆ County	◆ EES (6 sessions 1 ½ hrs each); ongoing for newcomers; ◆ 6-8 hours (for knowledge and skill); ◆ Video of family stories/ in person training; ◆ County – brief training on content (2hr content/ skill building 4-5)

SACRAMENTO RBS TRAINING PLAN V.1

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
Effective Environmental & Treatment Interventions (Comment - Important to include Parent Partners as trainers)	1. Purpose of & rationale for environmental interventions in RBS 2. Understanding the difference between group care and RBS response 3. Effective group activities (Managing the Milieu) 4. Effective communication about environmental interventions 5. Understanding developmental and mental health impact 6. Linking interventions to outcomes 7. Intensive treatment interventions examples 8. Ensuring child and family voice in the treatment process* 9. Modification of treatment interventions	Overview: ◆ Family ◆ County ◆ Schools ◆ Providers ◆ Direct Care Staff for skill building	◆ Overview – 1hr (video) ◆ In depth –skill based (ongoing) 2 days (programs would need to individualize – role playing)

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
Effective Parallel Community Interventions & Supports	1. Purpose of & rationale for parallel community interventions & supports 2. Understanding the child & family's sense of community 3. Outcomes-based planning for community activities 4. Building awareness of & connections with the range of Sacramento County community activities specialized needs i.e. developmental disabilities & Network of care 5. Cultural & developmental issues in identifying appropriate community activities 6. Ensuring child & family voice in community activity participation 7. Planning for permanency 8. Parent Effectiveness Training	Knowledge and skill building: ◆ Community ◆ Providers ◆ Schools ◆ Agency providers/ staff Knowledge ◆ Parents	◆ Ongoing; ◆ In person ◆ Community Partners Services and Access Overview 1-2 hours ◆ Skill Building – 1 day

SACRAMENTO RBS TRAINING PLAN V.1

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
Effective After-Care Interventions & Supports	1. Purpose of & rationale for follow-up & post-discharge support 2. Understanding the difference between disruption & failure 3. Community engagement 4. On-the-Ground elements to promote successful outcomes ◆ Effective & "just in time" support ◆ Assessment of & communication of risk issues to others ◆ De-escalation of crisis/ prevention ◆ Effective crisis planning & implementation ◆ Continuity of care ◆ Field Safety– respect, "how to take a hint", entering homes, cultural issues 5. Essential feedback loops	◆ Direct Staff ◆ Agency Providers ◆ Parents * ◆ Staff (*parents may need their own orientation)	◆ New staff/ongoing & as needed ◆ ½ day orientation

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
Evaluation, Quality Assurance & Improvement	1. Overview of RBS evaluation plan 2. Sacramento County's role in the RBS evaluation 3. Effective use of data for children & families 4. Promoting child & family voice in program improvements 5. Effective use of data for program improvements	◆ Advisory Committee (Family Driven) ◆ Agency ◆ Providers ◆ County ◆ Community	◆ Intro ongoing ◆ Feedback ◆ Website

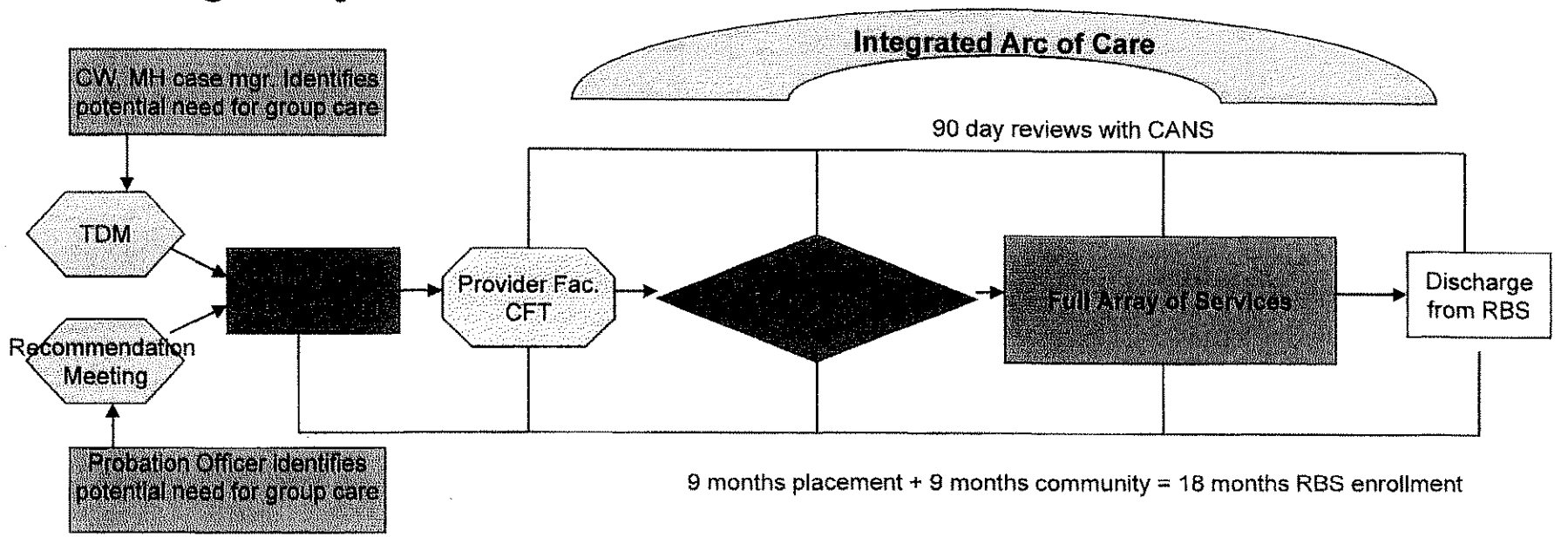
Training Topic	Content Overview	Target Audience	Length, Frequency & Modality
Funding & RBS * waiver issues can be included	1. Overview of categorical funding streams relevant to RBS & cost neutrality commitment 2. How Sacramento County RBS funding works 3. Flexible funding 4. Maximizing funds in Care Plans 5. Monitoring utilization of funds in Sacramento County RBS	◆ County ◆ Agency providers ◆ State representatives	◆ Before we start ◆ Ongoing

Training Topic	Content Overview	Target Audience	Length, Frequency, Modality
The role of Waivers in RBS	1. Overview of Waivers in RBS 2. Sacramento County Waivers	◆ County ◆ Providers ◆ State partners	◆ Initial ◆ Newcomers

Sacramento County RBS System Flow Chart

MOU #10-6021
Attachment I, Exhibit 1, Attachment C -
Sacramento RBS System Flow Chart

Lead Agency Model



The Sacramento RBS System Discharge Protocol

(March 12, 2010)

Guiding principles

- Discharge planning is a progressive process that should be initiated as soon as possible after enrollment in an RBS program and should include a clear focus on the purpose and projected outcomes of enrollment.
- All Sacramento County RBS programs shall insure that whenever possible appropriate arrangements are made for any necessary continuity of care, treatment or services (such as psychiatric care) prior to discharge from the program.
- All discharges of children, youth and families from RBS programs shall be based on the assessed needs of the child or youth and family and the program's capabilities for responding to those needs.
- When children and families are discharged from an RBS program, appropriate information related to their care, treatment and services shall be exchanged with the referring agency and other service providers who may be providing assistance to the child or youth and family subsequent to the discharge.
- The Care Review team must review all proposed discharges from RBS programs, regardless of the reason for discharge.

Definition

RBS is a program that integrates both residential and community living care components; therefore discharge from RBS means the complete termination of treatment, service and support obligations between the RBS program and a child or youth and her or his family who have previously completed the intake enrollment process with that program. Movement of a child or youth from the residential component to a community setting, between community settings, or from a community setting back to the residential component within the RBS program constitutes a change in living status but not a discharge from services. Discharge from an RBS program may also be referred to as disenrollment or exit, but in this protocol, the term discharge will be used throughout to ensure clarity.

Roles and Responsibility

Each child or youth and family's Family Support Team is responsible for developing and implementing the Comprehensive Care Plan for RBS services and support, which includes the Discharge Plan, tracking progress in accomplishing the plan, and updating and modifying the plan as needed. The Sacramento County RBS Care

Review Team is responsible for reviewing the plans prepared by the family support teams, monitoring utilization, and authorizing changes in the placement status of enrolled children and youth, and the implementation of the discharge plan.

Reasons for Discharge

Discharges may be carried out for the following reasons:

- The successful completion of the full course of care through an RBS enrollment at the end of a period of aftercare support and the implementation of a transition plan for any needed ongoing support and assistance through natural, informal and community-based resources;
- Even though a full course of care through the RBS program has not been completed, the transfer of the child or youth and family for care, treatment or services through another program or agency when it has been determined that this transfer will better meet their continuing needs;
- Even though a full course of care through the RBS program has not been completed, the parent or guardian has decided to withdraw their consent for a child or youth to participate in the program;
- The movement of the parent or guardian to a community sufficiently distant from the Sacramento region such that continuity of care in the RBS program cannot be reasonably continued as determined by the Care Review Team and the child or youth's parent or guardian; every effort will be made to identify resources in the new community and shall assist youth/family in obtaining needed services prior to discharge from RBS.
- A decision by a court with jurisdiction over the child or youth to transfer the child or youth to a placement that is incompatible with continuing participation in the RBS program;
- A sustained absence of the child or youth from the program without permission of the program, the court or the child or youth's parents or guardians with no contact for at least 30 days, and a determination by the Care Review Team that continued participation in RBS upon the child or youth's return would not meet the needs of the child or youth and family;
- The child or youth and family have been enrolled in the RBS program for an extended period of time, and although they have not completely achieved their goals and outcomes, the Family Support Team does not believe that continued enrollment in the RBS program will result in significant additional benefit and that obtaining services and support through other resource options would be more appropriate; and,

- A determination by the Care Review Team that the needs of a given child or youth and family are more severe than were identified during the intake process and are at a level that can not be appropriately or safely addressed through the RBS program (for example because of severe symptomology that requires intensive psychiatric care, or because of repeated and dangerous criminal behavior that requires care and supervision in a more secure setting) and a decision by the Care Review Team to recommend discontinuation of RBS enrollment and provision of care in an alternative setting.

Discharge planning

- The care coordinator is responsible for facilitating the development of the discharge plan.
- Planning for discharge shall involve the child or youth and their families, all members of the Family Support Team and any independent or community-based service providers who are assisting the child or youth and her or his family.
- The initial discharge plan shall be incorporated in the Comprehensive Care Plan and shall identify the goals and outcomes toward which the child or youth, family and Family Support Team have agreed to work and the criteria they will use for measuring progress toward reaching those goals and outcomes.
- The initial discharge plan may be modified at any time during the course of care as the child or youth and family's strengths, needs and goals are better understood.
- When a child or youth and family are approaching accomplishment of their outcomes and goals and the completion of their enrollment is likely to occur within 3 months or less, or when a discharge prior to accomplishment of those goals occurs for any of the other reasons listed above, a final discharge plan shall be prepared.
- Final discharge plans shall identify:
    - The membership of the Family Support Team;
    - The mission, goals and outcomes toward which the child or youth and family were working;
    - The progress that has been made toward accomplishing the mission and goals and outcomes;
    - The skills and strengths that the child or youth and family have demonstrated in making progress and examples of successes they have achieved;
    - The natural or informal circle of support that the child or youth and family have developed during the course of care;

- Assistance and interventions that have been provided to the child or youth and family that have helped support progress, as well as assistance and interventions that were tried but found to be ineffective or detrimental, and what was learned about assistance and intervention that has been or is most likely to be helpful;
- An ongoing safety plan that the child or youth and family will use to help sustain the successes they have achieved that includes potential risk factors or situations, proactive strategies to avoid those factors or situations, as well options and interventions to get back on track should those factors or situations occur, and contacts the child or youth and family can use to obtain help if needed to remain safe;
- Any needs for continuing care and assistance that the children or youth and families may have, and any arrangements that have been to obtain those services and supports through either formal or informal means;

- If the discharge is occurring for any of the reasons listed above other than for accomplishment of the child or youth and family's goals and outcomes, the final discharge plan shall also state:
  - the reasons for the discharge;
  - any alternatives to discharge that were considered;
  - any anticipated need for continued, care, treatment and services that are likely to occur; and
  - potential options for obtaining or arranging for those services.

