

DEPARTMENT OF CHILDREN'S SERVICES

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COUNTY OF SAN BERNARDINO HUMAN SERVICES

DEANNA AVEY-MOTIKEIT
Director

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Karen Gunderson, MSW
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744 P Street, M/S 14-73
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Ms. Gunderson,

With this correspondence the County of San Bernardino Department of Children's Services indicates interest in the group home reform effort announced in ACIN 1-06-08.

Attached please find responses to the items called forth in the Guidelines for RBS Reform Letter of Intent. Please contact my office if any further information is needed.

The County of San Bernardino Department of Children's Services shares the goal of improving outcomes for youth through more effective integration of residential and community services. We look forward to further exploration of possible participation in the residentially based services pilot.

Sincerely,

DeAnna Avey-Motikeit
Director
Department of Children's Services

Conceptual Outline for the Residentially-Based Services (RBS) Reform Letter of Intent

Overview:

This proposal seeks to reform a particular segment of the group home continuum: high-level residential treatment homes (Residential Care Level (RCL) 12 and 14). Despite various reform efforts in the County of San Bernardino high-level placements still remain disconnected from the full continuum of care. Using a public/private partnership within the RBS framework this proposal will better integrate high-level placements and the particular youth they serve into the full range of placement options and community based treatment and support services. In partnership with an approved Group Home facility, the San Bernardino County Department of Children's Services will improve transition outcomes and reduce the length of stay for children who are placed into high-level treatment facilities. The transition will move away from a behavioral level system to developed treatments models based on relationships, values, evidence-based practices, and skill building, with the focus being on returning the children to family-based care and their communities as quickly as possible. Public sector partners will include the Department of Behavioral Health (DBH) and the Probation department. Private sector partners that will be sought for involvement will include local psychiatric hospitals, the local developmental service providers, and the regional center.

1. Why reforming the group care system is an important priority for the county:

In the County of San Bernardino, placement options for high need, multi-problem youth are of limited availability and are not well integrated with the full continuum of care. These systemic deficits result in poor outcomes for youth in terms of placement stability (the number of placement homes a child will live) and permanence (the long-term family goals).

Stability and permanence deficits persist for some children, despite significant enhancements over recent years in services targeting the provision of in-home and community-based dimensions of the continuum of care and services (e.g. wraparound, Transitional Age Youth (TAY) centers, Therapeutic Behavioral Services (TBS), intensive home and school-based interventions).

Integration of high-level placements with the full continuum of care is necessary to improve outcomes for children. Case managers for youth with multiple, complex problems frequently make placement decisions on an emergency basis. A placement made under emergency circumstances inhibits the ability of a caseworker to adequately match psychosocial, diagnostic and treatment needs with the capabilities of the placement resource. This type of placement process increases the likely hood of future placement failures and treatment mismatches and it runs contrary to the desired outcomes of placement stability and permanence.

In other instances, when youth are experiencing a placement crisis or imminent placement failure they may be certified into an acute psychiatric hospital via a Welfare and Institutions Code (WIC) 5150, Application for 72-Hour Detention for Evaluation and Treatment. Typically the primary reason this level of care is sought is to stabilize the youth and obtain a more complete assessment or diagnostic information. The lack of appropriate long-term placements then results in the youth remaining in a hospital type setting longer than medically necessary. The inadvertent usage of hospitals as placements for difficult to place children (e.g. severely mentally ill, developmentally delayed) may result in high costs and possible liability issues.

The proportionally small number of children who are in psych hospital beds awaiting placement or who are at risk of entering psych hospitals may experience a decreased sense of well-being, increased instability in future placements, and increased utilization of out of state placements. In addition, hospital administration days are costly and locating and completing placement activities for high-level placement children increase case manager work loads.

In San Bernardino County, group homes and hospitals are not adequately linked to less restrictive, community-based levels of care. Emerging service options such as wraparound, TBS and other intensive, home or school-based interventions are not adequately coordinated with high-level placements. RBS would improve outcomes for youth and decrease costs by utilizing a planned step down treatment process.

2. Nature and extent to which leaders of public and private agencies in the county are actively supporting and guiding the reform effort:

Leaders of both public and private agencies are supportive of reformation of the group home system in San Bernardino County. The directors of the departments of Children's Services, Behavioral Health, Children's Network and the Probation department have supported efforts at improving the long term outcomes of children in out of home placements. The local regional center is also supportive of reform. The San Bernardino County Children's Network, Policy Council (Department heads of those County agencies that provide services to children, a member of the Board of Supervisors, the County Administrative Officer, and the Presiding Judge of the Juvenile Court) has followed the development of the SB1453 effort and will make final recommendations to the county board of supervisors on the any eventual pilot proposal. The Children's Network is a public-private partnership consisting of all major agencies serving children, listed above, within the county has participated in the development of the Letter of Interest and will also assist in developing a proposal if selected.

Managers of Inland Regional Center (IRC), the Loma Linda University Medical Center Acute Psychiatric Unit and the managers of DCS are in ongoing discussion seeking solutions to the service and placement needs of multi-need and dually served youth.

