San Bernardino RBS Technical Assistance Session
412 W. Hospitality Lane, 2nd Floor Conference Room #1
San Bernardino, CA 92415

Day 1: August 14, 2008	
Attendee:	Organization:
Christa Banton	DCS – Group Homes
Marcelo Cabrera	Nuevo Amanecer Latino FFA
Shirley Carraway	DCS – ASU
Khush Cooper	Holarchy Consulting
Kelly Cross	HS Administration – LRU
Erika Daniels	Victor Treatment Centers
Norm Dollar	DCS
Marilyn Evans	DCS
Rene Keres	South Coast CS
Kristy Loufek	DCS
Hernaldo Sequeira	DCS
Neal Sternberg	Victor Treatment Centers
Diane Terrones	DBH
Janice Truss	DCS Gifford
Angela Ukiru	DCS – PDP
Rachel White	Holarchy Consulting
Sandra Williams	DCS – F2F
Pierre Duong	DCS
Will Sanson	CDSS
Christine Maulhardt	Harder + Company
Phyllis Byrnes	PH
Tracy Reece	Probation

- **The session was opened with the participants introducing themselves and an overview of the 2-day agenda. The goals for the 2-day session include:**
    - Complete the system description; including how the TDM will be integrated into the design as a "cornerstone innovation" and how Probation and DBH can access the system.
    - Develop an understanding of baseline population and how the system design would impact this population.
    - Discuss the financial approach for achieving cost-neutrality with the system.
    - Apply the design to a real case to assess workability.
    - Determine what, if any, waiver requests will be needed.
    - Come to consensus on what the program innovations will be and go beyond creating a program that is cheaper and faster.

- **Baseline Data**

- The baseline data presented comprise 38 DCS youth who had at least one RCL14 placement, or had been placed out of state, in 2007 as indicated in CMS/CWS and/or other payment systems. There were 47 additional DBH youth who fit profile, but they were not included in the baseline. They could be added later if it is determined that the program will serve DBH youth as well.
- Sample demographics
  - Overall the baseline data show that the target population is comprised of more females than males. There was discussion as to why this is the case. It could be an anomaly of a small N, or because girls with RCL14-type problems get diverted out of Probation while boys stay in the Probation system.
  - The ethnicity data show that Latinos are underrepresented in this group because they are ~50% of the total population, but only 16% of the target population.
- Safety
  - The safety data looked at referrals and substantiations after the sample had been placed in "RBS-like" placements.
  - Recurrence of Maltreatment was defined as:
    - Number of allegations after an "RBS-like" placement (not referrals as indicated on slide) and the substantiation of allegations originating in Out of Home Care (OHC).
      - The allegation number could be high because the youth feel comfortable sharing their experience – so it's not necessarily a bad thing that the number is high.
      - It is also interesting to note that for this sample of youth, the substantiations of allegations in OHC are very low.
  - There was discussion about other safety measures needed from the data including "safety of the intervention" and differentiating between previous vs. new allegations of abuse in OHC. Kelly Cross informed the group that the current data system will not be able to process those requests.
- Permanency
  - The discussion around permanency centered on defining and measuring "supportive connections". CPYP would help to establish number of supportive connections; but it is subjective. The group was interested in getting a snap-shot of this information every 3-4 months.
- Well-being
  - These data are based on the average 6 year time in care period for the target population.
  - The group would like to see differentiation between psychiatric and "regular" hospital days, as well as the number of "Admin"

        days spent in the hospital. In addition, the group would like to see what the data look like when the outliers are removed.
    - The group discussed the difficulty of getting quality education data and discussed other indicators that could measure well-being. Ideas included self-esteem, hope, etc., but it may be difficult to track these things. The group felt it was important to keep these ideas in mind as they move forward.
  - Cost from 2004 – present
    - The group would like to see the annual cost per child. It was also noted that these costs do not account for the emotional costs to the child, the costs to the family, or the administrative and court costs to the county. Figuring out a way to account for these costs could be a key component for achieving cost-neutrality for the County. Cost neutrality for State is focused on AFDC-FC cost neutrality.