Discharge procedures

- When a Family Support Team is recommending that a child or youth and family is approaching the completion of their enrollment in the RBS program, they shall prepare a proposed final discharge plan and submit it to the Care Review Team for authorization.
- When a Family Support Team learns that discharge from the RBS program will be required because of any of the other reasons listed above, they shall prepare a report to the Care Review Team describing the reasons that discharge will be required and accompany it with a discharge plan designed to provide as much ongoing information as possible to help the child or youth and family continue to make progress toward their goals in whatever situation they will now be in, and to coordinate as appropriate with any individuals or agencies that will be providing ongoing care following discharge.

- Upon receipt of a recommendation for successful discharge because the child or youth and family is approaching the successful completion of their course of care, the Care Review Team shall review the submission by the Family Support Team.
    - If it appears appropriate and complete, the CFT will authorize discharge in the time frame proposed by the Family Support Team.
    - If the Care Review Team feels that changes in the plan may help improve the sustainability of the discharge plan, or if the Care Review Team has suggestions for additional post-enrollment assistance or support, they shall share those recommendations with the Family Support Team, who shall submit an amended discharge plan for final approval and authorization by the Care Review Team.
- Upon receipt of a report that a discharge prior to successful completion of the Comprehensive Care Plan may be necessary because of any of the other reasons listed above, the Care Review Team shall review the report and accompanying proposed discharge plan, and may take either or both of the following actions:
    - Accept the report and authorize the discharge according to the proposed plan;
    - Suggest alternatives to the unplanned discharge and/or, if appropriate, pursue system level advocacy to achieve consensus with the family and FST, as well as provide continuity of care for the child or youth and family either within the RBS system or elsewhere.
- If requested by a Family Support Team, and if the extension will benefit the child or youth and family, the Care Review Team can authorize an extension of enrollment of a child or youth and family in an RBS program for an additional 90 days following the completion of 21 months or less of enrollment in RBS.

Discharge support

- When a child or youth and family are discharged, the care coordinator and parent partner shall insure that they have been informed of and understand:
    - The reason they are being discharged;
    - Any anticipated need for continued care, treatment and services that are likely to occur after discharge;
    - When indicated, that the child and family understand how to obtain continuing care, treatment and services following discharge that may be required to assist with any remaining unmet needs; and
    - Any assistance that may be available from the Family Support Team or through other sources to help the child's parent, guardian or legal custodian

arrange for services needed to meet the child and family's needs after discharge.

- Discharge plans shall be prepared and presented in a form that the child and family can understand and implement. A copy of the discharge plan shall be given to the child and family and with appropriate releases and authorizations to any persons or agencies that will be responsible for providing continuing care following discharge.

Coordination of care at discharge

- When children or youth and their families are discharged in order to receive services by a transfer of care to other agencies or organizations, appropriate information related to their care, treatment and services shall be exchanged with these other service providers, as along as all necessary releases have been completed.
- Information shared at discharge for transfer to services in another program or agency shall include, but not limited to the following, as appropriate to the nature and extent of the treatment, services and care that was provided by the RBS program and that will be provided by the new program or agency:
    - The reason for discharge and transfer;
    - The child and family's biopsychosocial status at the time of discharge, including their functional strengths and needs;
    - The elements of the plan of care developed with the child and family;
    - A summary of the care, treatment and services provided to the child or youth and family and their progress towards the goals and outcomes in the plan of care;
    - Community resources established for the child or youth and family or referrals provided to them at the time of transfer or discharge; and
    - The natural or informal circle of support that the child or youth and family have developed during the course of care.

The RBS Reform Coalition

Residential Based Services Reform Project

Deliverable Template – FUNDING MODEL- CV5

Instructions: The Funding Model lays out the demonstration sites' plan to fund the RBS Program. The primary purpose of the Funding Model Template is to guide demonstration sites in presenting the needed information about their Funding Model in a succinct and organized manner so that CDSS staff can fairly and accurately judge whether the proposed Funding Model meets the basic requirements of Assembly Bill (AB) 1453. An additional purpose is to help the local implementation teams in the sites better understand what the elements of a Funding Model are, so that it is easier for them to construct one to support their approach to implementing RBS.

Nine of the requirements for the Funding Model in AB 1453 are in section 18987.71 d. 2 (A) – (I). (Key points are underlined):

2. …the director may also approve the use of up to a total of five alternative funding models for determining the method and level of payments that will be made under the AFDC-FC program to private nonprofit agencies operating residentially based services programs in lieu of using the rate classification levels and schedule of standard rates provided for in Section 11462. These alternative funding models may include, but shall not be limited to, the use of cost reimbursement, case rates, per diem or monthly rates, or a combination thereof. An alternative funding model shall do all of the following:

(A) Support the values and goals for residentially based services, including active child and family involvement, permanence, collaborative decision-making, and outcome measurement.

(B) Ensure that quality care and effective services are delivered to appropriate children or youth at a reasonable cost to the public.

(C) Ensure that payment levels are sufficient to permit the private nonprofit agencies operating residentially based services programs to provide care and supervision, social work activities, parallel pre-discharge community-based interventions for families, and follow-up post-discharge support and services for children and their families, including the cost of hiring and retaining qualified staff.

(D) Facilitate compliance with state requirements and the attainment of federal and state performance objectives.

(E) Control overall program costs by providing incentives for the private nonprofit agencies to use the most cost-effective approaches for achieving positive outcomes for the children or youth and their families.

(F) Facilitate the ability of the private nonprofit agencies to access other available public sources of funding and services to meet the needs of the children or youth placed in their residentially based services programs, and the needs of their families.

(G) Enable the combination of various funding streams necessary to meet the full range of services needed by foster children or youth in residentially based services programs, with particular reference to funding for mental health treatment services through the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment program.

(H) Maximize federal financial participation, and mitigate the loss of federal funds, while ensuring the effective delivery of services to children or youth and families, and the achievement of positive outcomes.

(I) Provide for effective administrative oversight and enforcement mechanisms in order to ensure programmatic and fiscal accountability.

The final requirement is in section d. 3. (D) of the statute:

(D) Neither the waiver nor the alternative funding model will result in an increase in the costs to the General Fund for payments under the AFDC-FC program, measured on an annual basis. This would permit higher AFDC-FC payments to be made when children or youth are initially placed in a residentially based services program, with savings to offset these higher costs being achieved through shorter lengths of stay in foster care, or a reduction of re-entries into foster care, as the result of providing pre-discharge support and post-discharge services to the children or youth and their families.

Beyond the statutory requirements regarding cost neutrality for state AFDC-FC, there is also an understanding that the RBS demonstration sites will apply equally thoughtful stewardship in the use of EPSDT funds. Essentially, AB 1453 is inviting the demonstration sites to find an innovative approach that will provide improved outcomes for the same or less cost. The design of the Funding Model has five elements or stages:

1. Specify the Program Model: Development of an innovative approach to meeting the needs of children who are now being cared for using long term high level group home placements and their families that is likely to produce better outcomes for the same or less cost.

2. Estimate the Provider Bid: Creation by the providers of a cost estimate for delivering the services that will be included in the RBS package that is based on the new approach (see paragraph 2 (C) above).

3. Prepare the County Budget: Preparation by the county child welfare, mental health and probation departments of a preliminary operational budget for their RBS system that reflects the fiscal realities of the departments and that insures the balanced and equitable utilization required under paragraph 2 (G).

4. Demonstrate Cost Neutrality: Calculation by the local implementation team of a rationale for demonstrating the cost neutrality required by Section 3 (D), above.

5. Agree on a Rate and Payment Protocol: Integration of all these inputs by the local implementation teams into a rate and payment protocol for the RBS system that addresses the various requirements in the statute.

In order for the CDSS reviewers to fairly and accurately assess the funding models that will be submitted, the template will need to reflect all five of these elements in a way that ties them to the AB 1453 requirements.

Revisions: The following information will serve as a guide in helping you identify the changes that were made to the Funding Model Deliverable Template:

Blue Font –the blue font represents new questions &/or sections that have been added to the template.

(Items in Parenthesis) –the items in parenthesis provide a reference back to the specific question in the preliminary Program Description and Voluntary Agreement templates.

Signatory Page – A signatory page was added to the end of the Funding Model and should be signed by a representative from the county social service agency, mental health agency and the private non-profit agencies.

Funding Model

Reference Material: Please be sure to reference the AB 1453 enacted legislation, and the 'Framework for a New System of Residentially-Based Services in California'.

Demo Site: Sacramento County	Date: 7/1/10
Prepared by: Geri Wilson	Title/Organization: Local Implementation Coord. Sacramento County Dept. of Health & Services
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1. **Briefly summarize the intervention, services, and support strategies your program model will use to help children or youth and their families enrolled in your RBS system achieve and sustain positive life outcomes.**

The Sacramento County RBS Demonstration Project will use an array of varied and highly integrated facility and community based services, operated from a lead agency model, to help youth and their families achieve and sustain positive life outcomes. The 7 key service components of the project are:

1. **Consistent and Systemic Assessment and Matching**;
2. A **Comprehensive and Coordinated Plan of Care**;
3. **Intensive Family Involvement**;
4. **Parallel, Pre-discharge, Community Based Interventions;**
5. **Intensive Environmentally-based Residential Services;**
6. **Therapeutic Interventions;**
7. **Follow-up Community-Based Services and Support**

The scope of these services is explained in greater detail in the accompanying Sacramento County Residential Based Services Reform Project Voluntary Agreement proposal document. They consist of both residential and community based services and supports that are designed to provide an arc of care throughout RBS enrollment for youth and their families to achieve stabilization, connection to community and permanency.

Youth, of either gender, age 12-16, who are currently receiving services from juvenile probation or child welfare, will be eligible for RBS referral by their respective case managers. For the purposes of the start-up phase of RBS, the youth must have an existing family connection or prospect for permanency. To avoid duplication of funding streams, services and support, youth who are currently receiving wraparound services will not be eligible for RBS.

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The Sacramento County RBS Demonstration Project will begin with three lead agency providers: Quality Group Homes (QGH), Inc.; Children's Receiving Home of Sacramento (CRH) and Martin's Achievement Place (MAP). In the start-up phase, QGH will have the capacity to enroll 6 male youth, who are receiving juvenile probation services. CRH will have the capacity to enroll 10 female youth that are referred by child welfare and/or mental health. MAP will have the capacity to enroll a focused population of 6 male youth referred by any of the referring agencies who have a history of sexually acting out behaviors. The RBS providers will be considered "preferred providers" by the referring County agencies for youth who meet the RBS target population for criteria. The preferred status of the RBS providers will be recognized in each County agency's placement gate keeping process in an effort to ensure that RBS eligible youth are placed in available RBS slots.

Each public agency system will utilize a team meeting (Team Decision-Making or Recommendations Meeting) that will include the involvement of the youth, family, key public and private providers and other individuals selected as support by the family, to determine that a youth meet RBS eligibility criteria and assess and match the strengths and needs of the youth with an available RBS program.

Upon enrollment and throughout the RBS episode of care, the lead agencies will take full responsibility for coordinating and providing for the care of the youth and their families regardless of the placement or location of the youth. The Family Support Team (FST) consisting of the provider, county agency staff, the youth and their parent(s) and other service providers and stakeholders, will utilize the FST meeting process, as the primary method of developing and coordinating the plan of care from RBS enrollment through discharge (refer to Discharge Protocol, Attachment D)

The lead agency Family Support Team facilitator, in partnership with the county case manager, will convene a Family Support Team meeting within 14 days of the youth's enrollment in the RBS program to develop an integrated, strengths and needs based Comprehensive Care Plan (CCP) over multiple domains and environments to help the youth and family achieve safety, permanency and well-being. A comprehensive assessment of the youth and family's strengths and needs will guide the plan that will use evidenced based support and care to address the critical unmet needs.