If this Letter of Intent is selected, an RBS steering committee will be established to provide overall direction of all pilot development, implementation and evaluation activities. The steering committee will report to the directors of DCS and DBH. It will be an ad hoc committee of both the Children's Network and as such will provide periodic updates and recommendations to those bodies, which include both public and private stakeholders to the child welfare system.

Three currently operating interagency committees will play key roles in program implementation, oversight and evaluation activities for the RBS pilot. These committees are the Interagency Placement committee (IPC), the Wraparound Administrative Services committee (ASC) and the Family-to-Family (F2F) Steering committee.

The IPC will provide oversight of the referral and placement process. The ASC will assist with oversight and consultation on issues relating to community based service, continuum of care and wrap around. The F2F steering committee will provide consultation and oversight on program evaluation and integration of placement service with the county's efforts to convert the local placement system into a neighborhood based resource and support family network. Current membership of these committees includes many of the key stakeholders in the RBS process. Any other interested stakeholders not currently included on these committees will be encouraged to join the existing committees.

3. Nature and extent to which family, youth and community stakeholders are involved in and actively supporting and guiding the reform effort:

Youth, client and family partners are currently involved with the proposing departments in various collaborative efforts. These include Mental Health Services Act advisory board, TAY center advisory board, California Youth Connection chapter, the regional Family-to-Family (F2F) steering committee, F2F strategy

sub-committees and the regional F2F youth counsels. Community partners from each of these groups will be included in the RBS pilot committees when established.

Services proposed include additional specialty mental health services focused on skill building, family inclusion, family linkages, family finding, engagement services, and transition planning. Research supports that appropriate social skills development is a key-determining factor for youth's long-term success and independence.

4. Measurable child and family outcomes that the reform effort seeks to improve:

Measurable outcomes:

- Increase timeliness to reunification
- Increase placement stability for children in care more than 24 months
- Reduce out of state placements
- Reduce runaway incidents.
- Increase the number of children who remain in a lower level of care 6 and 12 months after discharge from the RBS program
- Reduce duration of residential placement.
- Reduce use of administrative stays in psychiatric hospitals
- Increase in the number of children connected to family

Project goals:

- The resources of the full continuum of care are available to serve youth when they experience placement related crisis
- Youth with complex service needs make progress toward permanency
- Participating youth engage in enduring positive relationship.
- Participating youth experience enhanced health and wellness as measured with indicators agreed upon by project stakeholders six months after discharge from RBS.
- Youth are actively engaged in educational or vocational programs
- Youths they are transitioning to services by the Regional Center or made eligible for SSI, if applicable

5. Programmatic and fiscal changes the county is considering:

a. Target population:

This pilot focuses severely emotionally disturbed (SED) Children. This population of children is at high risk of being in crisis and/or failing in placement, or placed out of the county or state.

These targeted youth could be better served if stabilize long enough to be appropriately assessed, had a comprehensive treatment plan and stabilization in a community or family based care.

The target population youth are in a cycle of placement disruption and emergency re-placement in high-level care. They become isolated from family and community based service options. The RBS pilot is designed to address the tendency for this population to become disconnected from the full continuum of care.

For Severely Emotionally Disturbed (SED) Children the loss of RCL 14 facilities and a State Hospital facility, as well as the limited availability of Community Treatment Facilities, placement agencies in San Bernardino County have increasingly limited the placement options for safely maintaining SED children. These children may require less structure than an acute hospital but need more than a typical group home may offer. They may have numerous psychiatric hospital holds or admissions. These youth may also be held on administrative days in local acute hospitals more frequently due to

the lack of suitable, less restrictive alternatives or are placed out of state due to no available California placement options.

Assessments need to include issues of: loss, trauma, abuse and attachment related problems for appropriate treatment planning.

b. Screening, assessment and decision-making adjustments to match children, youth and families with the best setting/services to address their needs:

Often, the hurried nature of placement for youth in this target population results in an unsuccessful transition into a placement program. To address this problem admission to the RBS pilot will be through the Interagency Placement Committee. This multi-disciplinary committee will reach consensus on the suitability of the program to meet the needs of the referred youth.

Referrals would come through the Interagency Placement Council, which could assist in the review and assessment of children's placement histories and aid in matching children to a matched placement. Referrals would come from the Department of Children's Services, Probation and the Department of Behavioral Health's AB2726 Program. The committee uses a defined intake protocol and decision-making process to guide the admission process.

c. How the process of service delivery will change for children, youth and families—before, during and following RBS placement:

The RBS pilot will include three components:

1. Intake/Residential services,
2. Treatment and case management enhancements and
3. Community based care.

The intake/residential services component of the pilot will be designed as an assessment and diagnostic setting. By its nature it will be short term and focus on preparing the youth to move to community based care. This service component will focus on the external resources necessary for a successful transition and the family work and targeted specialty mental health services. Individualized family/alternate living plans will be implemented in partnership with the target reunification family and/or alternative placement. Intake/residential services staff will concentrate on family finding and engagement activities. Life coaches will assist with providing targeted social skill development services and rehabilitation. The intake/residential services will also include targeting specific behaviors that impede transition to lower levels of care and teach social skills through a curriculum based service plan.

