



Parent, Staff, and Stakeholder Perceptions of California Residentially Based Services: First Findings



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Executive Summary

Background

California's Residentially Based Services (RBS) Reform Project was authorized in 2007 by Assembly Bill (AB) 1453 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. Children receiving RBS are between the ages of 6 and 18 years and have emotional or behavioral problems so severe that they would otherwise have remained in group homes with Rate Classification Levels (RCLs) 12–14, which represent the highest payment levels for group care in California and typically are reserved for children in need of intensive treatment services.

Youth began to receive RBS in 2010 in San Bernardino (June), Sacramento (September), and Los Angeles (December) and in 2011 in San Francisco (March). RBS sites are implementing elements of group-care treatment that experts, experienced practitioners, and participants (youth, families, and staff) agreed should be available to all children in care or in need of care including:

1. An early and intense engagement of families.
2. A focus on therapeutic enhancement of child well-being and, at the same time, immediately pursuing permanency planning with aggressive family-finding (in 3 of 4 counties) and concurrent planning in case the intended adult cannot be the child's permanent caregiver.
3. Family services to help parents improve their parenting knowledge and skills.
4. Postpermanency support that involves ongoing aftercare services to youth and families.

Evaluation Methods

The formative part of the RBS evaluation relied on focus groups and phone interviews with key stakeholders to learn about experiences with the implementation process and perceptions of early outcomes in all four demonstration sites. For the qualitative evaluation of Year One of the RBS Reform Project, focus groups were conducted with 74 people in the fall of 2011 to collect information

Results: Common Themes for All or Most of the RBS Sites

1. Approval, understanding, praise, appreciation, recognition, and commitment to the value of the RBS approach were mentioned frequently.
2. Parent support was much appreciated.
3. Relatively few problems with services were noted.
4. Parents were involved, aware, and committed.
5. Staff teamwork was perceived as essential, and some RBS provider staff desired more youth information at the referral stage.
6. More information-sharing and cross-agency training were requested.
7. Some staff members were wary of family reunification.
8. Concerns about funding uncertainty were raised (e.g., funding sources, flexibility, and sustainability of RBS).
9. Expansion of services to other programs and other youth was supported.

Recommendations

1. **Analyze funding options.** Reconvene a small panel of Federal, state, county, and private sector funding experts to explore new or revised funding options relevant to RBS.
2. **Thoughtfully reduce certain site differences that appear to be present.** Sites appear to differ across the following dimensions: staff turnover, business model considerations, caseloads, training, cross-site collaboration, preparation around referrals, understanding of public and court sector requirements and timelines, and information exchange. RBS site leaders might look closely at what variations are expected versus those that may indicate some limitations in the staffing, training, supervision, quality assurance, or other aspects that need to be measured, discussed, and addressed promptly.
3. **Improve family finding in some sites.** This key service is not available in all of the counties in the same way or as adequately as some staff need it to be.
4. **Increase treatment foster home recruitment.** There is a need to aggressively recruit more “bridge” treatment foster homes, especially for young men.
5. **Teach the youth skills with portability.** Help the youth learn the rules for the next home they are headed to, and apply those rules in the current group home placement.
6. **Examine medication and health functioning, including diabetes.** There were many concerns expressed about the need for regular child re-assessment and medication reviews, as well as providing families and staff with information about the child’s medical conditions. Diabetes seems to be an emerging issue with these youth.
7. **Continue to examine the adequacy of the service delivery timeframes.** Allow the youth extensions for those who may need more than 90 days to graduate. For some children, the RBS timeframe is too quick to stabilize a child to place him or her in a foster home or with a relative. There is a need to consider and work through the protocols and possible options for extension of family support beyond 15 months, when necessary.
8. **Consider the number and function of the various meetings, the necessary participation, and the most effective means of representation, participation, and communication.**
9. **Plan for the need for some children to return to group care.** Some children and their families may need to return to treatment. This includes growing community involvement by individuals and entities (churches) while the child is in RBS group care and after RBS agency services end.
10. **Ongoing staff training, cross-site discussions, and protocol development.** Staff members need constant training. Every site has unique ideas and observations that could be shared across sites; thus, line staff would benefit from sharing their clinical ideas with one another within an agency and across RBS agencies.
11. **Refine the RBS business model.** This includes accounting better for travel, worker caseloads, and staff turnover as well as referral processes.
12. **Consider an RBS newsletter for everyone participating in RBS: youth, families, staff, and stakeholders.**
13. **Maintain the current evaluation plan to estimate cost-savings.** Analyze how the RBS dollars are spent in terms of the emerging results in the context of other child welfare programs and strategies.

