

Are You Ready for Some RBS?

County Version

Lets say you are a county agency, or a collaborative group of county agencies, that is hoping to reduce or eliminate your use of long-term, high end group home placements and replace them with RBS. This readiness self-assessment guide is designed to help you think through what you might need to have in place to accomplish this change.

The core concepts of RBS reform are straightforward. There are six main requirements:

1. A consistent method for *matching* children and families who have been referred to the system of care with the right blend of services and support, including RBS where appropriate.
2. For those children and families who would benefit from RBS, a *plan of care* that provides a clear sense of the purpose, nature and duration of the intervention and explains how it fits in with the other services and interventions that are a part of the child and family's life.
3. Specific *facility-based services* provided to a child while in an RBS placement that are designed to help reconnect the child with home, school and community as quickly as possible, including family finding and linkage for those children who have become highly disconnected from their family members.
4. Specific *community-based services* provided to the families of children in RBS placement that are designed to help the extended family reconnect emotionally and to help primary care givers acquire the skills, insights and resources necessary to effectively manage their child's ongoing special needs after the child leaves a residential placement.
5. Specific *post-placement services* provided to children, their primary caregivers and their extended families to help solidify and reinforce the strategies developed during the time the child was in placement and insure their effective transference to and implementation in the child's home, school and community.
6. A *management infrastructure* that insures the quality of care provided both in RBS facilities and in the community, provides sufficient and appropriate reimbursement to the organizations and individuals delivering RBS, accurately documents the progress made by individual children and families as well as the overall population being served, and supports continuous improvement in the effectiveness and efficiency of the system.

Putting these principles into an operational structure that will reliably provide an alternative to extended institutional care for children and youth will present a number of challenges. They include but are not limited to the following:

- First, RBS combines residential and community care in a single package and most licensing, funding and care coordination systems treat them separately.
- Second, RBS has both behavioral health and child welfare service elements, so regulating RBS will require at least those two systems to work together closely.

- Third, within both the child welfare and mental health systems, the functions of contract creating and monitoring, case management for individual children and youth and their families, decision-making about appropriate referral and access and especially placement, and managing billing and payment are frequently carried out by separate entities that may not be used to working together even within a single agency.
- Fourth, these systems operate under the regulations and requirements of and redirect revenue obtained from a variety of different federal and state agencies. Without a 1:1 correspondence between a service purchased and a federal or state authorized funding stream, a county agency or county interagency group will have to develop a mechanism for supporting the RBS services either as a package or as a collection of separately funded and billed elements.
- Fifth, the majority of resources purchased by county agencies have their bona fides checked by some outside source – individual or agency providers must have the appropriate licenses and accreditation, evidence-based practices must be certified by some outside monitor, etc. Since RBS is being built from the ground up, at this stage the county agency or agency coalition will have to create its own system for making sure that the provider is able to do what is needed at the time a contract is issued, and as the contract rolls out is in fact doing what has been contracted for.
- Sixth, staffs in many systems and the court personnel who regulate disposition and placement currently rely heavily on the option of long-term high-end residential care when no other option is available. For RBS to become a meaningful alternative to long-term group home placement, and to prevent it from eroding into a long-term care option itself, these decision-makers will need to understand what RBS is, when to use it and how it works. They will also need to be sufficiently involved in the design and implementation of the new model to have enough confidence to give it a try and work with it as bugs are identified and resolved.

The factors indicating the degree to which a county system is ready deal with these challenges and implement RBS can be sorted into four areas: Organizational, Fiscal, Operational and Procedural

Organizational Factors

For a county to step into the RBS world at least two, if not more of its child and family serving systems must be on board. The child welfare system regulates group home operations, placements and funding, and the mental health system regulates behavioral health services and funding. In addition, the special education and juvenile justice systems are significant consumers of high-end, long-term group home services and if possible should also be a part of the effort to create and operate meaningful alternatives. Finally, the court system must also be an active partner in the creation of this new option.

1. To what extent do the leaders and key stakeholders of the child welfare and mental health systems, at a minimum, and if possible the juvenile justice and special education systems endorse and support the effort to shift from the use of high-end, long-term group home placements to RBS?

All endorse fully Some endorse, some aren't sure Many question Many oppose

2. What mechanisms are in place to share responsibility for the development, operation and funding of the RBS system?

- *An integrated care management system has been created*
- *A collaborative system with some integration and some parallel functions has been created*
- *An interagency agreement has been signed and sets the stage for building a collaborative or integrated care management system*
- *We are in the process of developing an interagency agreement*
- *We need to start developing an interagency agreement*

3. How clearly have the roles and responsibilities of the participating county agencies and their respective departments or divisions in the development, management and use of the RBS resource been spelled out?

