Implementing Group Care Reform in California: The RBS Case Study

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Background and History

The Genesis of RBS in California

In 2006, 9,700 (11.5%) of California's youth in foster care were in group care, with the state spending almost 50% of foster care funding to care for and supervise these youth.[1] This led to two central clusters of concerns:

1. Insufficient clarity about which children were placed in group care, what services were provided, how effective existing treatment was, and whether any of the care helped children move toward legal permanency.

2. The high cost of group home placements, the scarcity of foster care placements, the lengths of stay, and the lack of discharge planning.

Group care providers also had frustrations: Payment rates did not cover the full cost of care, there was pressure to maintain full occupancy in the homes so they could remain financially viable, and the ""wrong" children were sometimes referred. This planted the seed for the Residentially Based Services framework. (See Appendix A for a national context for this work and the following website for more information about RBS: http://rbsreform.org/).

Established by California Assembly Bill (AB) 1453 (Soto, Chapter 466, Statutes of 2007) in response to these growing concerns, the RBS framework sought to bring services back into households and away from group homes. The law authorized a multiyear demonstration project aimed at eventually transforming California's current system of long-term residential treatment center and group home care into a system of residentially based services programs. The goal was to improve both care and long-term success without increasing costs to the Temporary Assistance for Needy Families (TANF) program[2] by producing savings from reduced lengths of stay in high-cost group care that would offset increased upfront costs for services.

The legislation authorized the California Department of Social Services (CDSS) to select four partnerships with county agencies and private providers to "develop voluntary agreements to test alternative program designs and funding models for transforming existing group home programs into residentially based service programs." The CDSS was to report to the California Legislature with a plan for statewide rollout of RBS based on the results produced by these pilot alternatives.

The RBS approach combines short-term residential intervention with an extended period of intensive home- and community-based services, with both elements of the service provided by the same team of professionals in order to ensure continuity of the therapeutic relationship with a youth and her or his family across environments of care. This intensive period of residential and community-based assistance addresses the issues that led to placement, increases family resiliency, and helps to forge a permanent and positive connection between the youth and family.

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2011). *Adoption and foster care analysis and reporting system (AFCARS): Adoption and foster care statistics.* Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm

[2] And its predecessor Aid to Families with Dependent Children-Foster Care (AFDC-FC).

The state approved four counties as demonstration sites: Los Angeles, San Bernardino, Sacramento, and San Francisco. At the time of the evaluation, each was testing unique RBS program designs and funding models.

Over 24 months, the four sites served approximately 300 children in group homes with rate classification levels (RCLs) 12-14, which represent the highest payment levels for group care in California and which typically are reserved for children who need intensive treatment services. Youth began to receive RBS services in 2010 in San Bernardino (June), Sacramento (September), and Los Angeles (December); RBS began in San Francisco in March 2011.

The therapeutic group care agencies plus their county agency partners constituted a demonstration site. (See Appendix B.) Ten agencies in four counties provided RBS. San Bernardino chose to develop its model with a single agency; the other counties each developed partnerships with three agencies.

Casey Family Programs provided extensive strategic, evaluative, and fiscal assistance with the hope that the lessons learned in the California experiment could be applied in other communities facing similar challenges across the nation.

"Our goal is to encourage innovation and collaboration between agencies and providers that will result in safe, stable, permanent family connections as soon as possible. This initiative provides a unique opportunity to have a significant impact on the lives of children." —Dr. David Sanders, executive vice president of systems improvement, Casey Family Programs

The RBS Approach

The RBS approach combines short-term residential intervention with an extended period of intensive home- and community-based services, with both elements of the service provided by the same team of professionals in order to ensure continuity of the therapeutic relationship with a youth and her or his family across environments of care. This intensive period of residential and community-based assistance addresses the issues that led to placement, increases family resiliency, and helps to forge a permanent and positive connection between the youth and family. Supportive after-care services then help the youth and family work through any issues that remain after permanency has been established.

The intent is to better connect the youth with the home, school, and community by addressing critical unmet needs and, in doing so, to help the youth find ways to understand, reduce, and replace problem behaviors associated with those unmet needs with positive and productive alternatives.

RBS also includes a new payment system linked to performance that is intended to provide sufficient funding to cover the costs of providing the services. RBS provider agencies include services drawn from the best-practice research, expertise, experience, and wisdom from the fields of child welfare, mental health, and juvenile justice.