The proposed Funding Model for the Sacramento County RBS Demonstration Project has evolved significantly over the past year as the result of several factors. One of the most important factors was the significant economic downturn during 2009 which dramatically reduced General Fund revenues for Sacramento County and forced the County to make large reductions in expenditures and in staff. For the RBS Demonstration Project, this meant that the County was not in a position to pay for the higher upfront costs of RBS services during the first year of operation, even though those costs would be more than offset by savings during the second year. The Funding Model had to be revised to ensure that it was cost-neutral on an annual basis in terms of County General Fund expenditures, including the first year of operation. In practical terms, this meant that the County share of RBS rates paid on a monthly basis could be no more than the County would have paid for a traditional group

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home placement receiving an AFDC-Foster rate under the State's current Rate Classification Level (RCL) system. A second important factor was the series of changes in AFDC-Foster Care (AFDC-FC) group home rates resulting from State budget action and several subsequent federal court decisions. Every time the State announced a change in the AFDC-FC rates, it became necessary to revise the cost-neutrality analysis comparing what County General Fund expenditures would be for traditional group home placements with the estimated costs of the RBS Demonstration Project.

The current Funding Model proposal for RBS Reform now consists of the use of AFDC-FC, EPSDT and supplemental funding by RBS providers during the start up phase of the RBS Demonstration Project.

The state and county match funds currently used in AFDC-FC foster care will be used flexibly over the youth's enrollment in RBS to provide for the initial episode of residential care and throughout the RBS arc of care to provide the informal and formal services and supports that are based within the youth and family's community.

EPSDT will be utilized to address the critical behavioral, emotional and developmental needs of the youth and family that will be provided throughout the youth's enrollment in RBS.

The continuity of care for the youth and family throughout the RBS course of care will be provided by the lead agency RBS team staff. The RBS team will provide or connect the youth and family to full array of services of residential and community-based services at the same time they are developing and supporting connection or reconnection between the youth and permanent family connections. The team will have the flexibility to transition with the youth between the residential milieu and community and will support transitions for the purposes of reconnections to family, crisis stabilization and lower levels of care that serve as a bridge to permanency.

2. **Describe the calculations used by the providers to estimate the reasonable costs of delivering the package of services that will be incorporated in your RBS system. Please fill out Attachment A – Provider Cost Matrix.**

The Sacramento County RBS Demonstration Project Program Model is based on the assumption that youth will be enrolled in RBS for an average period of 18 months. It is anticipated that the youth and family will receive an average of 9 months of Residential Care and Parallel Family Services and an average of 9 months of Community-Based Services and Supports.

Detailed budgets for their RBS programs were originally developed by the three Sacramento County RBS Demonstration Project providers in the Spring of 2009 and have been revised on a number of occasions as the RBS program design and fiscal situation evolved. The most recent revisions of these provider budgets, which were used in the development of this "Final" version of the Funding Model, reflect the latest version of the RBS Target Population described in the Voluntary Agreement, the availability of mental health funding, and the current AFDC-FC group home rates (as published by CDSS in its All-County Letter No. 10-15, dated March 15,

2010). The cost projections from these proposed budgets have been reviewed by the County and found to be a reasonable estimate of the costs of providing the care and services needed to operate the proposed RBS programs.

Evolution of the Funding Model

The original Funding Model proposal in May 2009 used provider cost projections to calculate an average of estimated RBS program costs. These average costs were then used to develop proposed RBS rates which would fully cover those estimated costs. The proposed RBS rates would have been paid on a per child per month basis, for Residential Group Care and Parallel Family Services and for Community-Based Family Services. Traditional group home placements for the RBS Target Population are in excess of 24 months. In comparison, the RBS Demonstration Project was projected to produce substantial savings in State and County costs over a 24-month period by reducing the average length of stay in group care to 9 months and achieving permanency within an average of 18 months. Since the proposed rate for RBS Residential Group Care and Parallel Family Services was higher than the average AFDC-FC rate being paid for traditional group home placements at that time, the original Funding Model would have produced higher upfront costs for the State and County during the first year, which would have been gradually recovered by savings generated during the second year.

By the Summer of 2009, the severity of Sacramento County's financial problems made it clear that the County was not in a position to cover these higher upfront costs during the first year of the RBS Demonstration Project, despite the fact that County savings were anticipated during the second year. In response to this new County fiscal reality, the County and providers developed a new revised Funding Model. Under the new version, the amount of the RBS rate for Residential Group Care and Parallel Family Services would have been equal to the average of the current AFDC-FC rates being paid for children in the RBS Target Population who are in traditional group home placements. There would have been two RBS rates for Community-Based Family Services, one for federally-eligible children and one for non-federally eligible children, each of which would have been equal to the State and County shares of the average current AFDC-FC rates being paid for children in the RBS Target Population who are in traditional group home placements. This approach ensured that the RBS Demonstration Project would not create higher costs on a month-to-month cash flow basis for the County than it would otherwise incur by making traditional group home placements.

It was understood by both the County and providers that these revised RBS rates would not be sufficient to cover the estimated costs that providers would incur in operating their RBS programs. Providers would have been required to augment their monthly RBS payments with their own private funding. Since the RBS rates were lower in this revised Funding Model than in the original Funding Model, it was estimated that it would generate even greater savings in State and County costs over a 24-month period. The revised Funding Model included an actual cost reconciliation settlement process at the end of the 24-month period through which these savings would have been used to reimburse each of the providers for the difference between its total RBS payments and its actual costs. If a provider's actual costs exceeded its RBS payments by more than the savings generated, the reimbursement to a provider would have been limited to the amount of the savings that its RBS program generated. This ensured

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that the RBS Demonstration Project would not result in higher overall costs to the State or to the County. If a provider's actual costs exceeded its RBS payments by less than the savings generated, the provider would be fully reimbursed and the County would retain the remaining savings for reinvestment.

Sacramento County and its RBS providers recognized that this revised Funding Model was far from perfect. By establishing RBS rates that did not reflect the estimated costs of providers, it would not have been possible to maximize federal financial participation. It would have contained many administratively burdensome and complex features for the State, the County, and the providers, including a dollar-for-dollar actual cost reconciliation process. Finally, it would have required the three private nonprofit agencies operating the RBS programs to raise substantial amounts of operating funds through borrowing and/or fund-raising in order to float the upfront costs which would not have been fully covered by the RBS rate payments.

In order to reduce the estimated costs for providing RBS Residential Group Care and Parallel Family Services, the RBS Target Population was modified at this time. The revised RBS Target Population focuses on children who have had no more than one group home placements and children who have a current connection to a family (or non-related extended family member) which is a viable resource as a permanency option. Since this group of children already has an indentified viable permanency option, the costs for family finding and other parallel family services should be less than they were estimated to be for the original RBS Target Population. As part of the revision of the Funding Model, the Sacramento County Department of Mental Health agreed to increase the funding being made available to RBS providers through their contracts for EPSDT services. This should allow providers to shift some costs to their EPSDT contracts which they originally would have had to pay for with the State and County share of AFDC-FC savings generated by reducing the length of stay in RBS group care.

As stated above, the amount of the RBS rates for Residential Group Care and Parallel Family Services and Community-Based Family Services in this revised Funding Model were directly tied to current AFDC-FC rates for traditional group home placements. As a result, the revised Funding Model had to be modified three times in the second half of 2009 as a result of changes in the AFDC-FC rates established by the State.

- The first modification occurred with the release of CDSS All-County Letter No. 09-45, dated September 30, 2009, which notified counties of the 10% reduction in group home rates, effective October 1, 2009, as part of the State Budget for 2009-10.

- The second modification occurred with the release of CDSS All-County Letter No. 09-76, dated November 25, 2009, which notified counties of a Temporary Restraining Order issued by a federal court enjoining the State from implementing the 10% reduction in the group home rates for federally-eligible foster children and which also directed counties to retain the 10% rate reduction of non-federally eligible children.

- The third modification occurred with the release of CDSS All-County Letter No. 09-85, dated December 28, 2009, which notified counties of a Preliminary Injunction issued by a

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federal court enjoining the State from implementing the 10% reduction in the group home rates for non-federally eligible children, as well as for federally-eligible children.

Each of these changes in the "current" AFDC-FC rates resulted in a change in the RBS rates for Residential Group Care and Parallel Family Services and Community-Based Family Services in the revised Funding Model. More importantly, it required the County and providers to reexamine their RBS proposal to determine whether it remained viable. With the third modification following the December 28 ACL, the RBS rates were returned to the level that had been proposed prior to the first modification following the September 30 ACL. Making each of these modifications required a significant amount of time and energy on the part of both County and provider managers and staff and delayed progress on the implementation of the Sacramento RBS Demonstration Project by more than three months.

"Final" Funding Model

On March 15, 2010, CDSS released All-County Letter No. 10-15 which notified counties of a Judgment issued by a federal court requiring the State to begin to use a new schedule of AFDC-FC rates for group homes which reflects the 76.25% increase in the California Necessities Index between 1990-91 and 2009-10, effective December 14, 2009. The new Standardized Schedule of Rates is approximately 32% higher than the rates in effect prior to the 10% rate reduction on October 1, 2009.

The County has been informed that the State is in the process of appealing the Preliminary Injunctions enjoining the 10% rate reduction and the more recent Judgment requiring the payment of rates that cover the current cover of care provided by group homes. Since it could be months, if not years, before all of the litigation surrounding California's group home rates is finally resolve, Sacramento County is moving forward with the implementation of its RBS Demonstration Project based on the "current" AFDC-FC rates in effect at this time.

In order to establish a base for comparing RBS costs with the costs of placing children in traditional group home placements, the County conducted a review of actual placement cost data over a three-month period of time (December 2009 – February 2010) for children being served by Child Welfare and Probation in traditional group home placements who meet the current revised RBS target population requirement for RBS. The results of this review are shown below.

Sacramento RBS Target Population	**RCL 12**	**RCL 14**	**Total**
Children	**573**	**168**	**741**
Percentage of Total	77.33%	22.67%	100%
FEDERALLY eligible children	**378**	**123**	**501**
FEDERALLY eligible children, as a percentage of each RCL	65.97%	73.21%	67.61%
Distribution of FEDERALLY eligible children between RCL 12 & RCL 14	75.45%	24.55%	100%

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FEDERALLY eligible children, as a percentage of Total RCL 12 and RCL 14 children	51.01%	16.60%	67.61%
NON-FEDERALLY eligible children	**195**	**45**	**240**
NON-FEDERALLY eligible children, as a percentage of each RCL	34.03%	26.47%	32.39%
Distribution of NON-FEDERALLY eligible children between RCL 12 & RCL 14	81.25%	18.75%	100%
NON-FEDERALLY eligible children, as a percentage of Total RCL 12 and RCL 14 children	26.32%	6.07%	32.39%

As in the revised Funding Model described above, in the "Final" Funding Model, Residential Care and Parallel Family Services includes the participation by the RBS provider in the Family Support Team while the child is in RBS group care, RBS group care, and family preparation and support for all families. Since the current revised RBS target population focuses on children who already have a current connection to a family (or non-related extended family member) which is a viable resources as a permanency option, it is anticipated that RBS providers will not have to carry out extensive family finding activities.

Community-Based Family Services and Support includes participation by the RBS provider in the Family Support Team after the child leaves RBS group care, aftercare family services, bridge foster care with relatives or foster parents (including with an FFA or ITFC as needed), and crisis stabilization using RBS group care.

The new higher AFDC-FC rates announced in the March 15 ACL significantly increased the costs of traditional group home placements. The new rates are $7,795 for RCL 12 and $8,835 for RCL 14. With 77.33% of the RBS Target Population in traditional group home placements at RCL 12, and 22.67% at RCL 14, the new weighted average AFDC-FC rate is $8,031. The State and County share of the costs of traditional group home placements is $4,594 for federally-eligible children and $8,031 for non-federally eligible children.