- **Sample Case Analysis**
  - Review Plan of Care – the group made a decision to call this a "Family Passport." There was brainstorming done around whether this is a web-based document that the family has access to as well as service providers. This passport would be able to export (manually) data to the other various plans needed by the different systems.
  - Purpose of exercise is to assess the system design and the primary innovations therein from the perspective of the child and family.
  - Case Analysis:
    - 16.8 years old; Female; Currently placed in an RCL-14 placement in Denver, CO; 21 placements in past 4 years
    - Will not be reunified with mother at current stage:
      - Two prior Wrap failures
      - Have visits and phone calls; have discontinued phone therapy
      - Trying to make a connection with other family members; taking her to family reunion in WV soon
    - EMQ, TDS were shadowing home placements, but mom couldn't handle it
    - 1995-99: referrals begin; then quiet
    - 4/2004: Bounces through foster homes for first year
    - 3/2005: Enters first group home and bounces
    - 6/2006: Same-day discharge from FFA
    - Currently in a staff-secure facility in Denver
    - Questions:
      - *Why is she bouncing?* Very angry; hate/love relationship with mother; has prostituted, used drugs, abused by Mom's partner both physically and emotionally; has a "hunger for permanency"
      - *What is her diagnosis?* She has recurrent depression (since age 11).

- *How many social workers has she had?* Unknown. Youth in San Bernardino County have at least 4 social workers throughout their course of care. More if one or more of the social workers quit.
- *What are her connections?* The County pays for visits from her mother and siblings, in addition to phone calls. They are trying to get her grandmother to visit soon too. She has phone contact with her father who was recently released from prison and is living in Utah.
- *What are her strengths?* She is intelligent, goal-oriented, very verbal and expressive, and able to protect herself. At times though, she is verbally aggressive.
- *What are her mother's strengths?* Her mother truly cares about her, but has a lot of guilt about choosing her partner over her daughter. She is trying to have a relationship with her.
- *Does she have a juvenile record?* Yes – assaulted her mom at age 12.
- *Would mom be willing to bring the grandmother to a TDM?* The grandmother is in West Virginia, so it would have to be done by phone, but mom would probably be open to it.
- *Why doesn't mom want the child?* There has been a history of assaultive behavior and the daughter is verbally abusive. Mom's guilt causes her to blow-up. In addition, she was a young mother and has a history of drug use/sales.
- *Why was the child removed from the FFAs?* She was defiant and oppositional and assaultive. She never wanted to be in placement at all – she thought life on the street was okay. She is just starting to understand that street life isn't good.
- *What would be different if she were in RBS?* A lot of the placement bouncing can be attributed to the nature of the system.
- *What does the girl want?* She wants to go back to her mother and she is willing to forgive her mother's partner. She really wants a relationship with anyone who is willing to offer one.
- *Why is her current placement working?* It is harder for her to AWOL, and she is also getting older and maturing. She buying into the prospect of a positive future.
- *What would be the RBS plan at entry?* Currently the system offers "discoordinated care". With RBS there would be more coordination and support for her mother and siblings.

- *How does traditional Wraparound integrate with RBS?* For the purposes of planning, it is best to put a firewall between the two of them.

- **Reimagining the Case Study**
  - Pat asked the group to split into two teams and consider the following questions related to the case study:
    - What is the trigger point to determine if she goes into RBS?
    - How do you get in? What does it look like to the child? Parents? Family members?
    - What does this child and family get? When? Where? Why? How?
    - How do you get her to an "alternative now"?

Group #1	
What is the trigger point to determine if she goes into RBS?	▪ Multiple placements ▪ Prior group home failures ▪ Hospitalization or at-risk for hospitalization ▪ Few or no connections ▪ Mental health diagnosis ▪ Wraparound attempts ▪ Adoption disruption ▪ Multiple failures
How do you get in? What does it look like to the child? Parents? Family members?	▪ Process for making placement decision o TDM/FGDM, then o IPC, then o RBS Care Coordinator/Team assigned, then o Meeting including family and community partners within 24 hours to develop care plan
What does this child and family get? When? Where? Why? How?	▪ Upon placement in the RBS System of Care, child gets: o Family finding/engagement o Grief-loss counseling in the group home with a social worker o One therapist per family o Educational life coach (track down credits, monitor IEP, etc.) o Life coach/CASA/Advocate o ILP Coach o PHN assigned to RBS Coordination team for medication monitoring, general health, health counseling o Parent Partner o RBS Care Coordinator ▪ "Keeper of the Process" who

