

Addendum to San Bernardino County LOI

Below is a summary of the areas within the San Bernardino LOI that received a consensus score from the Review Team of less than 3.0. As requested, the following is a near term plan of action which either has been or will be implemented to address these issues.

Point of Inquiry	Consensus Score	Comment
Letters of Support	1.0	No letters of support from public, private or community-based agencies provided.
Proposed Screening & Assessment System	2.3	Unclear to what degree this is aligned with RBS framework or constitutes a change from the current system.
Change in Role of RBS in System of Care	2.4	No reference to current reality as a way to gauge how significant the change will be.
Collaboration	2.5	Few specifics on roles of individual partners; no supplemental material submitted to address this question.
Consumer & Stakeholder Involvement	2.7	Several existing family/youth forums mentioned in LOI, but no specifics on degree or method of current or future involvement of these groups in RBS.
Organizational Change Efforts	2.7	Minimal specifics on what degree of change is needed and how achievable changes would be for public agencies and providers to make.
Leadership Involvement	2.8	Due to no letters of support submitted, difficult to assess level of commitment from necessary public and private agency leaders.
Provider Capacity	2.8	Indicated plans to select one provider, but no indication of provider capacity to implement changes or be involved in design of RBS.

Letters of Support

The following letters of support are attached:

- Victor Community Support Services Inc. (provider of both RCL-14 residential treatment and Wraparound Services)
- East Valley Charlee (RCL -12 residential treatment)
- Inland County Regional Center
- Children's Network (public/private agency)
- Loma Linda University Behavioral Medicine Center (psychiatric hospital)
- Canyon Ridge Hospital (psychiatric hospital)

In addition to the letters above, the cover letter to the LOI has been modified to include signatures from the Directors of Departments of Behavioral Health and Probation to confirm their interest in partnering with the Department of Children's Services for the purposes of the demonstration.

Proposed Screening & Assessment System

The Department of Children's Services holds Team Decision Making meetings (per Family to Family guidelines) for children and families at any change of placement including risk for imminent placement in a higher level of care. For the purposes of the demonstration, at the TDMs for children in a hospital setting, Certified Treatment Facility, RCL-14 placement or in out-of-state placement, a referral to RBS will be generated via a packet to the Interagency Placement Committee (IPC) which has representation from DCS, DBH, Probation, education, regional center, and Wraparound. The packet will contain a newly modified universal referral form (to include RBS as an option) which will assist the group's assessment of a particular case's eligibility for RBS with the selected provider and/or other services such as Wraparound, TAY services, etc. The form will contain a risk checklist to aid the group's assessment and the guidelines for IPC will be modified to include RBS placement protocols. If it is determined that the child requires or continues to require a high level of care (hospital, RCL-14,), the demonstration provider will be contacted and the child will be placed.

Change in Role of RBS in System of Care

Currently in San Bernardino County some services exist for SED children, which fall into a continuum of care that includes CTF beds, RCL-14 & RCL-12 beds as well as treatment foster family agency slots. The current group care census for the county is approaching 600 youth. This continuum is supported by a Wraparound program for children who have mental health needs but do not necessarily require out-of-home placement. In addition, there are capacity issues in that there are a significant number of out-of-state placements with respect to high-need youth.¹ At this time, the points along the continuum of care may function as discrete, self-contained units which perform their service functions in relative isolation until it is time to move the child to another point.

San Bernardino County's RBS demonstration seeks to improve the continuity of care within this continuum so that high-needs, SED children can move through the continuum in an integrated, efficient manner with structured, enhanced communication across the system. The goal is for the streamlining to result in reduced lengths of stay in expensive high levels of care² so that savings can be reinvested into enhanced wraparound-type services, which will maintain these children at home or in community-based home-like placements on the path to permanency (placements with kin or non-related extended family members). Reducing lengths of stay will require the provision of more intensive services in the short-term by providers moving from a "readiness" model to a "recovery" model where residential treatment has the goal of stabilization rather than cure. This will also require concurrent family support, such as found in Wraparound. Also, there will be family finding efforts while a child is in residential treatment so that post-residential placements can be permanent and the new or newly-reunited family can reduce its dependence more quickly on the continuum of care. The last

¹ As of May 30, 2008, almost 49% of SED minors in the SB County DCS system are placed out-of-state.

² As of May 30, 2008, SED minors in the SB County DCS system stay in high-level care (RCL 14, CTF) for an average of 15.1 months.

component of this new system will be the planned use of empty group home beds for respite when a new or newly reunified family will benefit from it.

