The RBS Reform Coalition

RECONNECTING CHILDREN, FAMILIES AND COMMUNITIES

Year One Evaluation Report for the California Residentially-Based Services (RBS) Reform Project:

REVIEW OF PRELIMINARY DATA

WRMA

Walter R. McDonald & Associates, Inc.

casey family programs

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November 2011

This report was compiled by Fred Molitor (Walter R. McDonald & Associates, Inc.) and Peter J. Pecora (Casey Family Programs). For more information about the RBS reform initiative, please see www.RBSReform.org or contact Karen Gunderson (Karen.Gunderson@dss.ca.gov) or Carroll Schroeder (cschroeder@cacfs.org). For more information about the RBS evaluation, please contact RBS Evaluation Co-Leaders Dr. Fred Molitor (fmolitor@wrma.com) or Dr. Peter Pecora (ppecora@casey.org).

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Cheryl Blanchette, Casey Family Programs
Miryam Choca, Casey Family Programs
Khush Cooper, Holarchy Consulting
Kelly Cross, San Bernardino County
Valerie Early, Contra Costa County
Lisa Ellis, City & County of San Francisco
Beth Fife, California Department of Social Services
John Franz, Paper Boat Consulting
Carol Guerro-Urbanski, Santa Clara County
Karen Habben, Sacramento County
Leslie Ann Hay, Hay Consulting
Debby Jeter, City & County of San Francisco
Doug Johnson, California Alliance of Child and Family Services
Mark Lane, Mark Lane Consulting
Diane Littlefield, Sierra Health Foundation
James Martin, Martin's Achievement Place
Fred Molitor, Walter R. McDonald & Associates*
Adam Nguyen, City & County of San Francisco
Tammie Ostroski, Sacramento County
Peter J. Pecora, Casey Family Programs*
Michael Rauso, Los Angeles County
Will Sanson, California Department of Social Services
Carroll Schroeder, California Alliance of Child and Family Services
William Shennum, Five Acres
Megan Stout, California Department of Social Services
Sandra Wakcher, San Bernardino County
Kathy Watkins, San Bernardino County
Rachel White, Holarchy Consulting
Geri Wilson, Sacramento County

*RBS Evaluation Subcommittee Co-Chair.

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Executive Summary

Background

California's Residentially Based Services (RBS) Reform Project was authorized by Assembly Bill (AB) 1453 in 2007 to transform the current system of group care for children in foster care, and children with serious emotional disorders, into a system of residentially based services to improve outcomes, most notably a permanent family placement.

RBS children can be characterized as individuals between the ages of 6 to 18 years whose emotional or behavioral problems are so severe that they are classified with a rate classification level (RCL) 12-14, which represent the highest payment levels for group care in California for children typically in most need of intensive treatment services.

Children and youth began to receive RBS in 2010 in San Bernardino (June), Sacramento (September), and Los Angeles (December); RBS began in San Francisco in March 2011.

Evaluation

This evaluation of RBS uses data collection procedures and instruments previously implemented by all (or most) participating counties. These include the Child Welfare Services/Case Management System (CWS/CMS), the Child and Adolescent Needs and Strengths Assessment for Children with Child Welfare Involvement (CANS-CW), the Youth Services Survey for Youth (YSS), and the Youth Services Survey for Families (YSS-F).

At the June 13, 2011 RBS Evaluation Subcommittee meeting, county representatives reported that 101 youth had received RBS. By June 1, consent and assent forms for a total of 76 families had been received by the California Department of Social Services and forwarded to the evaluation team. The discrepancy between these two numbers is due in part to the number of children without locatable parents in Los Angeles County. Once court orders have been processed for these children, we can expect to receive their CANS-CW and YSS data.

In terms of outcome instruments, a total of 62 CANS-CW, 10 YSS, and 4 YSS-F forms are available. A total of 18 follow-up CANS-CW have been received by the evaluators from Sacramento (n = 11) and San Bernardino (n = 7). At this point in the evaluation, changes in CANS-CW dimension scores represent the best information for examining the very preliminary improvements in well-being and other outcomes over the course of receipt of RBS.

Early Data

Review of data collected to date on the primary RBS outcome measures such as the CANS-CW show initial positive changes for a number of dimensions that are important to the target RBS population, including well-being, mental health, substance use complications, child strengths, child safety, and educational progress. These are very preliminary data, based on a small number of youth receiving RBS from two of the four participating counties.

As such, these data are insufficient to draw definitive conclusions about the impact of RBS. Future reports will include outcome data from all RBS sites. Statistical tests will be used to determine whether changes over time are significantly different. Ideally, sufficiently large samples will allow for the inclusion of demographic and possibly other measures in the analyses to control for potential confounding effects. Moreover, future reports will provide information on more longer-term and fundamentally important outcomes in line with the goals of RBS, including placement rates and movement of youth to permanency, as well as lasting connections with family members.

Introduction

Implementation of RBS across four participating counties began in June 2010 and continued to March 2011. Given the recent and staggered project start-up, and the timelines and processes for collecting and transmitting evaluation instruments for analyses, limited outcome data are available for this report.