Even prior to the implementation of the new court-mandated AFDC-FC rates for traditional group home programs, it was estimated that the total costs of the RBS demonstration project over two years would be significantly less than the costs of traditional group home placements, both in terms total costs and of State and County costs. By increasing the costs of traditional group home placements, the new higher court-mandated group home rates mean that the cost savings generated by the RBS project should be even higher than originally estimated.

However, the immediate financial situation of Sacramento County remains extremely grim. Despite the anticipated long-term savings which the RBS demonstration project will generate, the County is still not in a position to "float" the higher up-front costs of RBS Residential Care and Parallel Family Services, in comparison to the costs of traditional group home payments. Nevertheless, the magnitude of the problem of higher up-front RBS costs has been reduced significantly by three factors since the providers for the Sacramento RBS demonstration project developed their original budget estimates in May 2009.

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First, as discussed above, the RBS Target Population has been modified since the May 2009 cost projections were done. Since the children in the current revised RBS Target Population already have an identified viable permanency option, the costs for family finding and other parallel family services should be less than they were estimated to be in May 2009. Of course, when Sacramento County rolls out the RBS model in the future to its broader foster care population, many of those children will not have an identified permanency option and will need extensive family finding, family engagement, and other parallel family services. The RBS rates used for that future roll out will have to be adjusted to reflect the costs for these services. But that is an issue that does not have to be address during the first 24-month phase of the RBS demonstration project with the revised RBS Target Population.

Second, since the original cost projections were done, the Sacramento County Department of Mental Health has agreed to increase the funding being made available to RBS providers through their contracts for EPSDT services for RBS children. There are some types of broadly defined "case management" costs that can appropriately be funded either with EPSDT funds or with the State and County share of AFDC-FC/RBS funds (though probably not with federal Title IV-E foster care funds). The original cost projections included costs which were potentially allowable under EPSDT, but which exceeded the original amount of EPSDT funding that was being made available. In order to cover those costs, it would have been necessary for the RBS providers to use some of the State and County share of AFDC-FC savings generated by reducing the length of stay in RBS group care. However, now with the increased commitment from the Department of Mental Health, EPSDT funding will be adequate cover these EPSDT allowable activities.

Third, the recent court-mandated increase of 32% in the AFDC-FC rates for group homes has raised the "base" for measuring the current County costs for traditional group home placements and therefore has made it possible to establish RBS rates at higher levels without increasing current County costs.

In light of all of these changes, the RBS providers conducted another review of their projected RBS and EPSDT revenues and costs over the first 24 months of the RBS demonstration project following the placement of the first cohort of children. These projections for each of the three RBS providers are attached. The projections are based on the premise, as stated earlier, that each youth and family will receive an average of 9 months of RBS Residential Care and Parallel Family Services and an average of 9 months of RBS Community-Based Services and Supports. With this premise, each RBS "slot" will involve 24 months of RBS Residential Care and Parallel Family Services and 15 months of RBS Community-Based Services and Supports. [On average, children will only begin receiving RBS Community-Based Services and Supports after the first 9 months, when the first cohort of children has left RBS group care.]

The RBS providers compared their projected costs over 24 months with projected RBS revenues using the new weighted average AFDC-FC rate ($8,031) as the RBS rate for Residential Care and Parallel Family Services and the State and County share of the new

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weighted average AFDC-FC rate for federally-eligible children ($4,594) as the RBS rate for Community-Based Services and Supports. The use of these two figures as RBS rates produced estimated RBS revenues, assuming 90% occupancy, that came very close to covering the RBS providers' average projected costs.

Therefore, the RBS rates which Sacramento County is proposing to use for the RBS demonstration project are:

- Residential Care and Parallel Family Services: $8,031 per child per month (prorated for partial months).
- Community-Based Family Services and Support: $4,594 per child per month (prorated for partial months).

Since these RBS rates are anticipated to cover all of the RBS costs which the RBS providers will incur over the first 24-month period of the demonstration project (excluding EPSDT costs), there will be no need for an actual cost reconciliation settlement process at the end of the 24-month period.

The cost projections prepared by each of the three RBS providers identify the percentage of the time of their RBS staff which will be in activities which would qualify for federal Title IV-E funding while the children are living in the RBS group care component of the program. As discussed above, it is anticipated that each RBS "slot" will involve 24 months of RBS Residential Care and Parallel Family Services and 15 months of RBS Community-Based Services and Supports, for a total of 39 child-months of care and services. For categories of RBS staff who will be working with children both while they are in RBS group care and when they leave RBS group care and begin to receive RBS community services, the portion of their total costs which are identified as qualifying for federal Title IV-E funding is based on the percentage of the total 39 child-months of care and services provided while the children are in RBS group care: 62% (24 child-months out of a total of 39). The federal Title IV-E allowable costs and the total RBS costs for each of the three RBS providers were combined to compute a weighted average percentage of 92.54% for federal Title IV-E allowable costs.

Although it is estimated that the average length of stay will be 9 months in the Residential Care and Parallel Family Services component of the RBS program and 9 months in the Community-Based Family Services and Support component, the actual length of stay for each child will be determined by his/her individual needs. The RBS rate for one of the program components will only be paid for the actual months that a child is physically in that component. For example, an individual youth may take longer than 9 months to transition to Community-Based Care and the provider would continue to receive the $8,031 Residential Care rate until that youth transitioned to Community- Based Care. Similarly, another youth may only require 7 months of Residential Care prior to transitioning to Community-Based Care and the $4,594 Community Based-Care rate would be paid beginning month 8.

Attachment A to this proposal, "Estimating Payments for Residentially-Based Services Programs," was prepared using these RBS rates. Using the assumptions in Attachment A regarding average lengths of stay in the two RBS Program Components, the percentage of the

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RBS payments which are allowable for federal funding, and the percentage of RBS children who are federally eligible, it is estimated that RBS providers will receive RBS payments totally $113,625 for an average child, of which $89,683 will be State and County funds.

The bottom portion of Attachment A, "Estimating Current Payments of Traditional Group Home Placements" shows that the current total costs of AFDC-Foster Care payments for an average child in the RBS target population over 24-month period is $192,739, of which $132,127 are State and County funds. Therefore, the RBS demonstration project should generate average savings of $42,444 per child in State and County funds over the 24-month enrollment period.

It is important to note that the figures in the bottom portion of Attachment A for the array of services in the Community Based Family Services and Support phase of RBS represent the projected costs of each service on a per child, per month basis. However, not all of the youth will require each service. Further, the average period of time for which a service will be need will vary. Therefore, the RBS Community Based Family Services and Support rate is not computed by simply adding up all of the services. Rather, it is the weighted average costs for all of the services, reflecting the percentage of youth who will need it and the average length of the service.

Crisis Stabilization is a service component that will be offered to youth and their families during the time youth are in the Community Based Family Services and Support phase of RBS. Crisis stabilization is defined in the RBS Program as short periods of return to group home care, i.e. 2-7 days in length, expected to be for a total average of 30 day, that may be required to support the youth's stabilization in community-based care. Crisis Stabilization will be paid for at the Community Based Family Services rate and is just one component of services that are expected to be provided within that rate. The actual cost of that particular service is costed out at the Residential Group Care and Parallel Family Services Rate. It is projected to be up to one month of service within the average 9 month Community Based Family Services period. It is anticipated that 35% of the youth enrolled in RBS will require Crisis Stabilization Support. During the time a youth is receiving Crisis Stabilization services, the provider will be paid at the RBS Community Based Family Services rate.

If a youth does not stabilize within a 30 day period, the Crisis Stabilization period will expire. The youth will be transferred back to the Residential phase of RBS and the provider will be paid at the RBS Residential and Parallel Family Services rate. As this is expected to be an extraordinary circumstance, the FST will utilize the CRT for assistance in placement and care planning.

It is expected that each RBS provider agency will operate at 90% capacity. Given that consideration, each RBS provider agency is anticipated to have a vacant RBS bed that will enable them to take youth into their facility for the purpose of Crisis Stabilization. In very exceptional circumstances, a RBS bed in the RBS Program may not be immediately available. In that situation, other options will be considered, i.e., relative placement, non-extended family member placement, foster care or another residential facility. However, an assessment may determine that the best alternative would be to move the youth temporarily to a non-RBS bed in the RBS provider residential facility pending an opening in the RBS unit. Depending on the

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events that warranted the need for crisis stabilization, this option may be deemed to be the best plan for the youth who requires the consistency of interventions and supports that may not be able to be guaranteed in another setting. RBS services would continue to be provided at the RBS Community Based Service Family Services rate of $4,594 throughout the time the youth resided in a non-RBS bed.

If there is a rare exception in which an RBS enrolled youth is moved, for the purposes of Crisis Stabilization, to a non-RBS bed in the provider residential facility, the following steps will be taken to ensure the stay in a non-RBS bed is brief and time limited:

1. The RBS youth will be moved to an RBS bed immediately when an RBS bed vacancy occurs and the occupancy in a non- RBS bed will be capped at 30 days;
2. The RBS provider will not accept new intakes if an RBS enrolled youth is occupying a non-RBS bed;
3. The provider Comprehensive Care Coordinator will take responsibility for ensuring a Family Support Team meeting is held with 72 hours of an RBS youth's occupancy of a non-RBS bed to ensure that key RBS services are not disrupted and that the Comprehensive Care Plan is modified to address the services needed to stabilize the youth.

An additional matrix is enclosed that further describes the anticipated use of the RBS payments for more specific program sub-components. The document is titled "Average Estimated Payments per Child over a 24-Month RBS Enrollment Period."

The costs of behavioral health (mental health) services were not included in the above calculations. A historical review of the utilization of behavioral health services by the RBS Target Population was used to estimate those costs for the RBS program. That data is not attached in this report, but can be obtained for more detail if requested. Based on the past use averages of $1,100 per month per youth in all levels of group care, EPSDT funds will be allocated to pay for the more intensive RBS behavioral health services at a rate of $2,667 per month per youth ($32,000 annually). It is expected that by increasing the EPSDT allocation services can be provided at a level that supports improved safety, permanency and well-being outcomes for the youth enrolled in RBS.

3. **Identify the activities and associated funding streams that the county departments that are in collaboration with your RBS system will use to support the service elements that you have included in your package of services. Please fill out Attachment B – Activity Allowability Inventory Worksheet.**

The two primary sources of ongoing funding will be through the AFDC-Foster Care Program and EPSDT. The AFDC-FC funds, including IV-E, will be used to support maintenance (care and supervision) in the residential services unit and "bridge" foster care when needed. Individualized services to the youth and family, including family engagement, permanency services and parallel and post-discharge community- based services will be paid for using the state and county match funds currently associated with AFDC-FC in a flexible manner, if approved by the State. Title IV-E will be used to fund appropriate case management and administrative costs throughout the program.. EPSDT funding will be available to pay for the

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individualized behavioral health needs of the youth and family throughout the youth's RBS enrollment.

The additional sources of funding for the Sacramento RBS Demonstration Project include contributions by the Dept. of Health and Human Services and the Dept. of Behavioral Health.

The Sacramento RBS Demonstration Project has also received some additional funding through the Sierra Health Foundation.

The funding from the Dept. of Health and Human Services, the Dept. of Behavioral Health and any private foundation grant received, will be used to support the RBS Demonstration Project activities in the following ways:

1. Provide funds to match the County share of the augmented EPSDT allocation.
2. Provide funds to train the RBS public and private implementing partners in Functional Family Therapy.

Attachment B- the "Activity-Allowability Inventory" follows this narrative and provides a detailed breakdown of the program component activities with the associated funding streams.

4. Indicate how the participating county departments will work together to provide effective administrative oversight to insure accountability, efficiency and accuracy in the access and disbursement of these funding streams.

The County currently has funding and claiming mechanisms in place that will be utilized for RBS payment and claiming purposes. These mechanisms were established in 1999 and have been adjusted and refined over time to accommodate the payment and claiming of Sacramento wraparound services. Although the wraparound payment and claiming process can be replicated for RBS payment and claiming purposes, it will be necessary to develop a separate special project code or "subtype" category for RBS payments. Like the system of payment and claiming for wraparound, the RBS payment and claiming system will be handled manually as the CAL WIN system cannot be modified to accommodate.

