

**Los Angeles County RBS Collaborative
(Local Implementation Team)
Technical Assistance Consultation
July 15-16, 2008
501 Shatto Place, 3rd Floor**

Day 1 – Tuesday, July 15

Attendees:

Marilyn Garrison – DCFS
Vince – Marysville
Sherman – DCFS
Lei Lee – DCFS, Wraparound
Christine Maulhardt – Harder + Company
Paul Harder – Harder + Company
Will Sanson – CDSS
Aaron – Hillsides
Regina – Five Acres
Will – Five Acres
John Franz – RBS Consulting Team
Doug Johnson – RBS Consulting Team
Bob – Five Acres
Elias – Vista del Mar
Amanda – ACSA
Kathie Clayton – Hathaway-Sycamore
Lisa – DCFS
Angela – DMH
Michael – DCFS
Khush Cooper – Holarchy Consulting
Rachel White – Holarchy Consulting

- ***Review Program: Description Deliverables and Fact Sheet***
 - Participant Commitment
 - This is not a contract, it is just a mechanism for expressing who will and will not participate in the demonstration project. The County is still working on the details of the procurement process – this document can be considered a precursor for whatever sort of contract/MOU will ultimately be required.
 - Mission, Vision, and Guiding Principles
 - The group discussed whether the mission should be more specific, but it was determined that its generality allowed for flexibility.
 - The key aspect of the vision is shifting the perspective of RBS from *placement* to *intervention*. The group discussed modifying the vision to include the concepts of “continuing care” and “seamless transition”.

- The new mission would be: “The Los Angeles RBS Demonstration will transform intensive mental health services within the child welfare system to empower families and achieve permanency for youth.”
- The new vision would be: “The creation of a strength-based, family-centered, needs-driven system of care that transforms group homes from long-term placements to short-term interventions, which are not place-based, which provide for seamless transitions to continuing care, and which support the safety and permanency needs of youth and their families.”
- The majority of the guiding principles came from a Katie A. document.
 - ***Khush will circulate the Katie A. document electronically.***

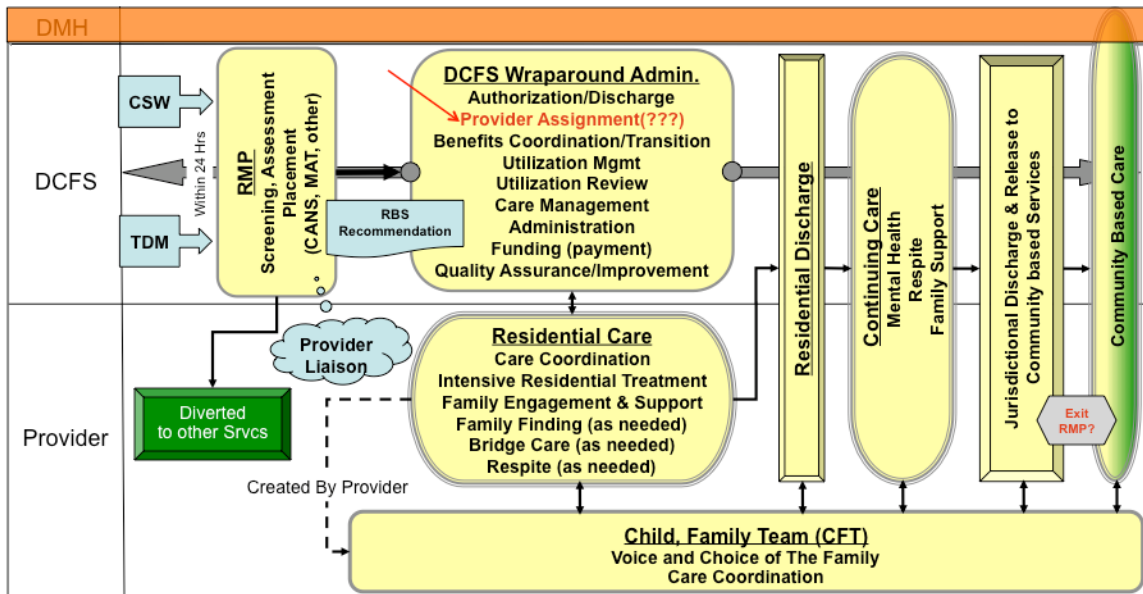
○ Outcome Goals

- Consideration needs to be paid in all outcome measures to their cultural competence and strength-based language.
- Consideration also needs to be given to making sure the outcomes are relevant to the entire demonstration and not just the facility-based portion.
- What are the *educational* goals that need to be measured in the demonstration project?
 - Many providers currently use the performance measures outlined in their wraparound contracts. They get this information for the kids’ report cards, which are required to be in their files.
 - Educational outcomes are not mandated by AB1453, however it can be rolled into the general category of “well-being”.
- What is the operationalization of *family involvement*?
 - This still needs to be determined for RBS. In Wraparound it is measured by the involvement in CFT meetings and the number of visits.
 - It could be a measure of agency – i.e. I have the capacity to make decisions on behalf of my child.
- Safety and stability need to be broken out separately. We will need a waiver (from whom: CFSR? AB 636? Other?) with respect to the measurement of re-entry.
- We need to add cost measures, particularly one about neutrality per the legislation. The county may have its own cost neutrality measures as well. Currently, the definition of cost neutrality is being debated with the State. John Franz is arguing for a per-child, per year annualization over 2 years.
- Is there a way to integrate the data collection necessary for the demonstration project with existing data collection systems?