Before RBS was initiated, each county described its program model in a memorandum of understanding to the CDSS. The CDSS approved each memorandum according to the criteria set forth in AB 1453. The memoranda defined the service elements of RBS, identified the roles of the placing agency and the provider agency, and established criteria for youth placement. It also

defined the qualities that programs needed in order to deliver residentially based services and the elements of the services themselves.

Each of the four sites could propose its own approach, as long as that approach contained certain key elements and was cost-neutral; that is, it would cost no more than what otherwise would have been spent. The average length of stay and the program models in RBS also varied by county. (See Table B.1 in Appendix B.)

As required by the legislation, RBS provider agencies ensure that their services include these components:

- Intensive family engagement and active involvement of both youth and family in case planning and decision-making
- A portable, multidisciplinary care coordination team that follows the youth throughout enrollment, including placement changes
- Environmental interventions in group care to stabilize behavior
- Intensive treatment interventions in group care
- Crisis stabilization services (i.e., return to group care for no more than 14 days when needed to defuse and stabilize a crisis in order to support the youth's success in a lower-level placement)
- Parallel community interventions and services to prepare for and support the youth's return to the community
- Follow-up after-care services and support to successfully maintain the youth in the community

Target Population

At the pilot sites, youth were between 6 and 18 years old and had emotional or behavioral problems so severe that they resided in residential treatment programs or were at risk of being placed in one. Two of the demonstration projects, San Bernardino and Sacramento, included youth supervised by juvenile probation in addition to youth involved in child welfare.

These placements represent the highest payment levels for group care in California for youth typically in most need of intensive treatment services, such as youth with multiple psychiatric hospitalizations or youth who are thought to be unlikely to achieve permanency within six months. In all but San Bernardino, youth participating in the RBS program must also have family members or other primary caregivers who are willing to work with the program to help the youth achieve permanency, safety, and well-being. (See Appendix B.)

Program Evaluation

The RBS evaluation used data collection procedures and instruments already in place in the participating counties. These included 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). Outcome measures computed from data collected using the CANS-CW, YSS or YSS-F were examined for their change over time, whereas outcome measures computed from CWS/CMS data were examined for each youth's time in RBS.[3] In addition, CWS/CMS data were analyzed for a group of comparison youth served before the implementation of RBS in Los Angeles and San Bernardino counties to provide insights about whether outcomes for RBS youth were better than for other youth.

Summary of Three-Year Findings

Analyses of data collected through March 31, 2013 (the end of the evaluation) on the primary RBS outcome measures show preliminary evidence of positive changes for a number of dimensions important to the target population, including functional status, risk behaviors, child safety, educational progress, and mental health. (See Table 1.) These findings, however, are based on a relatively small number of youth receiving RBS who agreed to be part of the evaluation.

For a special set of analyses, a comparison of outcomes computed for RBS youth in the evaluation in Los Angeles with a comparison group of similar youth indicated that the RBS group had achieved more positive outcomes. For example, in Los Angeles, the median length of stay in all types of placement was much shorter for RBS youth than for comparison youth (12.5 months versus 22 months). This reduction is particularly striking when the cost savings for reinvestment are considered; i.e., group care placements costing about $10,000 per month per child were reduced by 8 or 10 months.

Together, these analyses indicate that even with the enhanced program funding for family involvement, more intensive permanency planning, and new after-care services, the reductions in length of stay can result in substantial cost savings that can be reinvested in placement diversion and high-quality out-of-home care services.

Table 1. RBS Program Outcomes

Outcome	Progress through March 31, 2013
Achievement of permanency	• 40.6% of youth who completed RBS achieved legal permanency; 23.4% of all youth served achieved legal permanency. • Median time to achieve legal permanency was approximately eight months. • The median and average times to legal permanency were much shorter among the RBS group in Los Angeles (7.5 and 8.3 months) than among members of the comparison group (20.6 and 21.1 months), although approximately the same number of youth achieved permanency in both groups.

[3] This case study examines data gathered for youth who were active in RBS from the beginning of RBS (late 2010 or early 2011, depending on the county) through March 31, 2013. County representatives reported that 317 youth received RBS services through March 31, 2013. Only 188 youth who agreed to participate in this evaluation and whose parent or guardian consented completed the outcome instruments, but the demographic characteristics of these youth are representative of the characteristics of all 317 youth.