The current payment system will generate a monthly payment report that will be utilized by the RBS Project Coordinator to track RBS costs monthly for payment accuracy, efficiency and cost neutrality purposes.

The described method of payment and claiming will be manageable for the start-up phase of the RBS Reform Demonstration Project. However, improvements to the manual system of payment and monitoring will need to be considered as the population of children, youth and families expands.

An EPSDT contract monitor will be assigned to monitor monthly EPSDT expenditures for RBS services and supports.

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Each county agency will have a representative that sits on the RBS Local ImplementationTeam (LIT). This team is responsible, in partnership, for the monthly administrative and program oversight of the Sacramento County RBS Demonstration Project during the duration of the demonstration period. A Cost Reconciliation Report will be used monthly to track and analyze RBS payments made to providers and lengths of stay for all youth enrolled in the RBS program.

Additionally, each provider will submit an annual cost report that will be reviewed by representatives from the County departments to determine program cost effectiveness in relation to achieved outcomes. Adjustments will be made according to data analysis results.

5. **Describe how providers will be paid in your system. Indicate the rate or rates they will receive, the method for billing, making payments and the documentation that will support billing and payment.**

As discussed in Section 2, the RBS rates under the Final Funding Model will be:

- **$8,031** for Residential Care and Parallel Family Services and
- **$4,594** for Community-Based Family Services and Support.

For each month (or fraction thereof) that an RBS child is in the RBS Program Component for Residential Care and Parallel Family Services, the RBS provider will be paid the RBS rate of $8,031.

For each month (or fraction thereof) after an RBS child is discharged from the RBS Program Component for Residential Care and Parallel Family Services, and is receiving RBS Community-Based Family Support Services, the RBS provider will be paid the RBS rate of $4,594.

If an RBS child is receiving "bridge foster care" in an ITFC, FFA, foster family home, or with a relative after leaving RBS group care, and the County is making an AFDC-Foster Care payment directly to the foster care provider, then the amount of that payment for "bridge foster care" will be subtracted from the payment for Community-Based Family Support Services. A portion, if not all, of these payments for "bridge foster care" are allowable for federal Title IV-E foster care reimbursement. Having the County make these payments directly will facilitate and simplify the claiming of these federal funds.

In order to determine the amount of the State and County "savings" resulting from the Sacramento County RBS Demonstration Project, for each RBS provider, at the end of a 24-month period after a child is enrolled in the RBS program, the County will compare:

- The State and County share of the costs of RBS payments made on behalf of that child (plus any AFDC-Foster Care payments made on behalf of an RBS child during the 24-month period following enrollment in RBS), with

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- The State and County share of the costs of a traditional group home placement over 24 months, which is $132,127 ($103,561 for a Federally-eligible child and $191,760 for Non-federally eligible child).

Under the Final Funding Model, there are no circumstances under which the RBS provider can be paid more over the 24-month period (in total funds or in State and County funds) for an RBS child than the County would otherwise have paid for a traditional group home placement because:

- The amount for the monthly payment rate for RBS Residential Care and Parallel Family Services is equal to the weighted average amount of the current RCL rates for traditional group home placements, (i.e. $8,031, which reflects the distribution of the RBS target population between RCL 12 and RCL 14 programs), and
- The amount for the monthly payment rates for RBS Community-Based Family Services are equal to the weighted average State and County shares of the current RCL rates for traditional group home placements for federally-eligible children (i.e. $4,594 which reflect the distribution of the RBS target population between RCL 12 and RCL 14 programs). This amount is lower than the weighted average State and County shares of the current RCL rates for traditional group home placements for all children (both federally-eligible and non-federally eligible) at $5,505.

Even in the "worst-case scenario," in which an RBS child remained in RBS group care for the entire 24-month period receiving the $8,031 rate for RBS Residential Care and Parallel Family Services, the total RBS payments would be $192,739. This is the same amount that the County would have paid for a child in the RBS Target Population in a traditional group home placement.

If the RBS providers are successful in reducing the length of stay in the RBS Program Component for Residential Care and Parallel Family Services to less than 24 months, total RBS payments (including the State and County share) will be lower than the amount that otherwise would have been paid for a traditional group home placement, creating "RBS savings." Sacramento County will use the County share of RBS savings to replenish the RBS start-up pool in order to pay the County share of future RBS-related costs (e.g. the County share of EPSDT costs per child) and to support the expansion of RBS to a larger portion of Sacramento's foster care population.

The RBS rates for Residential Care and Parallel Family Services ($8,031) and Community-Based Family Services and Support ($4,594) are considered to be "fixed" or "flat" rates. As discussed previously, these RBS rates reflect the best estimates available at this time of the anticipated costs for providing these two sets of RBS services.

- In the event that a provider's actual costs, on a per child per month basis, for the operation of their RBS program are higher than estimated, the County will not make supplemental payments to cover these unreimbursed costs. It will be the responsibility for each RBS provider to operate their RBS program within the funding provided by these two RBS rates. Each provider assumes that risk.

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- In the event that a provider's actual costs, on a per child per month basis, for the operation of their RBS program are lower than estimated, the provider will be permitted to retain those funds for the future operation of their RBS program. A provider with unexpended RBS funds will not be required to refund them to the County. For the purposes of claiming federal Title IV-E reimbursement, RBS payments, like California's current AFDC-FC group home payments, are considered expended at the time they are paid to the RBS provider.

It is expected that the proposed RBS Funding Model will serve the Sacramento RBS Project through December 31, 2012, the end of the RBS demonstration period. However, the actual costs incurred by the RBS providers for the delivery of Residential Care and Parallel Family Services and Community-Based Family Services and Support will be taken into account in the future to make adjustments to the rates. Both rates will be re-negotiated with the RBS providers after the first two years of the operation of the RBS demonstration project, and annually thereafter as the actual costs and effectiveness of the RBS Program become known

The RBS providers will be required to submit annual cost reports to the County Departments of Health and Human Services and Human Assistance, who will review them to determine whether the costs incurred were necessary and reasonable for the operation of the RBS program. These cost reports and any program changes mutually agreed upon by the provider and the County which would increase or decrease provider costs in the next year will be considered in establishing the next year's rates. The County does recognize that any rate adjustments will need to be reflected in an amended Funding Model, and in considering any such amendment, the State will be constrained by state budget requirements.

An example of a program change that may indicate a need for future rate adjustments include expanding the target population to youth who have no existing permanent connections, thus requiring the addition of a family finding and engagement service component to the current array of RBS program services. Another example that could indicate the need for a rate adjustment would be that we learn that the provider costs of providing services to the diverse target populations being served in the Sacramento RBS Program greatly vary from provider to provider.

For the costs of the monthly RBS payments made to providers, Sacramento County will claim reimbursement for the federal and State share of those payments at the time it makes those payments, as it now does for "regular" AFDC-FC payments. As is now done for the "regular" AFDC-Foster Care program, Sacramento County wants to receive advances of the federal and State shares of RBS costs, based on the estimates developed by the County, and reviewed and approved by CDSS fiscal staff.

Claiming for AFDC-Foster Care funding will be the responsibility of the County Department of Human Assistance (DHA), the County foster care funding agency. The placement process is initiated by the County case manager who will complete and submit established payment documents to the DHA at the time of a youth's RBS enrollment, transition to RBS Community Based Care and Support Services, and RBS discharge/disenrollment. Each provider will maintain a separate accounting of actual amounts expended for the purposes of preparing an annual cost report that will be used for evaluation and reconciliation purposes.

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The Sacramento County Auditor-Controller's office has reviewed the audit requirements in the draft MOU between the California State Dept. of Social Services and the demonstration counties for the RBS Program and agrees to perform an audit or review of the fiscal operation of the RBS program no later than 24 months after the start of the RBS Program. The audit or review will be conducted using the applicable standards in accordance with federal, state and county regulations and guidelines, including federal Office of Management and Budgets Circular A-122, Cost Principles.

Each RBS provider is a Medi-Cal certified provider and will continue to use the existing claiming system for reimbursement of EPSDT eligible service and treatment costs. The EPSDT funding will be paid to providers on a cost reimbursement basis up to the State maximum allowance in accordance with existing mental health funding mechanisms.

6. **How will your model maximize federal participation and mitigate the loss of federal participation that will occur as a result of decreased length of stay in residential care?**

The Sacramento County RBS Demonstration Project is planning to maximize federal participation in funding RBS costs in the following ways:

1. The total projected RBS payments for RBS Residential Care and Parallel Family Services and for Community-Based Family Services and Support are based on the projected actual average costs that providers are anticipated to incur over the 24-month period, which will make it possible to maximize the claiming of costs which are allowable under the federal Title IV-E foster care program.
2. Utilize IV-E eligible training funds to provide training with an array of curricula that ranges from orientation to practice interventions for all public and private agency staff, community partners and key stakeholders, including the youth who are enrolled and their families, who will be involved in RBS implementation in Sacramento County.
3. Utilize a system of documenting and reporting the use of Title XIX EPSDT that ensures full reimbursement for appropriate activities.

7. **Funding Baseline *(Previously Question 8 of Program Description):* Please estimate the cost of care for the members of the target population under the current service arrangements. This will form the baseline against which you will measure changes in funding under your RBS program. For each type of service, indicate the funding source and estimate the average annual per person cost of care.**

The average cost of care for the youth population to be served in the Sacramento County RBS Demonstration Project is $96,369 annually. The current average length of stay for the target population is 25 months. The average length of stay was determined by identifying an exit cohort of youth in RCL Level 12 and 14 placements and then average their length of stay in RCL 10, RCL 12 and RCL 14 placements during their career length of group home stay. It is strongly believed that this method accurately reflects the placement experience of youth in

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group home care in Sacramento County. In review of the placement history of these youth, there is no clear trajectory of care upward after they initially enter group home care, but rather, RCL 10 placements are interspersed in their group home care history as the system attempts to stabilize, treat and shelter when the right resources are not immediately available.

An annual estimate of current EPSDT costs for the youth in the target population is $1,100 per month, which equals $13,200 annually.

The $96,369 was computed using a combination of RCL 12 and RCL 14 placements. The children in the RBS target population are now placed in traditional group homes at RCL 12 (77.33%), receiving an AFDC-Foster Care payment of $7,795 per month and at RCL 14 (22.67%), receiving an AFDC-Foster Care payment of $8,835 per month; for a weighted average AFDC-Foster Care payment of $8,031 per month.

Over the 24-month period of measuring cost-neutrality established by CDSS for the RBS demonstration projects, the average total amount of AFDC-Foster Care payments made on behalf of such children is $192,739. Assuming that 67.61% of these children are eligible under the federal Title IV-E Foster Care Program, $60,612 would be federal funds, $52,851 would be State funds and $79,276 would be County funds.

8. **How will your payment system help to support the values and goals of the RBS system?**

The Sacramento County RBS Demonstration Project Funding Model which includes flexibly using the State and County portion of AFDC-Foster Care funding and claiming all reimbursable activities and services to EPSDT funding will support the values and goals of the RBS system in the following ways:

1. Funding will be available for individualized services and supports that will provide rapid residential stabilization so that a youth's stay in residential care will be short-term;
2. Flexible funding will be available for reconnection activities and the parallel services and supports that will prepare a youth and family for the youth's transition from group home care to community-based family care; and
3. AFDC-FC flexible funding will be available to provide community-based services and supports, including short-term residential stabilization as needed, to the youth and family that will support and sustain successful reconnection.
4. EPSDT funding will be available to provide intensive behavioral health services throughout RBS enrollment.

9. **How will your payment system facilitate compliance with state requirements and attainment of federal and state performance objectives?**

The Sacramento County RBS Demonstration Project payment system will build on existing public partner agency and RBS provider accounting and quality assurance systems to facilitate

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compliance with State requirements and the attainment of federal and state performance objectives. The funding system will provide the resources that the public and private agency partners need to improve the following outcome measures:

- Achievement of permanency
- Average length of group care stay
- Rate and entry and re-entry into group care

These outcome measures directly correlate with state and federal performance objectives related to safety, permanency and wellbeing.