- The measures need to be specific to the new outcomes of the demonstration project.
 - CWDA has a workgroup discussing the use of universal indicators for Wraparound – Performance Measure Task Group (PMTG).
 - Will there be a comparison group and/or use of baseline data? Program outcomes and political outcomes could be looked at differently.
 - Paul → the plan is to have a comparison group
- Strategic Plan
- The goal of the strategic plan is to develop a work plan/implementation guide for the roll-out process.
 - What is the status of the BHMU?
 - It's on hold. The Wraparound Administrative Unit (DCFS + DMH) will handle the functionalities assigned to the BHMU.
 - The key system change with RBS is the concurrent use of Residential and Wraparound. There is a difference between the proposed practice improvements and the system change documented in the LOI.
 - This project is trying to change the lack of seamless care for kids in Residential.
 - Currently the CFT acts as a bridge between the practice and system level.
 - RBS is a joining project of DCFS and DMH, if a child loses DCFS/DMH status, they will not lose services of the other.
 - However, if a kid loses DMH they don't get EPSDT – this can be a challenge to seamlessness when they leave the group home.
 - The issue is the system switching from placement-based eligibility to characteristic-based eligibility.
 - Benefits establishment – maintaining consistency of the CFT when a child transfers from DCFS to DMH and the funding stream switches from AFDC and EPSDT to only EPSDT.
- Target Population Baseline
- Safety is defined as the substantiated abuse/neglect, incidence of child-child violence and the recurrence of allegations.
 - The decision was made to establish an Outcome Measurement Workgroup because the baseline data do not line up with the outcomes that need to be measured for the demonstration project.
 - To establish a baseline with RBS participants, a CANS will be conducted on every new child entering the demonstration. They will be reassessed at least every six months.

- *What happens if they are reassessed and are no longer RCL 12 or 14?*
 - *When does RBS end? Will it be a graduation similar to Wraparound? Will there be an exit RMP?*
 - Measuring from Day 1
 - Kids will be at different ends of the continuum – how do we track per child?
 - It is going to take time to show outcomes. After one year there may not be true outcomes yet.
 - Will the target population only include children whose families are involved?
 - No – there should be a blend of case types. Characteristics and processes will be used to determine the RCL level of participating kids.
 - What differentiates a RBS and a Wraparound kid – they are both RCL 12-14? What is the selection protocol?
 - Wraparound kids are within 90 days of going home. RBS kids have intensive behavior needs (determined by RMP) and no home to receive them given those needs. They need “placement stabilization”. This is LA’s front end innovation.
 - There was discussion about how the group needs to get out of the mindset of how we *used* to use group homes, and decide how we *want* to use them.
 - A key component for kids who don’t have families is the family-finding offered by RBS, which is part of the keystone innovation in addition to concurrent Wraparound. For kids with families, the combination of Residential and Wraparound.
 - Consideration needs to be given to the fact that the better the group care alternatives are, the rougher the kids will be who end up in group care. If the population becomes rougher as the RBS kids exit RBS, they won’t be comparable to the baseline.
 - The Providers in the room requested the ability to reject kids based on extreme situations at intake. There is a general commitment from the Providers that the kid will get placed somewhere.
 - The RMP will make the determination of where the child is placed.
- Best Practices in Matching
- Resource Utilization Management Program (RMP) is a process, not a specific group of people. ISC is a specific group of people.
 - What Makes a Difference in Matching
 - Information about the resources and capacity available.
 - A sense of authority that what they do counts.
 - Procedures that lead to an answer.

- **Should there be an RBS liaison?**
 - Someone nominated by the Providers and assigned to each of the 18 DCFS offices.
- Every child entering Residential placement will have an RMP.
 - RUM Staff = Placement Experts
 - TDM Staff = Process Experts
 - This is modeled on the Chicago system.
- Interaction with the Courts?
 - Michael has been talking to them, but not extensively.
 - Working with the Regional Administrators will be a bigger challenge than the Courts.
 - LA courts do not entertain specialized dockets.
- New system diagram which captures conversation to date:



Day 2 – Wednesday, July 16

Attendees:

- Marilyn Garrison – DCFS
- Vince – Marysville
- Sherman – DCFS
- Lei Lee – DCFS, Wraparound
- Christine Maulhardt – Harder + Company
- Paul Harder – Harder + Company
- Will Sanson – CDSS
- Aaron – Hillsides
- Regina – Five Acres
- Will – Five Acres
- John Franz – RBS Consulting Team
- Doug Johnson – RBS Consulting Team
- Leslie Ann Hay – RBS Consulting Team
- Bob – Five Acres
- Elias – Vista del Mar
- Kathie Clayton – Hathaway-Sycamore
- Paul - DMH
- Lisa – DCFS
- Angela – DMH
- Michael – DCFS
- Khush Cooper – Holarchy Consulting
- Rachel White – Holarchy Consulting

▪ ***Population and Cohort Data Analysis***

- RCL 12 Cohort Data Review (RCL 14s can be added and the data can be resliced)
 - CMS/CWS data, N=229 (includes RCL 14s)
 - The assumption (Lisa & Khush/Rachel) is that these are kids who were discharged from custody and a group home was the last placement.

	Total FC	Total GH	Current GH
All RCL 12	62	22	10
Collaborative	66	26	18

- **Financial Model**

- John walked through his Power Point (see website) to frame the financial model discussion.
- Two models to consider:

Lead Agency Model	Provider Network Model
Kid is assigned to a Provider.	Kid is assigned to a Care Coordination agency.

- The group is still working on the definition of “exit” from RBS. They are currently working with the graduation requirements for Wraparound.

Funding Stream	String	Conflict	Opportunity to Increase Flexibility
1) IV E Waiver (AFDC-FC)	<ul style="list-style-type: none"> ▪ No counseling ▪ Can't be used for things other Federal funding covers ▪ Capped allocation ▪ Currently used in entirety 	<ul style="list-style-type: none"> ▪ Combining CWS and DMH is not allowed which maintains the DCFS-DMH divide 	<ul style="list-style-type: none"> ▪ Not sensible to use if costs can be covered by something else ▪ MCP ▪ 1st choice for board & care; last choice for MH
2) EPSDT	<ul style="list-style-type: none"> ▪ Medical necessity ▪ Include a diagnosis ▪ County match ▪ Maximum contract amount (MCA) ▪ Medi-Cal eligibility ▪ Defined billable services ▪ Staffing requirements ▪ Audit risk 	<ul style="list-style-type: none"> ▪ Doesn't click with a strength-based model ▪ Subject to interpretation ▪ Not family-centered 	<ul style="list-style-type: none"> ▪ Training and supervision for Providers ▪ Wordsmithing ▪ Quality Assurance
Others: <ul style="list-style-type: none"> ▪ MHSA ▪ 3632 ▪ Healthy Families ▪ Section 8 ▪ AAP ▪ SSI ▪ Regional Center ▪ Workforce Training ▪ Education 			

- LA County’s Funding Idea
 - This will pay for placement costs, but not the full Wraparound rate because of the decreased time of stay. And Providers need to maximize EPSDT billing.
 - In a nutshell – a variable case rate model augmented by EPSDT fee-for-service reimbursements.
 - Limit the amount of time available for residential services
 - Use the money saved to pay for concurrent wraparound costs during residential services
 - Contribute money to a risk pool for outliers and distribute as savings/reinvestment
 - **Questions:**
 - *How will the pool money be used? Risk or innovation?*
 - *Is there a way to incentivize early exit of kids from Residential?*
 - *What is the availability of additional Wraparound slots for kids transitioning out of RBS?*
 - *How will we deal with front-loaded costs?*
- Other Funding Ideas
 - Pay 3 months of the 18 month case rate upfront. Bill out the rest as needed.
 - Issue – County won’t want to pay if the child isn’t in RBS for the entire 18 months.
 - Pay Residential plus ½ of the Wraparound rate, but if the child gets out before the allotted 6 months, the additional money the Provider gets paid for the remaining 12 months goes into a “personal risk pool”.
 - Same issue as above.
 - Gives the Provider an incentive to get the kid out of Residential.
 - The big issue is when and who decides a kid is done with RBS. The final length of care is going to be the determining factor for achieving cost neutrality.

Option A	Option B
<ul style="list-style-type: none"> ▪ Set case rate per 2 years ▪ Three month start-up payment from the MCP ▪ Case rate divided out over 24 months 	<ul style="list-style-type: none"> ▪ Set case rate per 2 years ▪ Three month start-up payment from case rate ▪ Balance of case rate paid out over 23 months

- Agreements
 - 24 month anticipated arc of enrollment – payment stops if child exits RBS enrollment (need definition of “exit” RBS enrollment)
 - Case rate approach

- Distribution Formula: 12% of total cost of enrollment received upon enrollment and 4% of total cost every month thereafter until exit, up to maximum of 24 months.
- Total cost reconciliation at least annually
- 50/50 split of shared losses (risk) and shared gains (savings must be spent on CWS activities only; provider cannot use savings as unrestricted funds)
- If no agreement on shared risk, then fall back is cost reimbursement
- One-time start up fee (per bed) for conversion unit (# to be determined [e.g., 8 beds per provider]). Source: MCP