Outcome	Progress through March 31, 2013
Length of stay in RBS group care	• Median length of stay in all kinds of placements during RBS (e.g., residential treatment or group home, treatment foster care) was approximately one year for all youth receiving RBS services (including those exiting RBS prematurely) and 15 months for those who completed RBS. • In Los Angeles, median length of stay in all types of placement was much shorter for RBS youth than for comparison youth (12.5 versus 22 months). • Median length of stay in group home placement during RBS was approximately nine months for all youth served and for those who completed RBS.
Re-entry into group care and foster care	• About one-half of all youth served by RBS left a residential treatment or group home placement for a lower level of care; about two-thirds of all youth who completed RBS left group care for a lower level of care. • About one-quarter of all youth served who left a residential treatment or group home placement for a lower level of care returned to group care; only about 10% of the youth who completed RBS but left group care for a lower level of care returned to group care. • In Los Angeles, fewer RBS youth than comparison group youth returned to a residential treatment or group home placement after moving to a lower level of care (20% versus 81.8%).
Involvement in services planning and treatment / child and family voice and choice	• Youth rated their involvement in RBS service planning and treatment highly (approximately 3.8 on a 5-point scale) throughout their RBS participation. • Family members rated their involvement in RBS service planning and treatment even higher (approximately 4.2 on the 5-point scale) throughout their RBS participation.
Client satisfaction	• Youth were very satisfied with their RBS experience (approximately 4.0 on a 5-point scale) throughout their RBS participation. • Family members were even more satisfied with their RBS experience (approximately 4.4 on the 5-point scale) throughout their RBS participation.
Child safety	• Youth experienced almost no substantiated maltreatment by agency staff or during a home visit during their RBS participation. • CANS-CW mean scores for this domain decreased substantially (but not statistically significantly) from baseline assessment to third follow-up assessment (18 months later).
Well-being	• Youth experienced about two placement changes during RBS. • In Los Angeles, the median number of placements was smaller for RBS youth than for comparison youth. • About two-thirds of youth who completed RBS experienced a final placement that was at a lower level of care than their initial placement; about one-third of all youth served by RBS experienced a final placement that was at a lower level of care than their initial placement. • Mean CANS-CW scores for a number of well-being domains showed statistically

Outcome	Progress through March 31, 2013
	significant positive changes during the youth's RBS experience; only substance use complications indicated a deterioration in youth functioning. • Youth rated their functioning and social connectedness very highly (approximately 4.2 on a 5-point scale) throughout their RBS participation. • Family members rated their child's functioning and social connectedness very highly (approximately 4.2 on the 5-point scale) throughout their RBS participation.
Child educational progress	• Mean CANS-CW scores for this outcome did not change during the youth's RBS experience.
Existence of a connection with a caring adult	• Mean CANS-CW scores for this outcome showed statistically significant positive changes during the youth's RBS experiences.

Signs of Improvement

Changes from baseline CANS-CW assessment through all assessments for the RBS outcomes of safety, well-being and connection with a caring adult were positive. (See Figure 1.) Similarly, CANS-CW assessment scores showed positive changes from youth's baseline assessments through their third follow-up assessments in most areas. Only two sub-scales were not positive: "substance use complications" showed a deterioration in youth functioning, and "educational progress" did not change. With CANS-CW scores, higher values denote less positive functioning and lower values denote better functioning.