Quality Assurance systems, as described in Sections 4.4 and 5.2 of the Voluntary Agreement, will be in place in both public and private agencies. These systems will feed data reports that will be reviewed by the RBS Local Implementation Team monthly to ensure accountability, efficiency, effectiveness of the funding system and that the costs and corresponding payments to the lead agencies are within the parameters of the funding model.

10. Describe how your program will manage fiscal risk. Indicate your methods for providing coverage for exceptional costs due to outlier expenses and for gathering, managing and distributing any temporary surpluses that may be generated through program operations.

The Sacramento County RBS Demonstration Project's Funding Model is based on the assumption that with the provision of individualized, intensive, youth and family centered services that are provided throughout a continuum of residential and community based care, the length of group home care will be shortened for the target population of youth. Currently, the average length of stay in traditional group home placements for children in the RBS Target Population is 25 months. However, in the RBS programs, it is anticipated that children will be enrolled for an average period of only 18 months, with an average of 9 months of Residential Care and Parallel Family Services and an average of 9 months of Community-Based Services and Supports.

Shortening the length of group home care and costs will result in substantial savings in total costs, including savings of State and County dollars. With 9 months of Residential Care and Parallel Family Services and 9 months of Community-Based Services and Support, the total cost of RBS payments for an average child are estimated to be $113,625, of which $89,683 are State and County funds. These estimated RBS costs are considerably less than the AFDC-Foster Care costs for 24 months of traditional group care: $192,739, of which $132,127 are State and County funds. The projected savings of $79,114 per child ($36,670 Federal, $16,978 State, $25,467 County) provides a significant financial cushion for the Sacramento County RBS Demonstration Project in the event that a child's transition from either Residential Care or Community-Based Care to discharge extends beyond the average of the 9 months projected for each program phase.

Sacramento County will use the County share of RBS savings to replenish the RBS start-up pool in order to pay the County share of future RBS-related costs (e.g. the County share of

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EPSDT costs per child) and to support the expansion of RBS to a larger portion of Sacramento's foster care population.

As discussed previously, the design of the "Final" Funding Model of the Sacramento County RBS Demonstration Project guarantees cash-flow neutrality and cost-neutrality for each fiscal year and over the two-year period for both the State and the County. There is no risk that RBS costs will be higher for the State or the County than they would be without RBS and if all of the children in the RBS Target Population continued to placed in traditional group home programs receiving the current AFDC-FC rates. There are two reasons for this:

- First, the State and County shares of the RBS rates are no higher than the State and County shares of AFDC-FC rate payments for children in the RBS Target Population in traditional group home placements.

- Second, the average length of stay for children in the RBS Target Population in traditional group home placements exceeds 24 months.

It is also understood that the needs of youth and families will vary and there may be youth who exceed the average length of stay and others who may be ready to leave the program earlier than projected. It is expected that there will be a balance of early and extended discharges to maintain the projected average lengths of stay.

Although the Funding Model has been designed to ensure cash-flow neutrality and cost-neutrality, the progress of each youth enrolled in RBS will be monitored monthly by the Local Implementation Team. Extended lengths of stay of 90 days beyond the projected 9 month average length of stay, in either the Residential Care or Community-Based Care phase of RBS, will be referred to the Care Review Team for review and a decision as to whether the youth can benefit from continued RBS enrollment. In addition, Sacramento County will implement the following steps to ensure effective oversight on an ongoing basis:

- Establish an RBS Project Coordinator position that is responsible for maintaining monthly monitoring of expenditures and length of stay for each youth enrolled in RBS to track costs, time in RBS and all outcome data;
- Assign responsibility to the Local Implementation Team (LIT), composed of public agency and provider partners for analysis of the expenditure and length of stay data and the preparation of a quarterly progress report to county and provider agency management with recommendations for program and operational adjustments as needed;
- Track provider costs and payments, including revenue from AFDC-FC, EPSDT, and other supplemental funding, i.e, grants, donations, etc., for all youth enrolled in RBS for a 12 month period for the purpose of cost neutrality calculations and completing the annual evaluation report ;
- Implement a policy that requires management approval to continue youth in RBS at the recommendation of the FST beyond an 18 month period of enrollment*;
- Compare the total RBS payments (broken down into their federal, State, and County shares) made by the County for each child during the 24-month period following his/her enrollment in the RBS program with the AFDC-Foster Care costs which the County would

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The Sacramento County RBS Demonstration Project does recognize and account for the fact there will be a small percentage of youth that will become "outliers" because they will leave the RBS program prior to successful discharge for reasons such as unplanned moves from the area, incarceration, extended AWOLs (absence without leave), etc. These youth will be accounted for in the 24-month cost neutrality calculations, however, they will be tracked separately for the purposes of determining lengths of stay or average cost per youth. The early discharge of youth will be tracked by the Care Review Team to determine if there are program or operational gaps that are leading to unplanned exits from the program.

*A youth's disenrollment in RBS at any phase will be based on considerations related to the youth's progress in care and never solely on the basis of financial reasons.

11. How will your system insure the appropriate use of EPDST funded mental health services while avoiding significant cost increases above that which would have been expended using traditional group home based services for enrolled children?

RBS client EPSDT charts, including detailed billing information, will be subject to current internal and external Utilization Review per Sacramento County Quality Management Policy and Procedures. Ongoing monthly monitoring of EPSDT services will be conducted by the Sacramento county Contract Monitor to ensure that the scope of services being provided meet Medi-Cal guidelines for reimbursement and are within the scope and intensity outlined in the RBS EPSDT contract.

12. Provide the rationale and calculations you used to insure that your funding model would not result in an increase in the costs to the General Fund for payments under the AFDC-FC program.

The Sacramento County RBS Demonstration Project has been designed to be cost neutral and cash-flow neutral to the State and County General Fund on an annual basis. The proposed Funding Model is designed so that it cannot spend any additional funds for the youth enrolled in RBS than would have otherwise be spent on this target population. The detailed calculations for the Sacramento County RBS Demonstration Project budget are explained in Section 2 along with the enclosed Attachment A and associated versions. Additionally, the Program and Funding Model includes the assumption that the length of care will be shortened from the 25 average length of group home stay for the target population to an 18-month period of RBS enrollment because of the provision of the array of

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intensive individualized services for the youth and family. The reduced time in group home care would leave 6 months of the State and County share of AFDC-Foster Care costs to be used flexibly over the 18 months of RBS enrollment, resulting in better services and outcomes and with no additional cost to the State or County. [Although the average current length of stay of traditional group home placements is 25 months, the RBS demonstration project is only considering a 24-month period, in accordance with CDSS directions with regard to the computation of cost-neutrality. Therefore, the only 6 out of the 7 months of the anticipated reduced length of stay can be considered in the cost-neutrality analysis. But, if our RBS length of stay targets are achieved, there will be an additional one month of savings.]

13. Please include any other information you believe is relevant about your site's funding model that will help us understand how its design meets the requirements in AB 1453.

The Final Funding Model will make it possible for Sacramento County and its RBS providers to generate data on the actual costs of operating the RBS model for their target population. Sacramento County is the only RBS demonstration sites which includes Probation youth. It is also the only site where each of the three RBS providers will be serving a somewhat different target population; e.g. with Martin's Achievement Center serving youth with sexual acting out behaviors. Finally, it is the only site (until and unless the Bay Area Consortium moves forward) whose Funding Model relies exclusively on the more flexible use of State and County AFDC-Foster Care funding, without the Title IV-E Waiver which allows Los Angeles County to use federal AFDC-Foster Care funds flexibly and without the Mental Health Services Act funds which San Bernardino County is using to supplement AFDC-Foster Care funding. In short, the Sacramento County RBS Funding Model will produce experience and information that will be of great value for the State as a whole.

ATTACHMENT A: RBS Funding Model Deliverable: Sacramento County

ESTIMATING PAYMENTS FOR RESIDENTIALLY-BASED SERVICES PROGRAMS

The figures in RED are assumptions, which can be changed, about RBS payments, current estimated average length of stay in group homes for the target population, and percentage of the target population which is Federal Title IV-E eligible.

The figures in BLUE are computed using these assumptions and will be recomputed automatically if the assumptions are changed.

Federal Medical Assistance Percentage (FMAP): 50.0% | Percentage of Federally Eligible Children: 67.61%

18 Month RBS Program Model, with

9 Months of RBS Residential Group Care and Parallel Family Services and 9 Months of RBS Community-Based Family Services

RBS Program Components		A. Average Unit Payments (per month)	B. Percentage of Payments which are Eligible as Federal IV-E Maintenance Payments	C. Average Duration of Service (in months)	D. Average Utilization (percentage of children/ families receiving the service)	E. TOTAL PAYMENTS (per child) A x C x D	F. Payments which are Eligible as Federal IV-E Maintenance Payments (per child) B x E
1	Residential Group Care* and Parallel Family Services	$ 8,031	92.54%	9	100%	$72,279	$66,887
2	Community-Based Family Services **	$ 4,594	9.52%	9	100%	$41,346	$3,935
Average Total Payments of an RBS Placement for:				18	Months	$113,625	$70,822

Total Payments NOT Eligible as Federal Title IV-E foster care maintenance payments:		$42,803
Total Federal IV-E foster care maintenance payment funding available:	$23,942	21.1% of total RBS payments
Net State/County Payments after Title IV-E Reimbursement:	$89,683	78.9% of total RBS payments
Net COUNTY ONLY Payments after Title IV-E Reimbursement:	$53,810	47.4% of total RBS payments

* Occupancy level (as well as actual operational costs) will significantly affect per diem costs for group care.

** The costs of any foster care payments made on behalf of RBS children who have been discharged from group care, but have not been reunified, and have been placed with relatives, foster parents, or FFAs are included in the Community-Based Family Services amount. These foster care payments will be made directly by the County and that amount will be deducted from the Community-Based Family Services payment made to the RBS provider.

ESTIMATING CURRENT PAYMENTS OF TRADITIONAL GROUP HOME PLACEMENTS

AFDC-FC Group Home Rates [per month] under the Proposed Judgment adopted by the Federal District Court on February 22, 2010, requiring the State to pay rates that cover the full costs of care, as measured by the increase in the CNI since the original RCL			Federally-Allowable Portion of AFDC-FC Rate	Break-down of Payments: Per Child Per Month: Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share	Combined State and County Share		
RCL 12	$ 7,795	FEDERALLY- Eligible Children	92.16%	$ 3,592	$ 1,681	$ 2,522	$ 4,203	51.01%	of RBS Target Population
	$ 7,795	NON- Federally- Eligible Children	0.00%	$ -	$ 3,118	$ 4,677	$ 7,795	26.32%	
RCL 14	$ 8,835	FEDERALLY- Eligible Children	94.53%	$ 4,176	$ 1,864	$ 2,795	$ 4,659	16.60%	
	$ 8,835	NON- Federally- Eligible Children	0.00%	$ -	$ 3,534	$ 5,301	$ 8,835	5.07%	
AVERAGE Monthly Payments for of Current Traditional Group Home Placements for the RBS Target Population			$ 8,031	$ 2,525	$ 2,202	$ 3,303	$ 5,505		
				31.4%	27.4%	41.1%	68.6%		

Period (in Months) over which Cost-Neutrality will be Evaluated	24	Percentage of Children Eligible for Federal Title IV-E Payments	67.61%

Total Payments for an Average Group Home Placement			Federally-Allowable Portion of AFDC-FC Rate	Current Payments for an Average Group Home Placement: Federal Share @ 50%	State Share @ 40% of Nonfederal Share	County Share @ 60% of Nonfederal Share	Combined State and County Share	RBS: State and County Share of New Payment Costs/ (Savings) with RBS Program [per child]	Current Distribution of the RBS Target Population among the RCLs	
RCL 12	$ 187,080	FEDERALLY- Eligible Children	92.16%	$ 86,206	$ 40,349	$ 60,524	$ 100,874	$ (11,191)	51.0%	(5,706)
	$ 187,080	NON- Federally- Eligible Children	0.00%	$ -	$ 74,832	$ 112,248	$ 187,080	$ (97,397)	26.3%	(25,631)
RCL 14	$ 212,040	FEDERALLY- Eligible Children	94.53%	$ 100,221	$ 44,728	$ 67,092	$ 111,819	$ (22,136)	16.6%	(3,674)
	$ 212,040	NON- Federally- Eligible Children	0.00%	$ -	$ 84,816	$ 127,224	$ 212,040	$ (122,357)	6.1%	(7,431)
AVERAGE Total Payments for Current Traditional Group Home Placements for the RBS Target Population		Total	$ 192,739	$ 60,612	$ 52,851	$ 79,276	$ 132,127	$ (42,444)		
		Monthly	$ 8,031	$ 2,525	$ 2,202	$ 3,303	$ 5,505	$ (1,769)		
		As a Percentage		31.4%	27.4%	41.1%	68.6%	-32.1%		

COUNTY ONLY Share of RCL-Weighted Average Payment Costs/(Savings) per child:	$ (25,467)
State and County Share of RCL-Weighted Average Payment Costs/(Savings) per child:	$ (42,444)
TOTAL RCL-Weighted Average Payment Costs/(Savings) per child:	$ (79,114)

Proposed Sacramento County Residentially-Based Services Program: Average Estimated Payments per Child over a 24-Month RBS Enrollment Period

Breakdown of the Funding included in the Monthly Payment Rates for the two major RBS Program Components: (A.) Residential Group Care and Parallel Family Services and (B.) Community-Based Family Services

Federal Medical Assistance Percentage (FMAP):	50.0%	Percentage of Federally Eligible Children:	67.61%

The figures in RED are assumptions.