In addition, the demonstration will result in additional Wraparound, FFA and residential treatment capacity due to shortened lengths of stay and increased Wraparound slots. This increased capacity will enable the county to meet its goal of reduced reliance of out-of-state placements. This will be particularly salient at the highest levels of care which will be gradually vacated by the current population which will move to community care at a higher rate making it possible for the County to return youth placed in high levels of care out-of-state away from their families and communities back to California. Almost all practice research shows improved outcomes for children placed close to home to facilitate close family involvement in treatment.

Collaboration

Representatives from the community partners and county departments named in the 'Letters of Support' section above will convene to form an RBS Steering Committee that includes appropriate community membership and family input; the draft charter is attached. The RBS Steering Committee will drive the decision-making and consensus-based policies and protocols for the demonstration. This will include collaboratively developing and overseeing a demonstration vision and mission, an overall RBS philosophy and related service concepts, a detailed system design including outcomes/goals/measures, timeline for the demonstration, funding model and sources of funding, risks and risk management, and waiver requirements.

Consumer and Stakeholder Involvement

In addition to the professional support detailed in the sections above, there are avenues for consumer and stakeholder built in to the demonstration project as follows:

- Family representation at TDMs (via Peer & Family Advocates and Parent Partners)
- Family voice and choice mandated by the application of Wraparound (via Child and Family Teams)
- Community, Foster Parent Advisory Board representative and former foster youth placed on the Steering Committee

Organizational Change Efforts

The conversion of classical residential treatment to RBS will require, at minimum:

- Formation of the RBS Steering Committee with regular meetings and representation
- Culture change at the provider and county staff level so that they view residential treatment as a not a place-based, long-term treatment, but a family-driven, short-term intensive treatment much of which is in the form of aftercare which occurs in the community rather than in the facility
- Creation of an alternative funding model at the county level
- Commitment of the Department of Behavioral Health and the Department of Children's services to deliver integrated care and create joint policies and procedures for children and families referred to RBS
- Involvement of the juvenile dependency court system

All the professional stakeholders and especially County department heads, via a Letter of Support, have agreed conceptually to the philosophical changes required by the demonstration and supported by the research and practice literature. In fact, some of the procedures mentioned in this addendum have already been set into motion such as creation of the RBS Steering Committee and modification of the IPC protocols.

Leadership Involvement

[see Letters of Support]

Provider Capacity

County leadership has solicited collaboration for this demonstration from at least one provider at every relevant level of care. **Loma Linda University Behavioral Medicine Center** and **Canyon Ridge Hospital** represent the highest level of care – psychiatric hospitalization. **Victor Community Support Services Inc.** is a provider of both RCL-14 residential treatment and Wraparound services in the North Valley and will be the primary demonstration RBS provider with an initial commitment of 16 residential treatment beds. Due to the geographic spread of San Bernardino County, **other Wrap providers** will be sub-contracted for follow-on services. **East Valley Charlee** will provide RCL-12 residential treatment for those children being stepped down from a hospital who are not behaviorally ready to enter a home setting; the benefit of utilizing a RCL-12 provider involved is to be able to test and refine the step-down process as well as to ensure that it functions in alignment with the philosophy and guiding principles of RBS reform as adopted by the RBS Steering Committee. The same applies to Foster Family Agency beds, and the Association of Foster Family Agencies will be represented on the Steering Committee. Lastly, the **Inland County Regional Center** will be included to provide additional training to caregivers as well as services to those youth in the demonstration who are developmentally delayed.

Each of these providers will be invited to become a member of the RBS Steering Committee.

San Bernardino County
RBS Demonstration Project Steering Committee Charter (DRAFT)