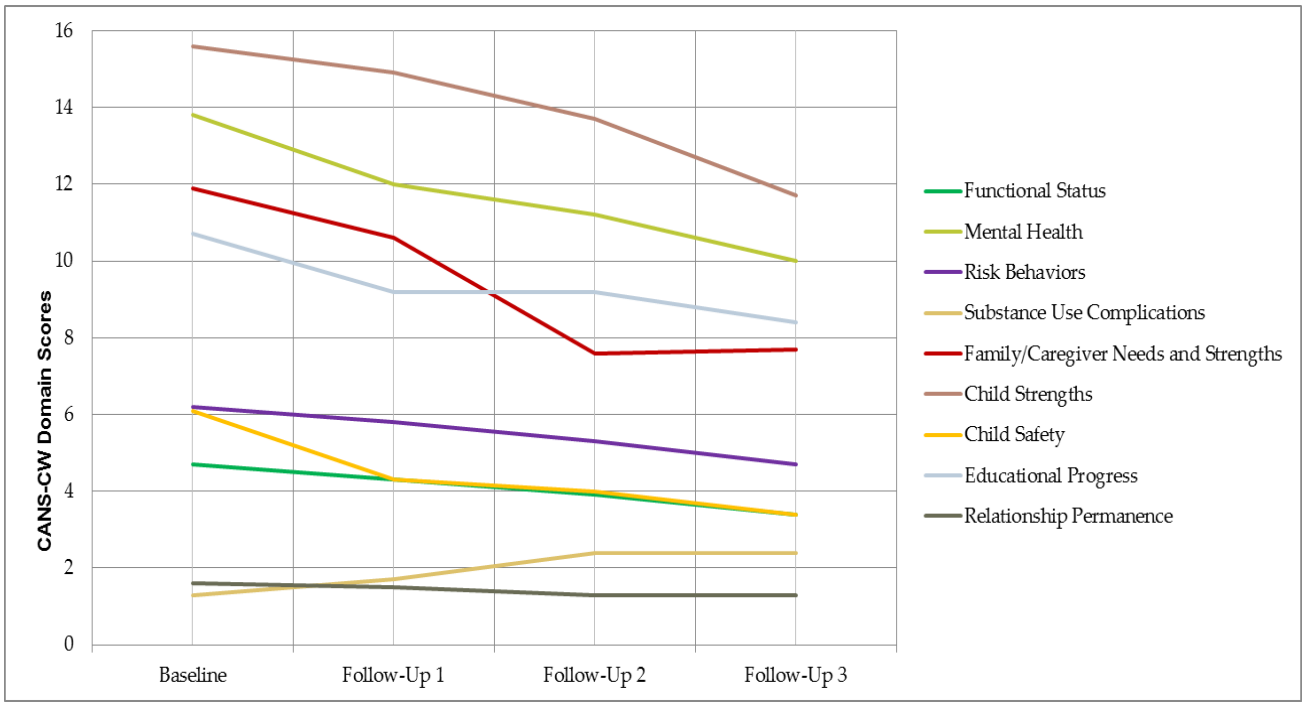
The YSS and YSS-F were completed when the youth received RBS services for three months or more; the time of administration varied slightly by county. Youth and caregiver perceptions were very positive and showed almost no change over time. These scores reflect favorable client and family perceptions about the services they received and about their own functioning.

In the end, some youth did not achieve positive outcomes. For example, some youth did not show improvement in functioning, in achieving family reunification, or in securing another form of legal permanency. Reasons for this varied, including formally leaving the RBS program because treatment was completed or being dis-enrolled for some reason (e.g., discharged early because of extreme behavior problems, ran away from the program.) Taken together, these findings suggest the need to reflect on what works and what does not for the youth in RBS, along with ways to boost referral rates to the program, to address staffing issues, and to establish sustainable funding for the most innovative features of this program, such as the post-permanency supports.

"We have a team to help and support us. Parents turn to other parents and tell us, 'Make the most of the support to get your kids back.'" –RBS parent participant

RBS was "the best thing to happen to my son and saved us as a family." –RBS parent participant

Figure 1. Changes in CANS-CW Scores over Time in RBS



Note: Based on youth who remained in RBS at least 18 months. Lower scores indicate more positive functioning.

Study Limitations

The ability to demonstrate positive changes over time requires a sufficiently large sample of clients for the statistical analyses and a follow-up period of a year or more. AB 1453, as amended by AB 2129, established December 31, 2014 as the end date for the multiyear demonstration project.

Moreover, as in most field studies, the outcome instrument administration schedules, start dates for RBS, and client characteristics vary across counties. Thus, changes over time in aggregate CANS-CW scores reported may reflect random variation because of these factors rather than reflecting true changes in scores.

Key Lessons Learned from the Project

The California RBS Reform Project demonstrates that while deep change is possible in human services, it requires enormous dedication by staff at all levels as well as a clear mission, a strong partnership, and consistent leadership. This change doesn't happen overnight nor does it proceed smoothly, but it can be done. The local and state-level RBS teams believe in what they are doing and are committed to developing better opportunities and outcomes for the youth and families whose complex needs drive this effort. As a new model of group care reform — the Continuum of Care Services Model — is implemented in California, more lessons will emerge.

