

County Applicant Orientation Symposium May 16th, 2008 Sheraton Grand Sacramento Sacramento, CA

County Visions of RBS

- 56.6% of the group care population in California is represented by the four applicant counties/consortia
- Applicant Counties:
 - Bay Area Consortium: (Alameda, Contra Costa, Santa Clara, San Francisco, San Mateo, Solano)
 - Los Angeles
 - Sacramento
 - San Bernardino

Bay Area Consortium

- □ Rationale for 6 counties working together:
 - Utilize a common set of residential providers
 - Youth from each county placed in all consortium counties
 - Have many youth placed in out-of-county group homes
 - Shared commitment to reform current system of out-of-home care for high need youth & families
- Program goals:
 - Carefully match youth & families with most effective treatment resources.
 - Support permanency by returning youth to their families & communities or developing life-long supportive connections.
 - Improve well-being in all life domains of participating youth & families.

Bay Area Consortium

- □ 4 potential target populations:
 - Pathway to Permanence Youth in group home system without a permanent plan and have grown up in placement.
 - Bridge to Success & Safety Adjudicated youth mandated to out-of-home placement, but placed in juvenile detention facility.
 - Reconnecting & Reconstructing Girls ages 12-17 who have been sexually exploited and are unable to stay in placement.
 - Family Re-attachment Children ages 8-12 placed in group homes due to issues of abuse & neglect, placement instability, exposure to trauma & violence, and/or behavioral issues that have prevented permanency with birth and/or adoptive family.
 - Considering 8-16 beds dedicated to serve each target population

Bay Area Consortium

- Outcomes for participating youth
 - Make progress toward permanency:
 - Reunification with immediate family, adoption, legal guardianship with a relative or fictive kin, or living independently within a supportive community
 - Enhanced health & wellness:
 - Standard measures agreed upon by consortium members
 - Transition age youth in educational or vocational program and/or employed
 - All outcomes to be measured 6 months following discharge from RBS (including community-based aftercare services)

Los Angeles County

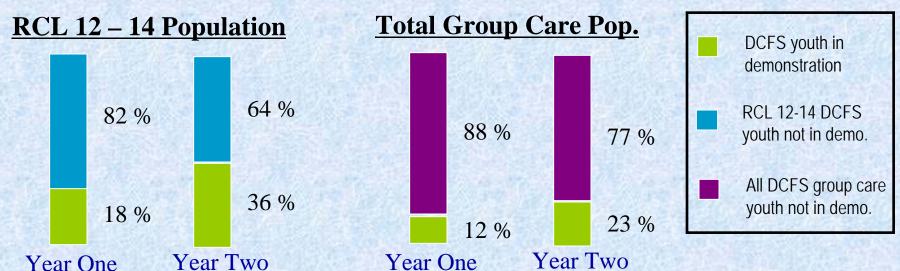
- Collaboration between DCFS and DMH to integrate behavioral health and child welfare services for RCL 12 and 14 residential placements.
- □ Transform current system so that residential care is used as a short-term, therapeutic intervention designed to achieve specific results, including accelerated return of youth to their families or other permanent homes.

Los Angeles County

- □ Target Population
 - DCFS youth placed in RCL 12 14 group homes
 - □ 65% of DCFS group care placements are in this level of care
 - Faster timelines to permanency
 - Reduce reliance on out-of-home care
- Outcomes
 - Improved safety
 - Faster timelines to permanency
 - □ Reduced length of stay for youth in RCL 12 14 residential placements
 - Reduced reliance on out-of-home care
 - Reduced recidivism for youth exiting RCL 12 14 residential placements

Los Angeles County

- □ Scale of demonstration
 - Estimated Year 1 enrollment: 144 youth
 - Estimated Year 2 enrollment: 288 youth
- Proportion of DCFS youth in group care impacted by demonstration:



Sacramento County

Collaboration between Child Welfare, Mental Health and Probation to transform group care placement decisions and services for the target population by adopting and integrating practices that ensure group care placement, when needed, is an intervention and not a destination.

Sacramento County

- □ Target Population
 - Youth ages 12-17 who are assessed to need level RCL 10-12 placement due to complex emotional and behavioral needs, and are *not* currently receiving wraparound services.
- □ Starting small…learning from experience
 - Year 1: serve up to 30 youth (6% of Sacramento's current group care population)
 - Child Welfare: 12
 - Probation: 12
 - Mental Health: 6

Sacramento County

- Outcomes for participating youth
 - Increased % of children/youth discharged to permanency
 - Improved placement stability while children/youth in group care
 - Decreased % of children/youth re-entering group care after discharge
 - Shortened length of career stay for children/youth in group care

San Bernardino County

Collaboration of the Departments of Children's Services, Mental Health and Probation to reform a high-level residential treatment homes (RCL 12 - 14) toward a system of care that provides a full range of placement options and community based treatment and support services focused on returning the youth to family-based care and their communities as quickly as possible.