<table>
<tr><td></td><td>ensures that the team works together for the benefit of the child
▪ Follows up on action plan, case management
▪ Key contact for social worker
▪ How much? How long?
o Individualized residential treatment for 6-9-12 months?
o RCL 14, SFFA
o Permanency → Family/NFREMS Team stays with child through system</td></tr>
<tr><td>How do you get her to an “alternative now”?</td><td></td></tr>
<tr><td colspan="2">Food for Thought:
▪ Should it be a centralized or decentralized system?
▪ Should there be a primary and secondary social worker?
▪ Can there be a policy that the youth will not receive a new social worker mid-stream?
▪ Who should the RBS Care Coordinator work for?
o They should work for the vendor and be the only person that the County worker (who is part of Care Coordination team) speaks to.
▪ How frequently should the RBS Care Coordination Team meet?
o It depends on whether the model is “Stabilization” or “Brief Treatment”
▪ Is there a time limit on how long a youth can be enrolled in RBS?
o There need to be guidelines, but that is difficult to state when you’re trying to create individualized treatment plans.
▪ How else can family involvement be increased?
o What if the child and parent moved into the group home together?
▪ How can we imagine “just in time” services?
o It can only be known by trying. The Provider, contract and County worker will need to be flexible to make it work.</td></tr>
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<tr><td colspan="2">Group #2</td></tr>
<tr><td>What is the trigger point to determine if she goes into RBS?</td><td>▪ Based on current situation:
o Hospitalization
o Out of State placement
o High level of placement
o In Juvenile Hall and running out of custody time</td></tr>
<tr><td>How do you get in? What does it look like to the child? Parents? Family members?</td><td>▪ Enrollment
o Screening and assessment completed by SW/PO/Other?
o Present placement options to the youth after a multi-disciplinary team meeting
o Referral generated</td></tr>
<tr><td>What does this child and family get? When? Where? Why? How?</td><td>▪ Upon placement in the RBS System of Care, child gets:</td></tr>
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	▪ Further assessment and client plan within 30 days
	    ▪ Plan has exit criteria
	    ▪ Plans for a move into the community asap
	    ▪ Family finding with multiple options
	    ▪ Creative respite/visitation plan
	▪ Parent Education
	- Two Teams whose meeting frequency depends on the youth's developmental level
	    o Team 1: Clinician for kid, clinician for family, parent partner, rehab specialist
	    o Team 2: All members of Team 1, FFA, Family, County worker, facilitator

How do you get her to an "alternative now"?	- 12 months to permanency o After RBS, the Services/Care Coordination team follows the child for at least 6 months

Food for Thought:
- When is RBS over?
    o TDM?
    o Dependency ends?
    o Goals are met?
    o Combination of the above?	

- Pat's "What Ifs…" About the Case Study
    - What if the family stays with the youth their first night in residential?
    - What if the team at the group home is the family's team, not just the youth's team?
    - What if the youth can change addresses daily, if necessary?
    - What if all services are ratified by the family?
    - What if the youth has a helper there for their entire life in the system?

- Are there barriers for other Providers participating in this model?
    - It would depend on the waivers they were able to get and the resources they are able to dedicate to the project. They would need to adopt the philosophy change.
    - What happens when/if a child gets placed 2 counties away? Or out of state?

Day 2: August 15, 2008	
Attendee:	Organization:
Christa Banton	DCS – Group Homes
Marcelo Cabrera	Nuevo Amanecer Latino FFA
Khush Cooper	Holarchy Consulting
Kelly Cross	HS Administration – LRU
Norm Dollar	DCS
Marilyn Evans	DCS
Diane Terrones	DBH
Angela Ukiru	DCS – PDP
Rachel White	Holarchy Consulting
Sandra Williams	DCS – F2F
Kathy Watkins	HS Administration
Will Sanson	CDSS
Christine Maulhardt	Harder + Company
Phyllis Byrnes	PH

- **Comments on Case Analysis from 8/14/08**
  - Public Health felt the area where they could most contribute was "upstream" when this young mother had her baby. Their PALS program helps with parenting skills.
  - Norm felt that from what was discussed yesterday the proposed program would hit the RBS target population at the time of most chaos and need.
  - Looking at experiences and interactions from the perspective of the youth and family makes a huge difference in conceptualizing what the system of care should look like.

- **Cornerstone Innovations**
  - As the provider of county oversight, Norm wanted to make sure that he will be able to monitor the vendors and their operations. He would like to go out into the community and tell them what the business need is, and let the vendor describe how they will fulfill those needs. A contracting process will need to be determined that is specific enough to get the services needed based on Providers' capacity to provide them. He is excited by the creative thinking, but it has to be grounded in reality
  - Family Passport
    - The idea of a "Family Passport" came up as a means of tracking youth's "itineraries" on their journey through the system. The passport would be owned by the family, and a method of making it available to the family and child would be determined.
    - The Passport would be developed by the Provider with the "Care Coordination Team (CCT)" at the table. Other counties/organizations have developed various technologies similar to a passport including distributing memory sticks with all evaluation documents and building online web pages for each child in the system.

        - The Passport might not fit other mandated plans (i.e. court, but it could keep the central question of "have we kept our promise to this child?" at the front of everyone's mind.
    - What is the difference between Wraparound and RBS?
        - RBS would be for Wrap kids who need more flexibility in their placement. RBS becomes a service that a community-based treatment model uses
            - Takes care of the legal issues that have prevented using many of the proposed services in Wraparound.
            - Residential placement becomes an option for a Wraparound kid.
            - How does the Provider get paid for all of this?