Treatment and case management enhancements will include pre-transition services that will focus on solidifying treatment gains and applying new skills in the community. Increased family visitation or transition field trips to the transition location will be supported by trained staff and will become increasingly frequent and will assist in connecting children to community based care.

Community based care will encompass the post-transition treatment plan and will be developed with family or life long connection individuals, formal and informal support systems concentrating on completing the transition process.

Services at the residential treatment homes may consist of home school opportunities, Intensive Day Rehabilitative Services, TBS, group and individual therapy, as well as medication support services. Upon discharge from the residential component many of these service enhancements will follow the youth into the community setting.

Staff training would include training in Cultural Competence, training in therapeutic interventions, such as, working with Developmentally Disabled Children, working with children with post-traumatic stress disorders, and self-destructive children, etc.

The pilot also includes treatment and case management enhancements that both supplement the residential services and expedite readiness of the youth to transition to community or home based care. The homes would have a site, which would receive MediCal certification and offer extensive Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) services. The DBHs would oversee the contract and provide the necessary assistance to meet the MediCal Certification Process and address ongoing contractor issues.

d. Organizational, cultural and philosophical changes to be undertaken by public and private agency partners:

San Bernardino county departments and private agencies have already experienced substantial changes in service philosophy and placement practices. Efforts such as wraparound, transitional housing programs, and Family to Family have encouraged collaboration across systems, family empowerment, and a neighborhood community focus. In addition, county departments (DCS and DBH) and local psychiatric facilities have recently implemented joint planning meetings to facilitate discharge planning and aftercare. A RBS pilot will bring those principles, values and relationships to the placement continuum. Technical assistance from the Casey foundation will assist with this transition.

Various public county departments and private agencies will be involved with this pilot. The lead agency will be either DCS, DBH the Probation Department, and Children's Network. These departments have an extensive history of collaboration on placement and community based service efforts including wraparound within the county of San Bernardino.

Using a request for proposal (RFP) process one group home provider will be selected to participate as a service provider in this pilot. Other group home providers within the County of San Bernardino will be encouraged to participate in the pilot planning and steering process. Other community-based organizations will be encouraged to participate in the planning process including wraparound providers, and Family-to-Family partners, and parent advocates.

e. Role each public and private collaborative partner will play in designing and implementing the new model for RBS:

All partners will be invited to participate in the steering committee, which will have program design, implementation and evaluation responsibilities. All public agencies will identify a specific staff person to participate in statewide meetings and technical assistance meetings.

f. Capacities, motivation and abilities of group home providers to implement changes required by the reform effort:

The ideal potential group home provider must have prior experience serving RCL level 14 youth. The provider must also have experience in delivery of intensive home-based services such as EPSDT or wraparound. There are currently agencies operating in San Bernardino County with these prior experiences.

g. Funding Methodology:

A capitated rate will be established in accord with the pilot provisions in SB 1453 and the RBS pilot ACIN. An average length of stay will be determined based on county historical data available from CWS/CMS and DSS data. Net reduced costs are achieved by reducing the average length of stay

Length of Stay:

A child will remain enrolled in the RBS program for the period of time equal to the home county's average length of stay in group home placements factored into the case rate. At discharge, each child will be linked to the most appropriate array of formal and informal community support services available to sustain the family connections gained through the program.

6. Factors currently supporting and impeding change in the human service system environment and proposed strategies for accomplishing change in this context:

Factors supporting change in the human services system environment include:

- Acute Psychiatric hospital concern with lack of adequate discharge options,
- All partners dissatisfaction over use of administrative days,
- All partners dissatisfaction with movement from high-level group home placement to lower level of care or permanency
- Locally demonstrated success with community and neighborhood based services such as wraparound, MHSA interventions, county system of care centralized intake assessments and referrals, TDMs and Family Group Decision Making
- Successes in involving family and youth and peer supports in service planning and placement decision making
- Commitment of the major County of San Bernardino public agencies who make placement decisions and supervise youth
- Increased youth participation in development of programs associated with the current continuum of care

Factors impeding change in the human services system environment include:

- Current budget uncertainties,
- Historical agency based approach to service planning and placement decision making,
- Historical group home provider autonomous operating approach
- Historical lack of case management integration with acute care psychiatric hospitals

7. How role of group residential services for children and youth in local county of care will be different as a result of the reform effort:

There will be better integration of care between high-level placements, placement agencies and hospitals. The service planning and placement decision making for youth utilizing this level of care will be more family and child centered with active participation in transition planning. In particular more involvement of youth, family and community partners will be seen in the service planning process.

8. Process, service and funding elements to be shared by the consortium, including management and coordination, and the rationale for assembling the county participants in the county.

Not applicable as this proposal will not be made by a consortium of counties

9. Other relevant facts about the county, service population, provider community, and recent trends in group care utilization that influences the impact or innovation of the RBS reform effort:

Not applicable

10. Letters of support from public and private agency partners:

Letters of support will be acquired from public and private agency partners upon the acceptance of this letter of intent. DCS already possesses a co-operative relationship with many partners.