San Bernardino County

- □ Target Population
 - Severely emotionally disturbed (SED) children who are at risk of being in crisis, failing in placement or being placed out of county/state.
- Potential private partners
 - Local psychiatric hospitals
 - Local developmental service providers
 - Inland Regional Center

San Bernardino County

- Key Outcomes
 - Increase timeliness to reunification
 - Reduce duration of residential placement
 - Increase # of children who remain in lower levels of care 6 and 12 months following discharge from RBS program
 - Increase # of children connected with family
 - Reduce use of administrative stays in psychiatric hospitals
 - Increase placement stability for children in care > 24 months
 - Reduce out-of-state placements
 - Reduce runaway incidents

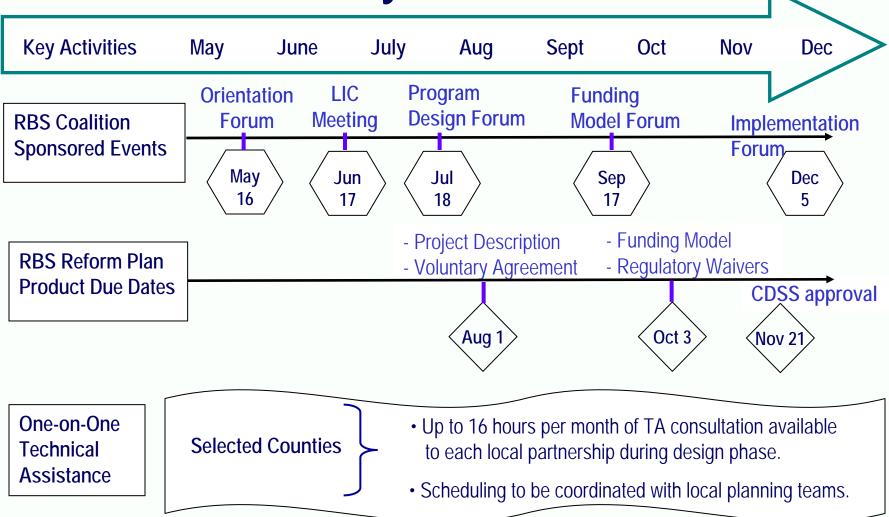
Where do we go from here?

- □ Planning RBS demonstrations
 - More realistic timeframe for design of RBS reform
 - Definition of RBS Reform Plan to be submitted to CDSS
 - Highly supported design process
 - Technical assistance
 - Toolkit to guide design decisions
 - Collaborative forums to exchange ideas
 - Website to facilitate information sharing

What's in an RBS Reform Plan?

- **Program Description** stakeholders who will implement the RBS reform demonstration, their mission, vision, values and strategic plan, and baseline information about the target population and the service system.
- □ Voluntary Agreement terms and conditions under which both referring agencies and RBS providers will deliver services to the target population using the newly designed program.
- **Funding Model** describes how the program design will be funded within the cost-neutrality parameters of AB 1453.
- Regulatory Waiver Request specific request to CDSS for modification of certain out-of-home care regulations to implement RBS reform.

Timeline & Key Activities



RBS Reform Subcommittee Participation

Purpose:

- Evaluation Subcommittee Helps to identify evaluation issues and recommend solutions. Reviews and provides feedback on the evaluation framework as well as toolkit models and templates.
- Fiscal Subcommittee Reviews local partnership implementation and funding structures to identify any issues. Reviews and provides feedback on fiscal toolkits.
- Program Subcommittee reviews program model issues, assesses program needs, and helps identify organizational change issues. Informs development of program toolkit models and templates.

RBS Reform Subcommittee Participation – (cont.)

Membership:

Selected Counties or Consortia identify representative(s) to participate in each of the three subcommittees and act as a key stakeholder on behalf of their local partnerships

Frequency:

- Most meetings will take place on a monthly basis via conference call.
- Local partnership representatives will be asked to attend in-person meetings that will be scheduled to coincide with upcoming technical assistance forums.

Local Implementation Coordinator

- □ Primary interface between local partnership planning team and RBS project team (see handout)
- □ Position to be filled by June 16, 2008
- Casey Family Programs support for position

Tell Us Who To Contact to Arrange Details

Some Assembly Required

An RBS Implementation Overview for Local Implementation Teams

Putting the Pieces Together

- □ Five Steps:
 - Who do you want to help?
 - How do you want to help them?
 - Who will be providing the help?
 - How will you pay for it?
 - How will you make it happen?
- □ Exercises to help your local implementation team come together
- □ And produce this year's 4 project deliverables

Who Do You Want to Help?

- □ Define target population as clearly as possible
- Both a retrospective and prospective assessment
- □ Retrospective
 - Current needs, patterns of care, responses, lessons learned, costs
- □ Prospective
 - How many, where are they, how many will you enroll, criteria for enrollment

How Do You Want to Help Them?