- **Summary**
    - The group still needs a decision process for getting in. The idea of using the current Wraparound process is on the table.
    - The cornerstone innovation is that entrance and exit is controlled by an "organic team'. This team could be used as a CFT and would meet as frequently as weekly to discuss continuing treatment. This gives the Providers an incentive for good treatment in order for the CFT to authorize continuing treatment.
        - Group home respite would always take place at the same group home to provide continuity.
    - RCL 14 is not a useful construct for determining placement for San Bernardino kids.
    - Ideally for the demonstration, the Wraparound Team's parent agency should be the same as that of the Residential Provider.
    - The Care Coordination Team (CCT) will act as a constant coordinator. Wraparound services are carried into the residential structure. This will require a CCT member to visit the youth and coordinate care maybe daily while the youth is in residential treatment.

- **Summary of Keystone Innovations**
    - The CCT (discussed as the Wrap Team) will manage the plan of care, and the person who is constant in the youth's life will come from the CCT and stay on the CCT as the child transitions to the community. The team will use and customize the Wraparound philosophy.
        - AGREEMENTS:
            - CCT stays with the child regardless of address/placement changes, until RBS "graduation" occurs.
            - All RBS-eligible children will be given a CCT – regardless of whether or not they have family.
            - Probation Officer/Social Worker(s) feel included and are allowed to be a critical part of the team.
            - There is continuity between the CCT and Res teams.

        - CCT staff may partially staff the RBS Residential treatment component, but at a minimum will coordinate with the Res Tx team and youth on a daily basis.
        - Once a youth is enrolled in RBS and has a CCT, the youth cannot be dis-enrolled.
      - CONCERNS:
        - How will it be paid for?
        - Does this fulfill the spirit of RBS Reform?
        - Does this just add another layer to an already complex system/process?
        - This will require much more collaboration among Provider, County staff and family.
        - Not every social worker knows what the Wraparound philosophy is, and some may have had negative experiences in the past.
  - Family Passport
        - This is the plan that records the commitments to the child and family
        - It must be highly portable and may exist in cyberspace. (Marin County has done this.)
        - It must be family friendly and also useful to the members of the CCT.

- **Plug 'n Play**
  - Using the spreadsheet and scenarios developed for another county, Rachel led the group through sample calculations for the costs associated with RBS.
  - The entire spreadsheet assumes a shortened length of stay in Residential. Based on the model LA County is working with, it can be cost neutral in approximately 2.2 years.
  - Because San Bernardino County is not a IV-E Waiver County, they will lose a chunk of money when a group home child goes back into the community. About 75% of San Bernardino youth are Federal, so this is a large chunk of money. This must be accounted for in the County budget for RBS.
  - Funding amounts were based on EPSDT, RCL, County funds and Provider contributions.
    - The County folks need to get together to determine their funding sources. They also need to consult with Mike to determine EPSDT and MHSA amounts.
    - Rachel will talk to the San Bernardino County staff to assist in ensuring that the County is planning the money's use in a legal and proper manner.
    - Rachel will figure out a way to account for hospital days and "Continuing Care" in the spreadsheet.

- San Bernardino's Board of Supervisors has a negative view of group homes as the currently exist, so they have a political incentive to shorten the length of stay in group homes for kids. The demonstration may also provide DBH and DCS the platform to propose more residential beds in the County which are RBS beds so the political leaders can rest assured that proactive alternatives to traditional group care are being developed and their capacity needs to be supported and augmented.
  - Pat reminded the group that whatever the length of ideal stay is decreased to, they need to make sure that it is long enough to support their innovations.

- **September 4-5 Forum**
  - Demonstration sites will present their progress to date, and have an opportunity to dialogue with the other sites, CDSS, CCL, and Fiscal.
    - Day 1 each county will give a 45 minute presentation with 20 minutes reserved for questions and answers.
    - Day 2 will focus on the key themes of waivers and organizational change. There will be a plenary session on evaluation, discussion of the CDSS review process, and time for the teams to talk amongst themselves.
  - Each county's presentation should outline their cornerstone innovation as it relates to their target population.
    - County's should plan on painting the picture of the target population and give the scenario of what their life looks like in the system as-is.
    - Walk through the proposed RBS program design.
    - Explain the cost structure and how variable will/may be impacted.
    - Outline potential waiver requests.
      - The County presently can't think of any waivers they would like to request, but the Providers may have some. It may be more of a matter of collaborating with external partners, instead of waivers.