The small sample size and lack of a rigorous comparison group preclude this report from qualifying as a summative outcome evaluation study. In fact, the overall purpose of the evaluation of RBS is to describe services in a way that can be shared externally with other jurisdictions who might benefit from knowing more about the approaches taken, successes realized, challenges faced, and lessons learned as the four California counties lead the nation in this new approach to group care intervention refinement work.

The evaluation was designed to actively engage the major stakeholder groups in all four counties in the evaluative and analytical processes in order to promote continuous quality improvement and organizational learning, as well as, to inform – in real time – their internal strategic planning efforts.

Group Care in the United States

Children placed in group care comprise about 16% of those in out-of-home care in the United States, as of September 30, 2009. Specifically, a total of 423,773 children were in out-of-home care, with 25,302 (6%) placed in group homes and 40,502 (10%) placed in institutions of some kind. [1]

While group homes and residential treatment centers have been a key part of the child welfare continuum of services, they have been challenged to better define their intervention models and the youth they are best suited to serve: to "right-size" the length of stay, to involve family members more extensively in treatment, to help youth learn skills for managing their emotions and behaviors that can be used in the community, and to conduct more extensive evaluation studies. [2]

The group care field has responded by improving many aspects of intervention design, implementation, staff development, and evaluation. [3]

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2010). *The AFCARS Report: Preliminary FY 2009 Estimates as of July 2010 (17)* Washington, D.C.: U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm Note that some states include youth in juvenile justice placements among their foster care data.

[2] See for example:

Barth, R. P. (2005) Residential care: From here to eternity. *International Journal of Social Welfare*, *14*, 158-162.

Jenson, J. M., & Whittaker, J. K. (1987). Parental involvement in children's residential treatment: From preplacement to aftercare. *Children & Youth Services Review, 9*, 81-100.

Kerman, B., Maluccio, A. N., & Freundlich, M. (2009*). Achieving permanence for older children and youth in foster care.* New York: Columbia University Press.

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & DePanfilis, D. (2009). *The child welfare challenge* (3rd ed.). Piscataway, NJ: Aldine-Transaction Books.

[3] See for example:

Courtney, M. E., & Iwaniec, D. (Eds.) (2009). *Residential care of children: Comparative perspectives*. New York: Oxford University Press.

The American Association of Children's Residential Care Agencies. (2011). *Redefining residential series: One through eight.* Milwaukee, WI; www.aacrc-dc.org

The Annie E. Casey Foundation. (2010). *Rightsizing congregate care: A powerful first step in transforming child welfare systems*. Retrieved from www.aecf.org

Whittaker, J. K. (2005). Creating "prosthetic environments" for vulnerable children: Emergent cross-national challenges for traditional child & family services practice. In H. Grietens, W. Lahaye, W. Hellinckx, & L. Vandemeulebroecke (Eds.), *In the best interests of children and youth: International perspectives* (pp. 99-119). Leuven, Belgium: Leuven University Press.

Whittaker, J. K et al. (2006). Integrating evidence-based practice in the child mental health agency: A template for clinical and organizational change. *American Journal of Orthopsychiatry, 76*(2), 194-201.

Group Care in California

California's Residentially Based Services (RBS) Reform Project was authorized by Assembly Bill (AB) 1453 in 2007 to transform the current system of group care for children in foster care, and children with serious emotional disorders, into a system of residentially based services to improve outcomes, most notably a permanent family placement.

As required by AB1453, the California Department of Social Services (CDSS) convened a workgroup of stakeholders to develop a framework for RBS. The stakeholder group included family members, emancipated youth from foster care, child and family advocates, county and state public agency officials, representatives of the legislature, and care provider representatives.

The overarching goals of the resulting RBS framework were permanency, well-being, and safety for youth whose complex needs require intensive therapeutic interventions and comprehensive services to help them reunify or reconnect with family members.

RBS is currently being implemented in Los Angeles, Sacramento, San Bernardino, and San Francisco Counties. Prior to the initiation of RBS, each county was required to describe its program model in a memorandum of understanding (MOU) to the CDSS.

Each MOU was reviewed and approved by the CDSS according to the criteria set out in AB1453, including adequately addressing all of the components and elements for RBS described in the document Framework for a New System for Residentially Based Services in California.

This document defined the services elements of RBS, identified the roles of the placing agency and the provider agency, established criteria for placement (presented in Appendix of this report), defined the qualities necessary for programs to deliver residentially based services and the elements of the services themselves, defined the outcome criteria that programs should be designed to achieve, and outlined a model for implementing the RBS framework.

Nine agencies are currently providing RBS (see Table 1). Seneca Center is expected to begin RBS in San Francisco County in July 2011, thus bringing the total number of RBS providers to 10.