- I.** **Residentially Based Services (RBS) Demonstration Project:** The intent of RBS Demonstration Project is transformation of California's, and therein San Bernardino County's, current system of group care for children and families. The transformed system should provide effective and reliable interim resources specifically designed to facilitate the ongoing movement of children and youth who have complex emotional and behavioral needs toward more permanent and positive connection or reconnection with their families, schools and communities. The redefinition of group homes into residentially-based treatment centers is designed to improve their focus and effectiveness and incorporate them as consistent and reliable resources within the comprehensive array of family-centered, strength-based services.
- II.** **Purpose:** The RBS Steering Committee will oversee and coordinate the design, planning, implementation and reporting of the RBS Demonstration Project for San Bernardino County, the providers and key community based organizations.
- III.** **Scope:** The scope of the Steering Committee's activities includes but is not limited to:
1. Bring key County departments, personnel and resources together into collaborative with interested providers and key community-based organizations to form and maintain a collaborative RBS project to achieve the purpose of the Steering committee.
 2. Propose and seek approval and support from the appropriate State, County and community authorities/organizations for the San Bernardino County RBS Demonstration.
 3. Design and propose an RBS system that will transform the nature of and outcomes for the relevant congregant care systems and resources throughout the County for RCL-12, 14 and above designated children and their families that will achieve the outcomes and goals set for the RBS Demonstration.
 4. Collaboratively manage and oversee the RBS Demonstration project for the County and ensure that timely and accurate reporting including key information gathering and dissemination occurs.
 5. Gather, analyze and report information to ensure overall Project performance compared to the outcomes and goals of the project are clearly communicated and met.
 6. Ensure decisions are made and coordinated as appropriate, including follow-up whenever and wherever necessary to achieve the outcomes and goals of the Project, or that the Project is updated/changed as necessary and appropriate.
 7. Recognize outstanding performance and achievement and promote best practices.
- IV.** **Membership:** Membership on the RBS Steering Committee includes:

1. Key leadership and staff from the Departments of Children Services, Behavioral Health, Probation with experience in residential care (particularly RCL-12 and above), Wraparound, family-centered services and finance. Others who will be engaged on an ad hoc basis include Community Care Licensing and the Juvenile Court.
2. Leadership and staff from providers interested in participating in the Demonstration and/or learning about and contributing to the RBS Demonstration.
3. Leadership and staff from key community based service organizations that are interested in participating in the Demonstration and/or learning about and contributing to the RBS Demonstration.
4. Leadership and advocates for family advocate groups including, if possible, a past youth who experienced the level of care targeted by RBS in San Bernardino County.
5. Involvement support from the Local Implementation Coordinators and other consultants provided by the California Alliance for Children and Families.
6. The RBS Steering Committee will be co-chaired by Norman Dollar, Department of Children's services and Mike Schertell, Department of Behavioral Health or their designees.
7. An RBS Demonstration Project Manager will be appointed and will report to RBS Steering Committee in this capacity.

V. **Authority:** The RBS Steering Committee has the authority to create, recommend and oversee the design, development and implementation of San Bernardino County's RBS Demonstration Project subject to State and County authorities, approvals, delegations and oversight.

VI. **Accountability:** The RBS steering Committee is accountable for the overall creation, implementation and initial follow-up to RBS Demonstration Project and reports to the Directors of Departments of Children Services, Behavioral Health and Probation and coordinates with the Children's Policy council, and the Interagency Placement Committee for RBS feasibility and workability.

VII. **Functions:** The RBS Steering Committee functions generally include collaboration, planning, oversight and reporting as follows:

1. Meet twice monthly to administrate and communicate via agenda, meeting minutes, timeline, action items and RBS information the business of the Steering Committee. (Typically there will be one full Steering committee Meeting and one County-only meeting per month.)
2. Develop and/or cause the following for coordination, review and approval:
 - a. An overall RBS system concepts paper covering key cultural, organizational, operational, treatment and financial considerations
 - i. Vision, mission, and values
 - ii. Overall County RBS Philosophy and strategy for RBS implementation

- iii. Target population
 - iv. Assessment
 - v. Referral
 - vi. Treatment and care (child and family including family finding)
 - Residential
 - Community based
 - Post-jurisdictional follow-up/care
 - vii. Outcomes, goals and measures
 - viii. Key milestones integrated with State, County and community schedules
 - ix. Funding model concepts and sources including risk management
 - x. Key cultural, organizational, operational and financial changes to the existing system(s)
 - xi. Waiver considerations
 - xii. Key risks and concerns
- b. Create and implement a County/provider selection and contracting process that meets County and State requirements for the RBS Demonstration
 - c. A detailed project design and plan that addresses the items in 2a above as outlined below:
 - i. Philosophy
 - ii. Culture
 - iii. Strategy
 - iv. Program description
 - v. Key operating principles
 - vi. Detailed project plan
 - Timeline
 - Resources
 - vii. Financial model including financial risk and management
 - viii. Outcomes and goals
 - ix. Waiver requirements
 - x. Key Demonstration risks and concerns and how to mitigate them
- 3. Members will attend and participate in State, County and community meetings as appropriate.
 - 4. Support and advocate the County's efforts to design and implementation RBS reform.