The figures in BLUE are computed using these assumptions and will be recomputed automatically if the assumptions are changed.

18 Month RBS Program Model, projecting that children will be discharged from the RBS program after an average of 18 months, requiring no additional foster care or family support services, using an average of:

9 Months of RBS Residential Group Care and Parallel Family Services and 9 Months of RBS Community-Based Family Services

	RBS Program Components showing the sub-components comprising each of the two major Program Components	A. Average Unit Payments (per month)	B. Percentage of Payments which are Eligible as Federal IV-E Maintenance Payments	C. Average Duration of Service (in months)	D. Average Utilization (percentage of children/ families receiving the service)	E. TOTAL PAYMENTS (per child) A x C x D		F. Payments which are Eligible as Federal IV-E Maintenance Payments (per child) A x B x C x D	G. Federal funding available as IV-E foster care maintenance payments (with federal reimbursement at 50.0% and with federally-eligible children at 67.61%)	H. Net State/ County Payments after Title IV-E Reimbursement
A.	Residential Group Care and Parallel Family Services	$8,031	92.54%	9	100%	$72,279	100%	$66,887	$22,612	$49,667
1	Child and Family Team	$ -	0%	9	100%	$0	0.0%	$0	$0	$0
2	Group Care	$ 8,031	92.54%	9	100%	$72,279	100%	$66,887	$22,612	$49,667
3	Parallel Family Services *(while the child is in group care)*									
a	Family Finding and Engagement	$ -	0%	9	0%	$0	0.0%	$0	$0	$0
b	Family Preparation and Support ("Flex Funds")	$ -	0%	9	100%	$0	0.0%	$0	$0	$0
B.	Community-Based Family Services	$ 4,594	9.52%	9		$41,348	100%	$3,936	$1,330	$40,017
4	Child and Family Team	$ -	0%	9	100%	$0	0.0%	$0	$0	$0
5	Aftercare Family Services	$ 3,936	0%	9	100%	$35,424	85.7%	$0	$0	$35,424
6 a	Bridge Foster Care with Relative or Foster Family Home	$ 627	100%	9	15%	$846	2.0%	$846	$286	$560
6 b	Bridge Foster Care with a Foster Family Agency (FFA)	$ 1,679	70.64%	9	15%	$2,267	5.5%	$1,601	$541	$1,725
7	Crisis Stabilization using Residential Group Care	$ 8,031	92.54%	1.0	35%	$2,811	6.8%	$1,488	$503	$2,308
Average Total Payments of an RBS Placement for				18	Months	$113,627		$70,823	$23,942	$89,685
					Percentage of Total Payments:			62.3%	21.1%	78.9%

Line A. 2, Column A. "Average Unit Payments."

Line A. 2, Column B. "Percentage of Costs which are Eligible as Federal IV-E Maintenance Payments."

Lines A.1. and B.4. "Child and Family Team" It is assumed that all of the costs for the operation of the Child and Family Team can be paid with EDSDPT funds.

Lines A.3.a. and A.3.b. "Family Finding and Engagement" and " Family Preparation and Support." No funding is provided for these services.

Line B, Column A. "Community-Based Services" and Line 5, Column A. "Aftercare Family Services." The $4,594 figure is the weighted average State and County shares of traditional group home monthly rate payments for federally-eligible children in the RBS Target Population who are placed into traditional group home programs, weighted to take into consideration the distribution of the federally-eligible children between RCL 12 and RCL 14 programs. The $3,936 figure for "Aftercare Family Services" is computed after backing out the costs of the two types of Bridge Foster Care and Crisis Stabilization.

Line 6. a. With regard to the $627 per month Average Unit Costs for "Bridge Foster Care," this is the State-established AFDC-FC "basic rate" for children 15-19 years of age placed with a relative or in a foster family home.

Line 6. b. With regard to the $1,679 per month Average Unit Costs for "Bridge Foster Care with a FFA," this is the State-established AFDC-FC rate for children 15-19 years of age placed with a Foster Family Agency, after the 10% rate reduction which become effective on October 1, 2009.

Line 7, Column A. and Column F. With regard to the $8,031 per month Average Unit Costs for "Crisis Stabilization using Residential Group Care," only $4,594 can be used as a basis for claiming federal Title IV-E reimbursement because that is the amount that the County will pay to the RBS provider.

Line 7, Column C. With regard to the 1.0 month of Average Duration of Service for the subcomponent for "Crisis Stabilization using Residential Group Care," it is anticipated that crisis stabilization will be for relatively short periods of time, often just a few days and rarely for more than two weeks. However, it is also anticipated that many RBS children may need crisis stabilization on multiple occasions during the period they are receiving Community-Based Family Services and that the total average duration of services for 35% of the children will be 1.0 months.

RESIDENTIALLY BASED SERVICES REFORM PROJECT
FUNDING MODEL

Sacramento Activity Allowability Inventory	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]					
[illegible]					
Title IV-E Maintenance Activities:					
- Placement in Residential Service Unit	Yes	In	Mental Health Dir., Program Dir., Intake/Discharge	CRH, QGH, MAP	
- Arranging for and providing transportation to visits and appointments	Yes	Both	Transportation Coordinator	CRH, QGH, MAP	
Title IV-E Administrative Activities:					
- Local Implementation Team is not aware of any activities that would qualify in this category.					
[illegible]					
State AFDC-FC Maintenance Activities:					
- Family Engagement and Empowerment Services	Yes	Both	Family Engagement Specialist	CRH, QGH, MAP	
- Youth Engagement and Empowerment Services	Yes	Both	Youth Advocate/Mentor	CRH, QGH, MAP	
- Family skills and resiliency building	Yes	Both	Family Engagement Specialist	CRH, QGH, MAP	
- Supporting Family and youth extended visits and interactions	Yes	Both	Family Engagement Specialist	CRH, QGH, MAP	
- Supporting Family and youth with educational transitions, educational curriculum, and Advocacy	Yes	Both	Tutor, Education Specialist	CRH, QGH, MAP	
- Parallel community services to support reconnection	Yes	Both	Family Engagement Specialist, Emergency Respite Worker	CRH, QGH, MAP	
- Aftercare and follow-along services to maintain reconnection	Yes	Out	Family Engagement Specialist, Emergency Respite Worker	CRH, QGH, MAP	
- Family finding	Yes	Both	Family Engagement Specialist	CRH, QGH, MAP	
- Making contact with and arranging for sharing information with schools and community agencies	Yes	Both	Education Specialist	CRH, QGH, MAP	
- Providing flexible funds to address unique child and family needs	Yes	Both	CCC	CRH, QGH, MAP	
- Supervision of the Community Based Services	Yes	In	RBS Supervisor, Facility Manager	CRH, QGH, MAP	
- Administrative support for and operational costs of the Community Based Services	Yes	In	CEO/Administrator, Records Coordinator/Program Aide	CRH, QGH, MAP	
Title IV-E Administrative Activities:					
- Local Implementation Team is not aware of any activities that would qualify in this category.					
[illegible]					
Mental Health Services					
- Case assessment and development of the RBS case plan	Yes	Both	Comprehensive Care Coordinator(CCC)	CRH, QGH, MAP	
- Family Engagement and Empowerment Services	Yes	Both	Family Advocate, Family Specialist	CRH, QGH, MAP	
- Youth Engagement and Empowerment Services	Yes	Both	Family Specialist	CRH, QGH, MAP	
- Family skills and resiliency building	Yes	Both	Family Advocate, Family Specialist	CRH, QGH, MAP	
- Supporting Family and youth extended visits and interactions	Yes	Both	Family Advocate, Family Specialist	CRH, QGH, MAP	
- Supporting Family and youth with educational transitions, educational curriculum, and Advocacy	Yes	Both	Family Advocate	CRH, QGH, MAP	
- Parallel community services to support reconnection	Yes	Both	Family Advocate, Family Specialist	CRH, QGH, MAP	
- Aftercare and follow-along services to maintain reconnection	Yes	Out	Family Advocate, Family Specialist	CRH, QGH, MAP	
- Contracting for community-based support services	Yes	Both	CCC	CRH, QGH, MAP	
- Making contact with and arranging for sharing information with schools and community agencies	Yes	Both	Education Specialist, CCC, Family Advocate	CRH, QGH, MAP	
- Facilitating child and family team meetings	Yes	Both	CCC	CRH, QGH, MAP	
- Preparing reports for the court and appearing at court hearings	Yes	Both	CCC, Therapist	CRH, QGH, MAP	
- Administer CANS	Yes	Both	Therapist, CCC	CRH, QGH, MAP	
- Conduct clinical assessment	Yes	Both	Therapist, CCC, Mental Health Dir.	CRH, QGH, MAP	
- Develop individualized behavioral health services plan	Yes	Both	Therapist, CCC	CRH, QGH, MAP	
- Referral for specialized evidence-based treatment	Yes	Both	Therapist, CCC	CRH, QGH, MAP	
- Crisis stabilization and support	Yes	Both	Therapist, CCC, Psychiatrist	CRH, QGH, MAP	
- Provide specific services, support and treatment based on behavioral health services plan	Yes	Both	Therapist	CRH, QGH, MAP	
- Psychiatric assessment and consultation	Yes	Both	Psychiatrist	CRH, QGH, MAP	
[illegible]					
This model has no braiding					none
[illegible]					
- Providing ongoing training for milieu staff in the RCU on strategies for effective care and structure	Yes	In	Trainer, RBS Supervisor, Therapist	County Agencies, CIMH	IV-E Training, State AFDC-FC
- Providing introductory and role specific training for public and private agency staff on RBS	Yes	Both	Select Trainers from the appropprate training agency	Resource Center for Family-	IV-E Training, State AFDC-FC
- Providing Training on Applicable Evidence Based Practices	Yes	Both	Select Trainers from the appropprate training agency	Focused Practice	IV-E Training, State AFDC-FC

[1] Title - this represents the classification of the individual performing the activities. Examples: CWS Social Worker, SPMP, County Mental Health Worker, Parent Partner, etc.

[2] Agency - this should represent the agency that the individual performing the represents. Examples: County Mental Health Agency, School, Provider.

[3] Percent of each Funding Stream - this should indicate the percentage of each funding stream that will pay for each of these specific activities. Example: 50% EPSDT, 50% State AFDC-FC.

[4] Braided funding is when two or more funding streams pay for one activity. Braided streams maintain the direct connection between each funding source.