Table 1. RBS Service Provider Agencies on July 1, 2011

Site	Service Provider Agency
Los Angeles	• Five Acres • Hathaway-Sycamores • Hillsides
Sacramento	• Quality Group Homes, Inc. • Children's Receiving Home of Sacramento • Martin's Achievement Place
San Bernardino	• Victor Treatment Centers
San Francisco	• St. Vincent's School for Boys • Edgewood Center for Children and Families

These agencies ensure that services include these components:

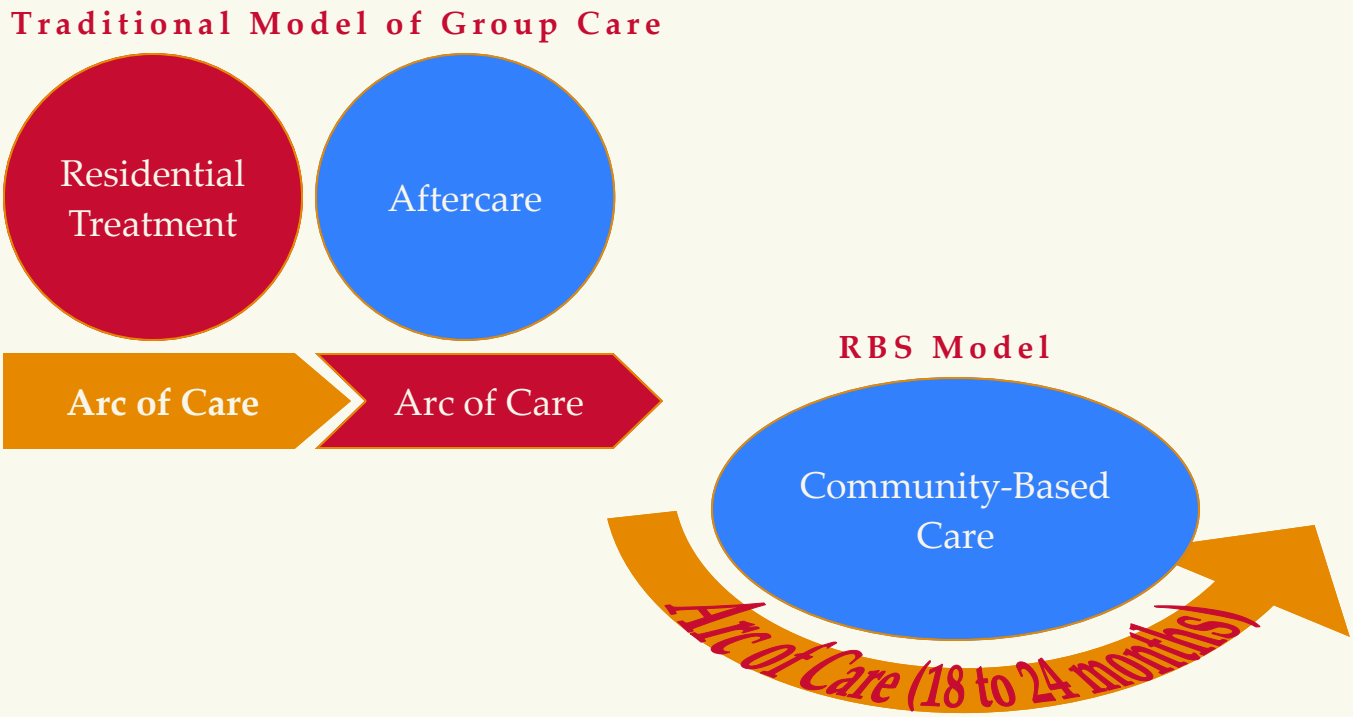
- Structures and protection to ensure that children will be safe.
- Comprehensive up-front assessment that identifies the strengths of the children and their families.
- Engagement of children and families in the process to introduce them to the program's service environment in a way that helps them understand how the time spent in placement will be used to accomplish the goals that were the basis for the placement.
- A complete range of therapeutic, educational, behavioral, and social interventions to address the needs that have been identified.
- Involvement of children and families in treatment and placement decision-making
- Development of a permanency plan to ensure that the placement process will include activities to help the children reinforce, re-establish, or establish positive connections with the family or a caring adult in a familial environment.
- In cooperation with formal and informal sources of support in the community, assistance in the children's transition from placement back to the family or to another family setting.

RBS also includes the following two new and critical categories of services that group homes outside of those implementing RBS are not authorized or funded to provide:

- Family support services while the children are in the program to prepare families to be able to successfully care for these children upon discharge.
- Post-discharge follow-along services to assure that the children are able to remain and thrive with their families after they leave the group living arrangement.

Figure 1, designed by the Los Angeles County RBS leadership team, contrasts a more traditional group care approach with what is being implemented in RBS.

Figure 1. RBS as a Contrast in Program Approaches



Source: Modified with permission from Los Angeles County "Open Doors" Pilot (2011). *Treatment without Walls: Early Reflections on the Transformation Residential Treatment in Los Angeles County.* Presentation for the Residentially Based Services Shared Learning Forum, Sacramento, CA, June 16, 2011.

Target Population

RBS children can be characterized as individuals between the ages of 6 to 18 years whose emotional or behavioral problems are so severe that they are classified as needing level RCL 12-14 out-of-home care treatment services.

Table 2 displays the specific criteria that each participating county has identified for RBS. Variations in key program components across the four counties are summarized in the Appendix, created by the CDSS.