- *A functional model has been developed with clear delineation of roles and responsibilities*
- *Some roles and responsibilities have been clarified, others must still be worked out*
- *We are in the process of developing a clear description of our respective roles and responsibilities*
- *We need to start working out the roles and responsibilities*

4. To what extent has the court system been included in the development of the plan for shifting from high-end long-term group home care to RBS?

- *The court system, including judges, family and youth advocates, prosecuting attorneys, CASAs and guardians ad litem have all participated in the design of the new system and endorse its development and implementation.*
- *Some of the elements of the court system have been involved, some haven't, there is some degree of buy-in from some of the elements*
- *Elements of the court system have had limited active participation but have been kept informed, the level of buy-in from each element is unclear*
- *We need to get the elements of the court system involved in this process*

5. To what extent has availability of the RBS resource been integrated with the continuum of services that can be accessed through the participating public agencies?

- *Our interagency agreement establishes a continuum of care with specific criteria to guide access based on individual needs and strengths and a process for insuring that the right help is available at the right time for each child or youth and his or her family*

- *We have an agreement about access to the RBS resource but are still working on other aspects of developing an organized and integrated continuum of care*
- *We are beginning to map the continuum of resources available through the participating public agencies and to discuss strategies for operating a well-balanced and effectively managed continuum*
- *We need to begin the process of mapping our resource options and the current pathways for accessing them*

Fiscal Factors

A viable purchasing mechanism is essential if a county wants to add RBS as a significant resource in its continuum of care.

1. To what extent have the public agencies cooperating in developing an RBS resource for your county developed a reliable and effective mechanism for funding and purchasing or providing the elements incorporated in this resource?

Fully developed Partially developed Beginning to develop Undeveloped

2. To what extent and by what means does your mechanism for funding RBS link to and draw down from the federal and state funding streams on which it is based?

- *We have created a flexible interface that allows us to link expenditures reported and billed by providers with the appropriate federal and state revenue sources so that services drive funding rather than vice versa*
- *We have developed an agreement with our providers and our funding sources to use a bundled approach with each provider receiving a fixed case rate for the services provided to each enrolled child or youth and his or her family*
- *We are exploring a variety of options for funding RBS in our county but have not decided which one will work best for us*
- *We need to start looking at options for funding this resource*

3. To what extent and by what means does your mechanism for funding RBS address and allocate the risk that services will either cost far more or far less than estimated?

- *We used a rigorous actuarial study to set our initial funding targets and will update it every two years based on actual experience. We are holding back 10% of the billing in a jointly managed risk sharing account to cover the ups and downs.*
- *We have developed an actual cost billing system with quarterly reconciliation.*
- *We have developed a novel funding system that seems like it will work well for us and our providers*
- *We are in the process of negotiating a risk sharing and managing system*
- *We need to start thinking about how to manage risk*

4. To what extent are efficiency and accuracy supported in your system's funding mechanism?

- *We have established a system for documentation and billing that accurately and concisely captures services rendered, reimbursement requested and outcomes achieved with a minimum of duplication and excess paperwork.*
- *We are able to capture all needed information for contract monitoring and billing, but it does require multiple records to comply with the requirements of the various funding streams and oversight groups.*
- *We are in the process of analyzing our current documentation and billing requirements to develop a system that will be effective and appropriate for RBS*
- *We need to figure out how to manage our documentation and billing systems.*

Operational Factors

Day to day operation of systems of care that include RBS as an alternative will require adjustment to those system's key administrative structures. This includes the structures used to develop and monitor contracts with providers, those used to assess the needs of children and youth entering the system of care and deciding what services and supports provide the best match with those needs, those used to manage the overall operation of the system including the training, support and supervision of the staff who carry out the system's activities, and those used to deal with billing and funding. Since RBS includes elements that span departmental boundaries each of these structures has to incorporate a mechanism for shared responsibility and accurate communication.

1. To what extent has an integrated and sustainable structure for developing and managing RBS contracts been established in your county?

- *We have established a joint administrative unit that integrates the contracting and contract management functions of our child welfare and mental health departments that is responsible for issuing requests for proposals, selecting and approving programs to provide RBS and for monitoring both the residential and community-based elements of those program's operations.*
- *We have kept the contracting and oversight functions in our separate departments but have created an interagency committee to insure effective communication when they are dealing with RBS matters.*
- *We are negotiating a mechanism for shared management of this resource but have not found one that works for us yet*
- *We need to begin planning for this*

2. To what extent has a reliable structure or set of structures been created to manage the assessment of and response to the needs of children and youth and their families who are referred for care or who may need significant alterations in the care they are currently receiving?