- □ Mission: always includes an action verb and an object of that action.
- □ Vision: a picture of what it will look like.
- □ Guiding principles: how you will put your values into action to make a difference.
- □ Outcomes: measurable changes that you will help children, youth and families produce.
- □ Theory of change: the how and why of what you will do that will lead to those changes.

Details of the How

- Service array
- □ Process steps and responsibilities
- □ Course of service involvement
- □ Integration of planning
- Coordination of services
- □ Linkage between the demonstration project and the existing system.

Who Will be Providing the Help?

- □ Public agency partners
 - Managing enrollments
 - Managing the provider contracts
 - Coordinating interagency collaboration
 - Referring potential enrollees
 - Providing funding
- □ Private agency partners
 - Facility-based care
 - Community-based care
 - During initial placement
 - □ Following initial placement
 - Additional services and supports
- Process steps with specific roles and responsibilities

How Will You Pay for It?

- □ Developing an alternative funding model
- □ Funding issues:
 - Source, method, management, amount
 - Creating and operating a risk pool
- □ Two perspectives:
 - What it will *cost* public agencies
 - What *price do* private agencies need to charge

How Will You Make It Happen?

- □ Moving from planning to doing
- □ Schein's 4 Stages:
 - Clarifying the imperative for change
 - Envisioning the future in the context of the present
 - Developing tasks in the action plan
 - Managing the transition

Public Agency Tasks

- □ Setting up the referral, assessment and enrollment system, including the criteria, the processes, staffing, and timeframe.
- □ Designing the case management process during entry, participation and exit, including staffing and roles and responsibilities.
- Creating, implementing and operating the funding system including structure, forms, management, payments and accountability.
- □ Developing a system for contracting with the lead and supplemental agencies that insures quality and effectiveness

Private Agency Tasks

- Designing a **service methodology** including facility operations, community operations, staffing patterns, management, supervisory, clinical, case coordination, educational and support staff roles, documentation, billing, and evaluation.
- □ **Training** staff at all levels for the transition to the RBS methodology.
- □ Developing effective **communication systems** with county staff, stakeholders, clients, community service providers and parent and youth consumer advisors.
- □ Helping to craft and carry out **contracts** that preserve the guiding principles of RBS reform and that provide adequate support for the sustainability of the project.
- □ Creating **collaborative partnerships** with the public agencies and with the other community agencies (possibly including subcontracting).
- ☐ Implementing an **evaluation and feedback system** that tracks service performance, client outcomes and satisfaction to support ongoing project improvement.

Action Plans

- □ For each task assign:
 - Activities (What we're going to do)
 - Actors (Who's going to do it)
 - Methods and tools (How they will do it)
 - Timing (When it will happen)
 - Implementation check (Did it happen?)
 - Implementation evaluation (Did it help?)
 - Concerns and opportunities (What did we learn?)

Managing the Transition

- □ How does the demonstration fit in with business as usual?
- □ Do some people do the new stuff and some of the old?
- □ Or does everyone do some of both?
- □ How do you keep stakeholders on board?
- □ How do you keep your message consistent?
- When does the demonstration become business as usual?

Breakout Exercises



Mission

- □ Capture personal statements: "Through RBS reform I want to _____."
- □ Coalesce statements in a succinct collective goal: Our mission is to [action] [object].

Personal Statements

- Statement 1
- Statement 2
- Etc.

Our Mission

To [action] → [object]

Vision

- □ Create "consumer-cam" vision snapshots of how your new project will look at each of the stages of its operations.
- ☐ Use the collective vision that emerges to make your dream multi-dimensional

Referral

Vision snapshots

Engagement

Vision snapshots

Stabilization

Vision snapshots

Planning

Vision snapshots

Implementation

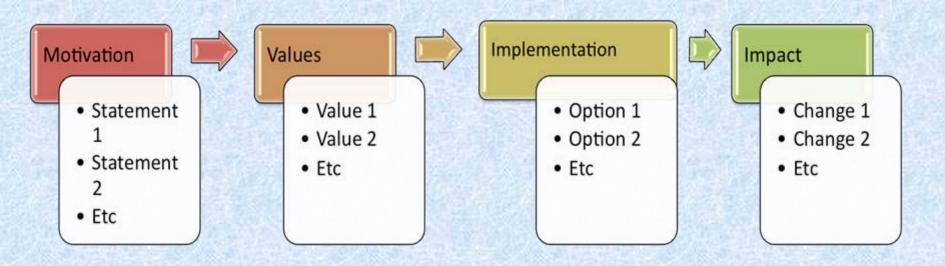
Vision snapshots

Transition

Vision snapshots

Values-in-Action

- □ Four questions to discuss:
 - Why do you care? (motivation)
 - What do you believe? (values)
 - How can those values be activated? (implementation)
 - What would the result be? (Impact)



Theory of Change

- □ Pick a characteristic of the target population
- Choose an implementation you think will help
- □ Describe the outcome you hope the child or family will achieve
- Now explain how the input of your intervention will produce outputs or effects that will lead to the emergence of those outcomes