Table 2. Description of Target Population by RBS County

County	Target Population
Los Angeles	Age 6 to 18; RCL 12 or14; need 24-hour care at least 50% of time; need to develop connections with family/ community.
Sacramento	Age 12 to 16; RCL 12 or 14; no more than one group home placement; has current connection with family member who is a viable permanency option; has family willing/able to participate in RBS; not receiving Wrap.
San Bernardino	Age 13 to 18; RCL 14; multiple placement failures or psychiatric hospitalizations/admin days; in out-of-state placement that is failing.
San Francisco	Age 6 to 16; RCL 12 or 14 and combination of family disruption, abuse, or dangerous behavior that cannot be managed in other settings; has someone who can provide a permanent home and is willing to participate in RBS; unlikely to achieve permanency within 6 months in traditional group care.

Children began to receive RBS in 2010 in San Bernardino (June), Sacramento (September), and Los Angeles (December); RBS began in San Francisco in March 2011.

AB 1453 Evaluation Mandates

Included in the provisions of AB1453 was the following language regarding how RBS should be evaluated:

> (3)Provide for an annual evaluation report… The evaluation report shall include analyses of the outcomes for children and youth, including achievement of permanency, average lengths of stay, and rates of entry and reentry into group care. The evaluation report shall also include analyses of the involvement of children or youth and their families, client satisfaction, the use of the program by the county, the operation of the program by the private nonprofit agency, payments made to the private nonprofit agency by the county, actual costs incurred by the nonprofit agency for the operation of the program, and the impact of the program on state and county AFDC-FC program costs. The county shall send a copy of each annual evaluation report to the director, and the director shall make these reports available to the Legislature upon request. [4]

Prior to presenting some of the early RBS data, we provide a description of the development of the evaluation, the sources and instruments used to collect the data, the evaluation protocols, and the advantages and limitations of the evaluation below.

[4] Ibid.

RBS Evaluation Outcomes

In addition to the outcomes mandated by AB1453, measures of program success also came from those stakeholders involved in the development of the RBS framework. These measures included child well-being, safety, and educational progress.

In the following table, we have classified RBS outcomes as those relating to children, systems operations, and fiscal outcomes, and we have noted those from AB1453 versus stakeholders' requests.

Table 3. RBS evaluation measures

RBS Outcome	Mandated by AB1453 or Stakeholder Request
CHILDREN	
Achievement of permanency	AB1453
Length of stay in group care	AB1453
Re-entry into group care and foster care	AB1453
Analyses of the involvement of children or youth and their families in services planning and treatment	AB1453
Client satisfaction	AB1453
Child safety	Stakeholder Request
Well-being	Stakeholder Request
Child educational progress	Stakeholder Request
Child and family voice and choice	Stakeholder Request
The existence of a connection with a caring adult	Stakeholder Request
SYSTEMS OPERATIONS	
Use of the program by the county	AB1453
The operation of the program by the private nonprofit agency	AB1453
FISCAL OUTCOMES [5]	
Payments made to the private nonprofit agency by the county	AB1453
Actual costs incurred by the nonprofit agency for the operation of the program	AB1453
The impact of the program on state and county AFDC-FC program costs	AB1453
The impact of the program on state and county Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program costs *Revised March 27, 2009 to read:* Changes in the average per child/youth per year expenditures of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) funding for children and youth enrolled in the initiative.	Stakeholder Request
The impact of the program on state and county Mental Health Services Act (MHSA-Proposition 63) *Revised March 27, 2009 to read:* Changes in the average per child/youth per year expenditures of Mental Health Services Act (MHSA – Proposition 63) funding for children and youth enrolled in the initiative.	Stakeholder Request

[5] Note: Other than some cost-savings analyses based on child length of stay and permanency data, the fiscal outcomes will be analyzed and summarized by CDSS finance specialists.

The evaluation of RBS was developed with the intent of using data collection procedures and instruments currently implemented by all (or most) participating counties. Thus, data recorded into the Child Welfare Services/Case Management System (CWS/CMS), as well as information collected on the Child and Adolescent Needs and Strengths Assessment for Children with Child Welfare Involvement (CANS-CW), the Youth Services Survey for Youth (YSS), and Youth Services Survey for Families (YSS-F) were examined to identify sources of data to address RBS outcomes. Each of these sources of data is discussed below.

CWS/CMS

All California counties submit child welfare information to the CDSS using the CWS/CMS. An RBS CWS/CMS Workgroup was established with representatives from each participating county to determine which CWS/CMS data elements could be used as measures of RBS outcomes

Table 4. RBS Outcomes to be Addressed with CWS/CMS Data

Variable	CWS/CMS Data	Measure
Achievement of permanency	Placement terminations representing legal permanency: adoption, guardianship, and reunification.	Number of children at RBS exit with legal permanency / Number of children with any type of placement episode termination.
Length of stay in group care	Days in care for all group home placements.	Sum of days each child was placed in any group home for all placement episodes while in RBS / Number of children enrolled in RBS who have group home placements.
Re-entry into group care and foster care [6]	Re-entry into group care from lower level of care. Rate of re-entry into foster care.	Number of children with at least one group home exit to lower level care, who then had subsequent group home placement / All children who had a group home placement. Number of children who re-entered foster care from a reunified parental home or trial home placement.
Child safety	Substantiated maltreatment while at home or in group care during the RBS service delivery period.	Number of children with at least one subsequent substantiated maltreatment while in RBS/ All children enrolled in RBS.
Well-being	Positive placement changes and number of placement moves.	Number and percent of and direction of last placement with positive direction indicating movement to lower levels of care / All children enrolled in RBS. Total number of placement moves.