- *We have an integrated care management system that includes an independent and reliable assessment system that quickly and accurately provides guidance as to the level and type of care needed, along with a system for resolving conflicts regarding these decisions*
- *We have created tools to guide decision-making about levels and types of care and trained local decision-makers in each of the systems that include RBS in their range of services to use these tools to decide whether an RBS referral will benefit a child or youth and his or her family*
- *We are developing a system for managing decision-making about access to high end resources including RBS*
- *We need to begin looking at our current decision-making and care assignment process to see how best to incorporate decisions about the use of RBS into it*

3. To what extent have the structures for managing day-to-day operations related to accessing out of home and community based resources been adjusted to incorporate the use of RBS and other alternatives for long-term, high-end group home placement?

- *The child placing units in each of our participating agencies have been redesigned to support a consistent and reliable process for identifying critical child, youth and family needs and matching them with a range of appropriate resources, including but not limited to RBS.*
- *We have added RBS as an alternative to group home placement in our existing group home placement units*
- *We are looking at the structures we have in place to manage the placement process and those which control access to other services options and are exploring strategies for a more efficient and effective configuration.*
- *We need to look at the organizational structures that manage resource access*

4. To what extent do the administrative structures that manage the overall operations of your systems of care encourage, demonstrate and reinforce a proactive approach that assertively seeks to match the most effective responses to the needs presented by children, youth and families?

- *Our lead administrative units present a consistent message of proactive service response that is backed up by the training, decision-making, resource allocation, solution generation and informal messages these units manage and deliver*
- *Although we still have plenty of operational contradictions in the administrative structures that govern our systems of care, we are working to address them*
- *We are beginning to recognize that a sustainable solution to our over-reliance on long-term, high-end group home placements will require adjustments in the structures we use to manage our systems of care*
- *We need to begin exploring the ways that our management structures contribute to or inhibit effectiveness in our service responses*

Procedural Changes

The final infrastructure component needed for using RBS effectively is a reliable process for matching service alternatives with specific child, youth and family needs. Not only would this result in effective use of this new option, it should also produce more efficiency in using the full range of resources in the continuum of care. The key steps in this process are: intake, screening and assessment, matching resource type and location with the identified strengths and needs, and connection with a specific provider for the delivery of the resource.

One of the challenges in establishing a service matching process is to interject the fewest possible barriers between a direct service provider's interaction with a child or youth and his or her family and access to the services they need, while still insuring consistency and appropriateness in the match between the needs presented and the help provided. Every additional person or step in the decision-making process keeps people and the help they need farther apart. On the other hand, without checks and balances, people may receive too much, too little, or the wrong help.

One solution to this problem is to have different levels of process for different levels of care. In a multi-level system, primary services can be accessed most directly. For example, outpatient counseling might be preauthorized for up to a certain number of visits for anyone referred by a social worker in the child welfare system. Mid-level services that are more specialized would require a paper screening of the referral document by a care management unit. In this case, a child welfare worker might have to complete a referral form that would be faxed to a central administrative unit for authorization to have a family access the county's Multi-Systemic Therapy. Finally, for high-end service access, including SB 163 wraparound, RCL 10 and above group home placement or RBS, a screening assessment using a standardized tool and a child and family interview would be required. Another option would be to use an already established decision-making process like Team Decision Making Meetings as a gateway for accessing high-end resources.

1. To what extent has a process been established for direct care staff to make requests for high-end services including RBS?

- *The process has been put into place and staff have been trained in and are comfortable with its use*
- *At present an ad hoc process is being used, but we are looking at ways to complete its development and implementation*
- *We are in the process of developing and implementing our service access process*
- *We have a general concept for our service access process but have not yet begun developing it*
- *We need to develop a process*

2. Has a screening assessment tool been adopted to help insure consistency and accuracy in decision-making?

- *We have tested and adopted a standardized screening tool and an algorithm for applying its results to guide decision-making*
- *We are testing several tools to see which one works best in our community and context*
- *We are researching potential screening tools but currently use the discretion of unit supervisors who apply a set of standardized guidelines*
- *We need to look at a options for using a standardized screening assessment tool*

3. To what extent does your county or system of care use a structured decision-making group or meeting to guide access to high end and out of home services?

- *All non-emergency placement decisions are made through a facilitated meeting process that includes meaningful family participation*
- *We have begun using facilitated meetings as an element in choosing high end service options in certain circumstances*
- *We have tested various types of decision-making meetings but have not yet chosen any to use on a large-scale basis*
- *We need to take a look at possible decision-making approaches*

4. Once it has been decided that RBS or one of the other high-end resource options is the best match with the needs of the child or youth and family, to what extent has a process been put in place for linking children, youth and families with a specific provider and managing ongoing service planning and implementation?

- *We have a provider matching checklist and specific staff trained to provide ongoing case management services when a child or youth and family is enrolled in one of our high-end options*
- *We are developing a service unit that will specialize in keeping track of our high end service options and helping connect families with the specific provider that best fits their needs and characteristics*
- *When we are lucky enough to have a choice between options this decision is made in consultation with the placement unit supervisor*
- *We need to begin looking at the ways in which we connect families with specific high-end providers*