The key lessons of RBS from the evaluation data and a concerted effort by the stakeholder groups to document implementation insights can be summarized in six statements:

1. **Achieving substantial reductions in group-care length of stay while increasing permanency and well-being for children is possible.** The data indicate that substantial gains can be made in these areas with focused funding and interventions and that further research is needed with the new statewide initiative.
2. **Family involvement can change everything.** The traditional group home culture was characterized by a focus on meeting a child's needs in a therapeutic environment in which family involvement was constrained. In contrast, RBS finds its strength in creating an organizational culture of inclusion that relentlessly values, seeks out, nurtures, and honors family connections as the core of child well-being.
3. **Permanency is a process, not an event.** Permanency is more than a placement, an address, or a legal status. It takes perseverance and tenacity to build and support child-family relationships that can stand the test of time. RBS has created organizational, cultural, and economic structures to ensure that children are safely connected to family with the belonging and sense of well-being they deserve.
4. **Committed and sustained leadership is essential.** RBS represents a fundamental change in how state administrators, referring agencies, private providers, and community partners help children and their families achieve more positive outcomes. Only with the encouragement, confidence, and collaborative spirit that strong leadership can provide will a community be able to make this transition.
5. **Clear and consistent communication drives success.** The rapid movement toward permanency that is the aim of RBS requires a high degree of coordination, communication, and alignment among a multitude of players. This comprehensive approach relies on a tightly integrated team that can work seamlessly to meet the complex needs of each child and his or her family.
6. **Integrated programs require flexible fiscal systems.** Categorical funding streams in child welfare, juvenile justice, and mental health are highly child-focused, making it difficult to respond in a truly family-centered manner. RBS represents an integrated model for reaching the goals of permanency, safety, and well-being. Its innovations can be implemented on a large scale only if the constraints imposed by the inherent inflexibility of our current fiscal systems are overcome.

Recommendations

RBS may lay the groundwork for the residential group care services of the future and inform group care reform efforts in other states. We believe this would require the following:

- A business model reflecting the realities of public funding and careful analysis of the costs of delivering RBS services, including ongoing training

- More fully staffed after-care services that are funded adequately to better address the full range of child and parent issues that emerge as a child returns home or is placed with a legal guardian
- Public awareness that the community has a critical stake in the lives and well-being of these at-risk youth and their families as well as a civic and government commitment to adequate and sustainable funding
- Creative, innovative, and practical partnerships with the community sectors where these youth and their families live
- Greater specification of the intervention strategies that are most strongly linked with RBS and post-RBS success, and greater specification of those youth for whom they work best
- Evaluation of the new California Continuum of Care Services Model with a large sample and sophisticated data analyses

The state of California is examining what aspects of the RBS reform model should be incorporated into a statewide set of group-care reforms, many of which are reflected in a new state legislative report submitted in January 2015 [Senate Bill 1013, Committee on Budget and Fiscal Review (Chapter 35, Statutes of 2012)]: "The State Department of Social Services shall establish, in consultation with county welfare departments and other stakeholders, as appropriate, a working group to develop recommended revisions to the current rate-setting system, services and programs serving children and families in the continuum of AFDC-FC eligible placement settings including, at a minimum, all programs provided by foster family agencies and group homes including those providing residentially based services…"[4] Thus, this is a pivotal time in California for advancing key reforms in residential treatment and group home services.

[4] See http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf, p. 2.

Appendix A
Background on Residential Treatment and Group Home Care in the United States

Historically, group homes and residential treatment centers have been a key but controversial part of the child welfare continuum of services. As of September 30, 2012, youth placed in group care (group homes and residential treatment centers) comprised about 15% of those in out-of-home care in the United States. Specifically, 399,546 youth were in out-of-home care, with 23,776 (6%) placed in group homes and 34,253 (9%) placed in institutions of some kind.[1]

These group homes and residential treatment centers have been challenged to better define their intervention models and the youth they are best suited to serve. They were asked to "right size" lengths of stay, to involve family members more extensively in treatment, to help youth learn skills for managing their emotions and behaviors that they can use 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] But these agencies need funding to make some of these transformations, and states are working to determine what kind of program models, funding mechanisms, and performance monitoring will make that reform possible.

Reference Notes

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2013). *The AFCARS report: Preliminary FY 2012 estimates as of July 2013 (No. 20).* Washington, DC: Author. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport20.pdf

[2] See for example:

- Jenson, J. M., & Whittaker, J. K. (1987). Parental involvement in children's residential treatment: From pre-placement 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. Retrieved from http://aacrc-dc.org/page/aacrc_position_paper_first_series_redefining_role_residential_treatment
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- 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.
- Whittaker, J. K., del Valle, J. F. & Holmes, L. (2015). *Therapeutic residential care for children and youth: Developing evidence-based international practice.* London, UK: Jessica Kingsley.