[6] Note that short-term return stays in group care for crisis stabilization will not be considered as group care reentry.

(AB1453 mandated or stakeholder request) and to develop procedures for identifying RBS clients in the system.

The result of a series of monthly meetings by the workgroup was that five important outcomes could be assessed by using CWS/CMS data (see Table 4). CWS/CMS data also turned out to be the best source for client demographics, including gender, age, race/ethnicity, and primary language.

CANS-CW

The CANS-CW is a nationally recognized and validated assessment that is available for use free of charge. Staff from the RBS counties had the opportunity to participate in a workshop with Dr. John Lyons – the developer of the CANS – which included a detailed review of the use of the instrument. The instrument is completed by provider staff and is not a questionnaire that is administered to clients.

The CANS-CW is providing data on the RBS outcomes of educational progress, well-being, and child safety. For example, on the CANS-CW, well -being is assessed in the areas of mental health, risk behaviors, substance abuse complications, criminal behavior and delinquency, as well as family/caregiver needs and strengths.

The CANS-CW also includes a large sub-scale area called *functional status*. These sub-scale items measure a considerable number of areas such as sensory and motor functioning, self-care/daily living, physical/medical status, school achievement, school behavior, and school attendance.

Well-being is operationalized with CWS/CMS as the number of positive placements while in RBS. Safety on the CANS-CW is assessed in the areas of abuse, neglect, permanency, and exploitation, rather than just the number of substantiated maltreatments as recorded in the CWS/CMS.

Finally, since provider staff members complete the CANS-CW at specific intervals, we can assess changes over time using these measures. Selection of when the instruments will be administered varies by county (Table 5) and is again dependent upon each county's current data collection protocol.

Table 5. Frequency of Administration of the CANS-CW by RBS county

County	Intake	Every 90 Days	Every 6 Months	Discharge
Los Angeles	X		X	X
Sacramento	X	X		X
San Bernardino	X		X	X
San Francisco	X	X		X

YSS and YSS-F

The YSS and YSS-F are completed by clients who are at least 13 years old and the parent or caregiver most involved in the youth's care. These two instruments include the same items, with the YSS designed for completion by the child receiving services (e.g., "I helped to choose my services") and the YSS-F for self-administration by the parent or caregiver (e.g., "I helped to choose my child's services").

Both instruments assess satisfaction with services, the child and family "voice and choice," well-being, and educational progress. Unlike the ongoing administration of the CANS-CW, the YSS and YSS-F should be completed only after services have been initiated.

Additional RBS Evaluation Data and Activities

The CWS/CMS, CANS-CW, YSS, and YSS-F provide data for the child outcomes. Systems operations and fiscal outcomes will be assessed by CDSS specialists.

Focus groups will be conducted in the fall of 2011 to collect information about early lessons learned. Focus group topics are listed below, phrased in the form of research questions:

1. What have been the successes of RBS implementation regarding youth referrals, youth screening, services provision, and youth discharge?
2. What have been the challenges of RBS implementation regarding youth referrals, youth screening, services provision, and youth discharge?
3. What strategies seem promising to overcome those RBS challenges?
4. What kinds of early youth and family outcomes have you seen?
5. What other benefits from RBS, if any, have you noticed?
6. Have there been any anticipated or unanticipated negative effects of RBS? Negative side-effects?

Separate focus groups will be conducted with the following people:

(a) Birth parents. (Note that for San Bernardino and San Francisco, there are too few parents to hold a focus group, so we will interview 3-4 parents per county in those counties.)

(b) Relatives of the youth (including fictive kin and tribal clan members as appropriate) and foster parents who are actively caring for the child or recently did so, coaches, mentors such as *Big Brothers Big Sisters*, and others who are expected to remain active in the youth's life.

(c) Line staff and supervisor representatives from child welfare, group care, day treatment agencies, mental health and juvenile probation; as well as youth/family advocates and parent partners who have had the most experience with the RBS program.

In addition, phone interviews will be held with 4-5 key external RBS stakeholders per county from these groups:

- Juvenile court judges and related personnel;
- School superintendents and principals; and
- other community leaders with experience in working with the RBS provider agencies.

Evaluation Protocol and Training

The evaluation of RBS requires the coordination and transfer of forms and data among provider agency staff, a central point of contact within each county called the RBS Local Data Coordinator, CDSS staff, and Walter R. McDonald & Associates (WRMA).

Both the child and parent/caregiver are recruited for the evaluation. By signing the consent form, the parent/caregiver allows his or her responses on the YSS-F to be included in the evaluation. The consent form also acts as a means of verifying that the parent/caregiver permits the child to be approached and asked to participate in the evaluation.