Sacramento RBS Demonstration Project

Summary of Projected Revenues and Costs

Projected Revenues and Costs	AFDC-FC/RBS	EPSDT	RBS Total
Revenues at 90% Occupancy			
Martins' Achievement Place, Inc.	$ 1,412,932	$ 561,600	$ 1,974,532
Children's Receiving Home of Sacramento	$ 2,106,810	$ 936,000	$ 3,042,810
Quality Group Homes	$ 1,412,932	$ 561,600	$ 1,974,532
TOTAL for all RBS providers	**$ 4,932,673**	**$ 2,059,200**	**$ 6,991,873**
Costs			
Martins' Achievement Place, Inc.	$ 1,394,039	$ 605,085	$ 1,999,125
Children's Receiving Home of Sacramento	$ 2,354,116	$ 930,492	$ 3,284,608
Quality Group Homes	$ 1,331,975	$ 651,352	$ 1,983,327
TOTAL for all RBS providers	**$ 5,080,130**	**$ 2,186,929**	**$ 7,267,059**
Projected Revenues minus Projected Costs			
Martins' Achievement Place, Inc.	$ 18,892	$ (43,485)	$ (24,593)
Children's Receiving Home of Sacramento	$ (247,306)	$ 5,508	$ (241,798)
Quality Group Homes	$ 80,957	$ (89,752)	$ (8,795)
TOTAL for all RBS providers	**$ (147,457)**	**$ (127,729)**	**$ (275,186)**
Gain/Loss as a percentage of Projected Revenues			
Martins' Achievement Place, Inc.	1.34%	-7.74%	-1.25%
Children's Receiving Home of Sacramento	-11.74%	0.59%	-7.95%
Quality Group Homes	5.73%	-15.98%	-0.45%
AVERAGE for all RBS providers	**-2.99%**	**-6.20%**	**-3.94%**

Federal Title IV-E Foster Care "Allowable" Costs	All AFDC-FC/RBS Costs	Federal Title IV-E Foster Care "Allowable" Cost	As a percentage of All AFDC-FC/RBS Costs
Martins' Achievement Place, Inc.	$ 1,394,039	$ 1,314,284	94.28%
Children's Receiving Home of Sacramento	$ 2,354,116	$ 2,134,678	90.68%
Quality Group Homes	$ 1,331,975	$ 1,252,421	94.03%
TOTAL for all RBS providers	$ 5,080,130	$ 4,701,382	**92.54%**

The RBS Reform Coalition

Residential Based Services Reform Project

Deliverable Template – WAIVER REQUEST

Instructions: The WAIVER REQUEST allows the demonstration sites to submit a request to have a particular statute or regulation waived under the authority of the California Department of Social Services as described in Assembly Bill (AB) 1453.

When answering the questions in the WAIVER REQUEST, please be as descriptive as possible and provide all necessary information, attachments, flow charts, diagrams, etc.

Revisions: The following information will serve as a guide in helping you identify the changes that were made to the WAIVER REQUEST Deliverable Template.

> **Blue Font** –the blue font represents new questions &/or sections that have been added to the template.
>
> **Signatory Page** – A signatory page was added to the end of the Waiver Request and should be signed by a representative from the county social service agency, mental health agency and the private non-profit agencies.

Reference Material: Please be sure to reference the AB 1453 enacted legislation, and the 'Framework for a New System of Residentially-Based Services in California'.

Revised 7/1/10

Waiver Request Form

Demo Site:	Sacramento	Date:	6.21.10
Prepared by:	Geri Wilson	Title/Organization:	Sacramento County Dept. of Health & Human Services
E-mail:	Wilsoga@saccounty.net	Phone:	(916) 874-2333

1. What is the specific regulation for which you are requesting a waiver? Please include title, code section, paragraph #, etc.

Sacramento County is requesting to waive CDSS regulations governing the group home rate setting process (Division 11, Manual of Policies and Procedures, Sections 11-402.1 through 11-402.4 and Section 11-402.9)

In lieu of the rate classification level (RCL) system, the county will implement the "Cost based" rate system with the rate further modified through negotiation as proposed in Sacramento County's Voluntary Agreement and Funding Model, as approved by Sacramento County Dept. of Health and Human Services, Sacramento County Department of Probation, Martin's Achievement Place, Inc., Children's Receiving Home of Sacramento, Quality Group Homes, Inc., and the Sacramento County Board of Supervisors.

2. Describe the overall intent behind the existing regulation? Examples: safety, quality services, adequate training

The intent of the existing regulations is to establish a system for making, and for ensuring accountability for, AFDC-FC payments which cover the average necessary and reasonable costs of private nonprofit agencies to deliver a specified set of services associated with traditional group care.

The current regulations attempt to fulfill this intent by establishing a single methodology for categorizing all of the many diverse group home programs in California, which serve a large number of children of all ages with a wide variety of presenting problems, into a finite number of groups (e.g. the 14 Rate Classification Levels [RCLs]) providing a similar level of care and services and to pay the same AFDC-FC standard rate for all programs in the same RCL. Under these regulations, the level of care and services is defined using a point system which measures the number of hours of child care, social work, and mental health treatment services provided on a per child per month basis, weighted to take into account the formal

education, prior experience, and ongoing training of the child care workers and the professional qualifications of the social workers and mental health providers.

The regulations are based on the assumption that group home programs which provide a higher level of care, as defined and measured by the RCL point system, will be able to ensure the safety of, and deliver needed services to, children with more difficult presenting problems. However, the regulations do NOT assume that group homes at the higher RCLs are safer, or provide higher quality care and services, than those at the lower RCLs. It is assumed that safe and high quality programs can be operated at any of the RCL categories, as long as county social workers and probation officers place children in group homes which provide the appropriate level of care and services needed by the children.

The regulations are also based on the assumption that group homes providing a higher level of care and services will have higher costs for foster care "allowable" activities. At the most basic level, it is assumed that group homes which provide more hours, per child per month, of child care or social work services will have to spend more money to pay for their staff for those hours of work. At a more detailed level, the use of the RCL "weightings" is based on the assumption that group homes with child care workers who have higher levels of formal education and/or more years of experience, and/or more ongoing training (and with social workers with higher professional qualifications) will have to spend more money to recruit and retain them than group homes with child care workers with less education, experience, and training (or social workers with lower professional qualifications). The RCL point system uses an indirect method for measuring and comparing the overall costs of group home programs and setting standard payment rates for programs providing similar levels of care and services, as measured by the RCL point system.

The RCL standard rates were intended to reflect the current average and reasonable costs of providing the level of care and services (as measured by the RCL point system) associated with each RCL. These costs included not only the costs of the wages, payroll taxes, and employer-paid for the child care workers and social workers, whose time and qualifications are measured directly by the RCL point system. They also included the other foster care "allowable" costs of operating a group home program (e.g. food, clothing, shelter, transportation, personal incidentals, and administration) which are not measured by the RCL point system.

3. Discuss why the existing regulation or the AFDC-FC payment requirements, or both, impose a barrier for the effective, efficient and timely implementation of the RBS program.

California's current AFDC-FC payment system for group homes has at least four features which create large barriers for the effective, efficient, and timely implementation of the RBS program.

First, definition of "allowable" costs under California's AFDC-FC program is limited to those activities covered under the federal Title IV-E definition of "foster care maintenance payments" and to State-funded social work activities. The current federal definition of "foster care maintenance payments" includes only:

> "the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In the case of institutional care, such term shall include the reasonable costs of administration and operation of such institution as are necessarily required to provide the items described in the preceding sentence."

The current AFDC-FC payments received by group homes do not include any funding for providing "parallel family services" to the family while the child is in group care or any other out-of-home setting. Further, if a group home used funds received as part of its AFDC-FC rate payment in order to provide services to the family, such expenditures would be considered to be "unallowable" and the group home would be subject to an overpayment assessment.

Second, the AFDC-FC payments now made to group homes do not include any funds to provide services to the child, or to provide services and support to the child's caregivers, after the child has left group care to live at home, with another permanent family (through adoption or guardianship), or with a relative or foster parent in another foster care setting. Once again, if a group home used funds received as part of its AFDC-FC rate payment in order to provide aftercare services to the child and his/her family or caregivers, such expenditures would be considered to be "unallowable" and the group home would be subject to an overpayment assessment.

Third, the AFDC-FC payment level for a group home program tied to its placement into one of 14 Rate Classification Levels (RCLs) using a point system which measures the number of hours of child care, social work, and mental health treatment services provided on a per child per month basis, weighted to take into consideration the education, experience, training, and professional qualifications of staff. The RCL point system does not support the RBS program in a number of ways. For example:

- RBS requires the use of other staff (such as parent partners, team facilitators, and family finders) who may not fall into one of the three "pointable" activities.

- RBS also requires some child care and social work staff to spend some time working with the child and his/her parents (or other caregivers) outside of the group home setting, which may also be "non-pointable" for RCL purposes.
- The "weightings" used in the RCL point system for education, experience, training, and professional qualifications were not designed to reflect and reward the factors that are the most relevant for effective RBS staff, e.g. prior experience working in residential care.
- The RCL "weightings" do not reflect the current relative value of the factors being measured in either clinical/program terms or in terms of their economic value; e.g. RCL weightings for experience are limited to only four years; the RCL weightings for experience and education do not reflect the current labor market costs of hiring and retaining staff with higher levels of education and experience.

It is anticipated that the total costs of the RBS program over a child's entire episode in foster care will be the same or lower that the current costs to the State and counties of making ADFC-FC payments to traditional group home programs. However, the initial few months of child's enrollment in the RBS program will cost significantly more than the AFDC-FC payments that are now being made to traditional group homes under the RCL system. These higher up-front costs will be offset by reducing the average length of stay in group care.

4. How do you propose to otherwise meet the intention of the regulation?

As discussed above in the answer to Question 2, the intent of the existing regulations is to establish a system for making, and for ensuring accountability for, AFDC-FC payments which cover the average necessary and reasonable costs of private nonprofit agencies to deliver a specified set of services associated with traditional group care.

The Funding Model being proposed for the RBS demonstration project will fulfill the same intention, with one exception. The RBS Funding Model will take into account a broader set of services (e.g. parallel family services and aftercare services and support for children and families) than those associated with traditional group care.

As described in the answers to Questions 2, 5, and 10 of the Funding Model, as well as in other parts of the Funding Model and the Voluntary Agreement, the RBS demonstration project will use a new methodology to establish payment levels for the various components of the RBS program based on the necessary and reasonable costs of providing the care and services associated with each of the RBS components. Initially, those payment levels will reflect the average projected costs of RBS providers for each RBS component, which have been reviewed by the County to ensure that they are both necessary and reasonable. After the first two years of operating the RBS demonstration project, and annually thereafter, actual

cost data reported by the participating providers will be used as the basis for negotiating RBS payment levels for subsequent years. Those reported costs will once again be reviewed by the County to ensure that they are necessary and reasonable. Any proposed amendment to thepayment rate for the next year will be based on these reviewed cost reports and take into account any program changes mutually agreed upon by the provider and the County which would increase or decrease provider costs in the next year. The County does recognize that any rate adjustment will need to be reflected in an amended Funding Model and, in considering such amendment, the State will be constrained by budget requirements.

This approach will ensure that the RBS Funding Model will meet the overall intent of the current regulations to cover the average necessary and reasonable costs of private nonprofit agencies to deliver specified care and services for the children placed with them.

5. Describe how the waiver request will offer a worthwhile test of the development, implementation and on-going operation of an RBS program?

The proposed RBS Funding Model will test whether establishing payment rates for the RBS components using projected average costs initially, and using actual average costs in subsequent years, provides adequate financial support, flexibility, and risk-sharing for RBS providers so that they are able to deliver, in a cost-effective and cost-neutral manner, the care and services needed by the children and their families to achieve safety, stability, and permanency.

6. Explain how the agreement will be monitored for compliance with the terms of the waiver or the alternative funding model or both. Provide information regarding the agency for monitoring frequency.

See the answer to Question 4 in the Funding Model with regard to County monitoring and oversight and the requirement for annual cost reports.