Appendix B

Table B.1 Key Components of RBS Pilot Programs as of December 2011 as Described by the County and CDSS Staff Members

Note: Depending on the specific pilot program design, short-term intensive residential services are provided for an average of five, nine, or 12 months, followed by a lower-cost placement in the community or placement into a permanent home. The rate classification level (RCL) represents a staffing level that must be maintained in a group home to address that child's particular needs, but the RCL is not linked to any formal assessment of a child's behavior.

Component	San Bernardino	Los Angeles	Sacramento	San Francisco
Key innovations:				
• Ongoing family/youth involvement	Yes	Yes	Yes	Yes
• Portable care coordination team that follows youth throughout enrollment	Yes (care coordination team)	Yes (child and 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/supports	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 and matching; temporary planned return to residential (crisis stabilization); functional family therapy (MH services)	Temporary planned return to residential (crisis stabilization)[a]
County placing agencies	Child welfare; MH; probation	Child welfare; MH	Child welfare; probation	Child welfare

Component	San Bernardino	Los Angeles	Sacramento	San Francisco
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
Target population	Age 13 to 18; RCL 14; multiple placement failures or psychiatric hospitalizations / admin days; in- and out-of-state placement that is failing.	Age 6 to 18 with a court order in effect for placement in an RCL 12 or 14 facility; needs 24-hour care at least 50% of time; needs to develop connections with family and community.	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 currently receiving wraparound services.	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 identified before enrollment or through family finding after enrollment who can provide a permanent home and is willing to participate in RBS; unlikely to achieve permanency within six months in traditional group care.
Projected 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: • Group home or RT • Community • Total	 12 months 12 months (6 ITFC/FFA; 6 family) 24 months	 10 months 12 months 22 months	 9 months 9 months 18 months	 5 months 19 months (ITFC; FFA/FH; family) 24 months

Component	San Bernardino	Los Angeles	Sacramento	San Francisco
Funding model: • Rate levels	$8,835 residential $4,028 ITFC $1,679 FFA $3,571 community / wraparound services	$10,194 residential (10-month cap) $4,184 Tier 1 ($2,000 community placement + $2,184 wrap) $1,250 Tier 2 Community / wraparound services only	$8,031 residential $4,594 community	$11,000 residential $4,028 ITFC $3,500 community
• Primary fund sources	AFDC-FC; EPSDT; SB 163 wraparound services; MHSA	AFDC-FC; EPSDT; SB 163 wraparound services; SB 163 wraparound services 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 to 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 memorandum of understanding executed	June 9, 2010	July 21, 2010	Sept. 15, 2010	March 4, 2011
Date first youth enrolled	June 28, 2010	Dec. 2, 2010	Sept. 16, 2010	March 7, 2011

Component	San Bernardino	Los Angeles	Sacramento	San Francisco
Project term (per memorandum)	June 1, 2010 – Dec. 31, 2012[b]	July 15, 2010 – June 30, 2012 or end of IV-E waiver, whichever is earlier[c]	Aug. 15, 2010 – Dec. 31, 2012[b]	March 1, 2011 – Dec. 31, 2014[d]

GF = general fund; GH = group home; 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.

[a] Sacramento County also offers ITFC and mental health services based on the need of the child and family. Since youth and families have more of a voice in their treatment, they have also developed more confidence and the motivation necessary to make it work. There has been a focus on psycho-educational work, role-playing challenging situations, and cognitive behavioral work. All youth have maintained their individual therapy and psychiatric support through the provider agency. Families also receive therapeutic services from the RBS program that are focused on strengths-based solutions and are culturally sensitive. Each provider has had the discretion to individualize interventions based on the needs of each youth and his or her family. Examples of other interventions include therapeutic behavioral services (TBS), trauma-focused cognitive behavioral therapy (TF-CBT), collaborative problem solving, art therapy, neuromuscular body therapy (NBT), and eye movement desensitization and reprocessing (EMDR).

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

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

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

Casey Family Programs

Casey Family Programs is the nation's largest operating foundation focused entirely on foster care and improving the child welfare system. Founded in 1966, we work to provide and improve – and ultimately prevent the need for – foster care in the United States.

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