RBS children are presented with an assent form, which is read to them by county or provider staff. Staff members sign the assent form to indicate that the child agrees to participate in the evaluation, which means that his or her CWS/CMS, CANS-CW, and YSS data are transferred to WRMA. Both the consent and assent form have been translated into Spanish.

The evaluation procedures, as approved by the California Health and Human Services Agency Committee for the Protection of Human Subjects, include sending consent and assent forms to the CDSS. Completed instruments (CANS-CW, YSS, and YSS-F) are also sent to CDSS by the RBS local data coordinator.

To ensure that names are never linked with outcome data, instruments are not mailed with consent and assent forms. CDSS staff review all instruments to ensure that clients are only identified by a unique identification number, called a *foreign client key*.

Selected items from the CWS/CMS are retrieved by the CDSS staff for RBS clients and transferred to WRMA. Clients are also only indentified by foreign client keys in these files. Thus, CWS/CMS, CANS-CW, YSS, and YSS-F data are linked by WRMA using the foreign client key.

Presentations of the evaluation protocol were conducted in each county in 2010 prior to the recruitment of families. Topics in the presentation included a review of the procedures for transmitting forms and instruments to the CDSS, and the voluntary nature of the evaluation.

Three presentations were provided in Los Angeles County (March 19 and 25, May 17). County and provider staff members were trained in the evaluation protocol in San Bernardino on March 19, Sacramento on May 28, and San Francisco on October 28.

Advantages of the RBS Evaluation

The primary advantage of the RBS evaluation is that all outcome data are derived from existing procedures and instruments. Thus, the burden to county and provider staff with the implementation of the evaluation procedures is limited.

Moreover, children and parents/caregivers are ideally more receptive to the evaluation than would otherwise be the case, since they are not being asked to participate in any additional activities such as the completion of evaluation-specific questionnaires.

Limitations of the RBS Evaluation

The CANS-CW is widely accepted because users are invited to tailor the assessment tool in accordance with the characteristics of the client population and the needs of provider staff. Unfortunately, three different versions of the CANS-CW are being used across the four RBS participating counties.

Differences include the number of items to measure specific dimensions, and variations in item names and descriptions in the assessment manuals. Dissimilarities such as these can introduce measurement error into the analyses and reduce the likelihood of observing true changes in summary scores over time across the counties. Given this circumstance, the CANS-CW items are being grouped and analyzed carefully to minimize these problems.

The ability to demonstrate positive changes over time also requires a sufficiently large sample of clients for the statistical analyses. The resource-intense nature of RBS limits the number of youth who will receive services, and thus it lowers the probability of being able to detect significant changes than would be the case with greater client numbers.

Moreover, the variation in when outcome instruments are completed across counties, as well as differing client characteristics, may limit our ability to show that RBS has been effective. Further, intervention models are evolving and likely will not be stable during this phase. This is why we refer to this study phase as a *developmental evaluation*. [7]

The transfer of forms and instruments to the CDSS provides an important safeguard to ensure that client names or other identifying information are not seen by WRMA. However, one consequence of these procedures is that WRMA's client counts and outcome data do not reflect the total number of families agreeing to participate in the evaluation or the data they have provided for the RBS evaluation because of delays in information transfer.

Preliminary Data

With demographic information from 31 youth entered into the CWS/CMS in 2010, we see that the average age of RBS clients is 14.8 years (Table 6). Most (64.5%) of the clients are male and 41.9% are white. English is the primary language for the majority (90.3%) of the enrolled RBS youth who signed assent forms in 2010.

At the June 13 RBS Evaluation Subcommittee meeting, county representatives reported that 108 youth had received RBS (Table 7). By June 1, consent and assent forms for a total of 76 families had been received by CDSS and forwarded to WRMA. The discrepancy between these numbers is due in part to the number of children without

[7] Patton, M. Q. (2008). *Utilization-focused evaluation* (4th ed.). Thousand Oaks, CA: Sage; Patton, M. Q. (2011). *Developmental evaluation: Applying complexity concepts to enhance innovation and use.* New York: The Guilford Press.

locatable parents in Los Angeles County. Once court orders have been processed for these children, we can expect to receive their CANS-CW and YSS data.

In terms of outcome instruments, a total of 62 CANS-CW, 10 YSS, and 4 YSS-F are available. As seen in Table 7, 18 follow-up CANS-CWs have been received by WRMA from Sacramento (n = 11) and San Bernardino (n = 7). At this point in the evaluation, changes in CANS-CW dimension scores for these two counties represent the best information for examining the very preliminary improvements in well-being and other outcomes over the course of receiving RBS.

Table 6. Demographic Characteristics of Assented RBS Youth Receiving Services in 2010

Variable		n
Average Age in Years	14.8	31
Gender		
Male	64.5%	20
Female	35.5%	11
Ethnicity		
White	41.9%	13
African American	32.3%	10
Hispanic	19.4%	6
Hmong	3.2%	1
Vietnamese	3.2%	1
Primary Language		
English	90.3%	28
Spanish	9.7%	3

Table 7. Client Enrollment, Consented Families, and Instruments Received by WRMA by June 1, 2011

	Reported Receiving Services	Consented Families	CANS	Follow-Up CANS	YSS	Follow-Up YSS	YSS-F
Los Angeles	57	32	32	0	0	0	0
Sacramento	20	16	17	11	1	0	1
San Bernardino	19	16	13	7	9	1	3
San Francisco	12	12	0	0	0	0	0
Total	**108**	**76**	**62**	**18**	**10**	**1**	**4**

Scores on the CANS-CW range from 0 to 30, with higher scores indicative of greater need. Thus, lower scores on subsequent assessments represent improvement.

As seen in Tables 8 and 9, follow-up scores are lower than initial scores for all CANS-CW domains, except mental health among youth in Sacramento County (Table 8). Thus, for RBS clients in two participating counties, these preliminary data suggest that RBS may be associated with a number of improved outcomes. Note that no statistical tests were completed because the sample sizes are too small.

Table 8. Sacramento CANS-CW Domain Summary Scores

	Initial (n=17)	Follow-Up (n=9)	Evidence of Improvement
Functional status	5.1	3.0	Yes
Mental health	9.0	9.8	No
Risk behaviors	6.8	5.0	Yes
Substance use complications	6.5	5.1	Yes
Criminal and delinquency	9.4	6.9	Yes
Family/caregiver needs and strengths	9.0	5.9	Yes
Child strengths	17.8	16.5	Yes
Child safety	5.7	2.2	Yes
Educational progress	9.0	7.8	Yes

Note: Item scores range from 0 to 3. Domain scores are derived by calculating the average of item scores, and then multiplying by 10. Lower score = improvement.

Table 9. San Bernardino CANS-CW Domain Summary Scores

	Initial (n=13)	Follow-Up (n=7)	Evidence of Improvement
Functional status	13.8	10.9	Yes
Mental health	18.7	14.7	Yes
Risk behaviors	12.3	10.7	Yes
Substance use complications			
Criminal and delinquency			
Family/caregiver needs and strengths	23.1	18.3	Yes
Child strengths	19.6	18.1	Yes
Child safety	14.7	12.5	Yes
Educational progress	15.6	14.8	Yes

Note: Item scores range from 0 to 3. Domain scores are derived by calculating the average of item scores, and then multiplying by 10. Lower score = improvement.

Summary of Data

Analyses of data collected to date on the primary RBS outcome measures show preliminary evidence of positive changes for a number of dimensions important to the target population of RBS, including well-being, substance use complications, child strengths, child safety, and educational progress.

These are very preliminary data, based on a small number of youth receiving RBS from two of the four participating counties. Future reports will include outcome data from all RBS sites. Statistical tests will be used to determine whether changes over time are significantly different. Ideally, sufficiently large samples will allow for the inclusion of demographic and possibly other measures in the analyses to control for potential confounding effects.

Moreover, future reports will provide information on more longer-term and important outcomes in line with the goals of RBS, including lasting connections with family members.

Efforts to date have laid the groundwork for future evaluation reports that will use larger sample sizes and possible comparison groups to better understand the relationship between RBS and other reforms and outcomes. Following the evaluation methodology used by our colleagues in Florida, [8] we have adopted some elements from a developmental evaluation (DE) approach: [9]

DE has emerged as an alternative to the more traditional formative evaluation approach (e.g., process evaluation and evaluation for program improvement purposes) because the latter is meant to apply to static and fixed program models. In contrast, DE is meant to bring data to bear on innovative initiatives in order to inform and guide emergent choices. This approach is geared toward interventions that are at work in highly dynamic environments where leaders are trying to figure out what works while continually adapting to complex and changing circumstances. [10] The dynamic and complex context of child welfare service delivery and reform certainly applies in this case. [11]

Data from the forthcoming focus groups and interviews with RBS clients, county and provider staff, and other stakeholders, as well as insights from consultants affiliated with the project, will be extremely valuable in improving service delivery over the course of the project. Future evaluation reports will include recommendations for successfully implementing programs similar to RBS within and outside of California.

In the meantime, we recommend that the structure and process of RBS referrals and services be monitored carefully during these early stages of the reform effort. To maximize the usefulness of the evaluation, it is essential that as many RBS-served youth and caregivers as possible participate in the evaluation, so that the data are truly representative of the entire RBS population.

[8] Petras, D. E., & Ward, K. J. (2011). *Foster care redesign in Duval and Alachua Counties: An implementation assessment and research chronicle.* Seattle: Casey Family Programs. www.casey.org

[9] Patton,2011.

[10] Patton, 2008.

[11] Petras & Ward, 2011, p. 8.

Appendix A

KEY COMPONENTS OF RBS PILOT PROGRAMS

Component	San Bernardino	Los Angeles	Sacramento	San Francisco
<u>Key Innovations</u>: Ongoing family/youth involvement	Yes	Yes	Yes	Yes
Portable care coordination team that follows youth throughout enrollment	Yes (care coordination team)	Yes (child & family team)	Yes (family support team)	Yes (family support team)
Environmental interventions in group care to stabilize behavior	Yes	Yes	Yes	Yes
Intensive treatment interventions in group care	Yes	Yes	Yes	Yes
Parallel community interventions/services	Yes	Yes	Yes	Yes
Follow-up after care services/support	Yes	Yes	Yes	Yes
Other	♦ Trauma-informed approach ♦ ITFC ♦ temporary planned return to residential (crisis stabilization)	♦ Temporary planned return to residential (crisis stabilization)	♦ Consistent/ systematic assessment & matching ♦ temporary planned return to residential (crisis stabilization) ♦ Functional family therapy (MH services)	♦ Temporary planned return to residential (crisis stabilization)
County placing agencies	Child welfare; MH; Probation	Child welfare; mental health	Child welfare; Probation	Child welfare
Providers	♦ Victor Treatment Centers/Victor Community Services	♦ Five Acres ♦ Hathaway-Sycamores ♦ Hillsides	♦ Children's Receiving Home of Sacramento ♦ Quality Group Homes ♦ Martin's Achievement Place	♦ Seneca Center ♦ Edgewood Center for Children & Families ♦ St. Vincent's School for Boys

Component	San Bernardino	Los Angeles	Sacramento	San Francisco
Target population	♦ Age 13-18 ♦ RCL 14 ♦ multiple placement failures or psychiatric hospitalizations/ admin days ♦ in out-of-state placement that is failing	♦ Age 6-18 ♦ RCL 12 or 14 ♦ need 24-hr care at least 50% of time ♦ need to develop connections with family/community	♦ Age 12-16 ♦ RCL 12 or 14 ♦ no more than 1 GH placement ♦ has current connection with family member who is a viable permanency option ♦ has family willing/ able to participate in RBS ♦ not receiving Wrap	♦ Age 6-16 ♦ RCL 12 or 14 and combination of family disruption, abuse, or dangerous behavior that cannot be managed in other settings ♦ has someone who can provide a permanent home & is willing to participate in RBS ♦ unlikely to achieve permanency within 6 months in traditional group care
Total enrollment over two years	30	160	66	42
Number of RBS beds	Victor: 12 **Total: 12**	Five Acres: 20 Hathaway: 17 Hillsides: 20 **Total: 57**	Children's Receiving Home: 10 Quality: 6 Martin's: 6 **Total: 22**	Seneca: 6 Edgewood: 6 St. Vincent's: 6 **Total: 18**
Average length of stay in:				
GH residential	12 months	10 months	9 months	5 months
Community	12 months (6 ITFC/FFA; 6 family)	12 months	9 months	19 months (ITFC; family)
Total	24 months	22 months	18 months	24 months
Funding model:				
Rate levels	$8,835 residential $4,028 ITFC $1,679 FFA $3,571 community/ Wrap	$10,194 residential (10 month cap) $4,184 Tier 1 ($2,000 community placement + $2,184 Wrap) $1,250 Tier 2 community/Wrap only	$8,031 residential $4,594 community	$11,000 residential $4,028 ITFC $3,500 community

Component	San Bernardino	Los Angeles	Sacramento	San Francisco
Funding model...continued:				
Primary fund sources	AFDC-FC; EPSDT; SB 163 Wrap; MHSA	AFDC-FC; EPSDT; SB 163 Wrap; SB 163 Wrap Trust Fund; IV-E Waiver Trust Fund	AFDC-FC; EPSDT	AFDC-FC; EPSDT
Projected state + county savings/(costs) per child over 24 months	$37,949	$29,149	$42,387	$ 2,970
Other		Provider incentive payments	Cost neutral to county general fund each year	Payment reconciliation process after 24 months requiring providers repay county for claims exceeding an average total of $122,500 per child
Waivers and exceptions	Waive RCL system for alternative funding model	Waive RCL system for alternative funding model	Waive RCL system for alternative funding model; policy exception granted to permit commingling for crisis stabilization	Waive RCL system for alternative funding model; policy exception granted to permit commingling for crisis stabilization
Date MOU executed	June 9, 2010	July 21, 2010	September 15, 2010	March 4, 2011
Date first child enrolled	June 28, 2010	December 2, 2010	September 16, 2010	March 7, 2011
Project term (per MOU)	June 1, 2010 – December 31, 2012 [12]	July 15, 2010 – June 30, 2012 or end of IV-E Waiver whichever is earlier [13]	August 15, 2010 -- December 31, 2012[13]	March 1, 2011 – December 31, 2014 [14]

GH = group home; Wrap = Wraparound; ITFC = Intensive Treatment Foster Care; FFA = Foster Family Agency; AFDC-FC = Aid to Families With Dependent Children-Foster Care; RCL = Rate Classification Level; EPSDT = Early, Periodic, Screening Diagnosis and Treatment Program.

[12] MOU was executed under original RBS statute (AB 1453, Chapter 466, Statutes of 2007) which authorized pilot projects until December 31, 2012.

[13] Los Angeles County RBS program funding design is linked to provisions of the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.

[14] MOU was executed under amended statute (AB 2129, Chapter 594, Statutes of 2010) which extended pilot project authority to December 31, 2014.