Parent, Staff, and Stakeholder Perceptions of California Residentially Based Services: First Findings

Background

Group Care in the United States

Historically, group homes and residential treatment centers have been a key part of the child welfare continuum of services. Youth placed in group care comprise about 15 percent of those in out-of-home care in the United States, as of September 30, 2010. Specifically, a total of 408,425 youth were in out-of-home care, with 25,066 (6%) placed in group homes and 36,607 (9%) placed in institutions of some kind.¹

More recently, these group homes and residential treatment centers were challenged to better define their intervention models and the youth that 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 responded by improving many aspects of intervention design, implementation, staff development, and evaluation.³ However, some researchers commented that many group care providers do not use well-specified evidence-based practice models, and this is one of the remaining challenges for group care.⁴

Group Care in California and Residentially Based Services

In 2006, 9,700 (11.5%) of California’s youth in foster care were in group care. The state was spending almost 50 percent of foster care funding to care for and supervise these youth; and there

was insufficient clarity about which children were placed in group care or what services were provided and their degree of effectiveness with respect to helping children achieve legal permanency. Referring agencies expressed concerns about the high cost of group home placements, the paucity of openings for youth, the lack of discharge planning, and the poor outcomes for many youth.

Group care providers stated their own frustrations: payment rates did not cover the full cost of care; there was pressure to maintain full occupancy to remain financially viable; and the “wrong” children were sometimes referred. A pragmatic agreement was reached among the California Department of Social Services, county child welfare agencies, group care providers, and advocacy groups—it appeared that a large amount of money was being expended on high-needs and high-risk youth with less than satisfactory outcomes. Significant positive change was necessary and achievable.

Consequently, the Residentially Based Services (RBS) Reform Project was established by Assembly Bill (AB) 1453 (Soto, Chapter 466, Statutes of 2007) in response to growing frustration with the shortcomings of the existing foster care group home system. This law authorized a multiyear pilot demonstration project aimed at eventually transforming California's current system of long-term, congregate, group home care into a system of residentially based services (RBS) programs. Employing alternative program and funding models, four pilot demonstration sites composed of selected counties and their nonprofit providers sought to reduce the length of time in group care and improve permanency outcomes for youth by combining short-term, intensive, residential treatment interventions with community-based services aimed at reconnecting foster children to their families and communities. The goal of RBS is to accomplish this without increasing costs to the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program.

Four county demonstration sites were selected to pilot the RBS program: Los Angeles County, Sacramento County, San Bernardino County, and San Francisco County. Each site is testing unique RBS program designs and funding models. Over 24 months, the four sites will serve approximately 300 children who would otherwise have remained in group homes with rate classification levels (RCLs) 12–14, which represent the highest payment levels for group care in California and typically are reserved for children in need of intensive treatment services. Depending on the specific pilot program design, short-term intensive residential services are provided for an average of 5, 9, or 12 months, followed by lower cost placement in the community or placement into a permanent home, with followup services available for both options.

Pursuant to state statute, pilot demonstration sites prepare individual, annual evaluation reports describing:

- client outcomes
- client involvement
- client satisfaction
- county and provider use of the program
- county payments to providers
- actual provider costs
- impact on AFDC-FC costs
- lessons learned

In addition, an independent evaluation is being performed through collaboration with Casey Family Programs to determine the efficacy and replicability of the different pilot programs. Part of this evaluation includes data collected from local stakeholders from client family, RBS staff, public child welfare staff, and other focus groups.

Implementation of RBS across the four participating counties began in June 2010 and has continued since then. Given the recent and staggered project startup, the timelines, and the processes for collecting and transmitting evaluation instruments for analyses, only limited outcome data are available currently. The small sample size and lack of a rigorous comparison group preclude the Year One

Evaluation Report and this qualitative study report from qualifying as a summative outcome evaluation study. In fact, the overall purpose of the RBS evaluation 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.

Practice Framework for Residentially Based Services

The RBS framework was created by a group of stakeholders initially convened in 2004 to reassess the role of group care in California's public systems of care for children. This diverse group included family members, emancipated youth from foster care, child and family advocates, county and state public agency officials, state legislators, and childcare providers. The resulting overarching goals that drove the RBS framework were permanency, well-being for youth, and safety for young people whose complex behavioral, emotional, and care needs require intense therapeutic interventions and comprehensive services to help them reunify or reconnect with family members.

In brief, the RBS framework consists of short-term behavioral and therapeutic interventions delivered in residential group-care settings where children live with and are supervised by professional staff. These interventions seek to facilitate the connection or reconnection with the home, school, and community settings by addressing critical unmet needs; and helping children find ways to understand, reduce, and replace the persistent and difficult behaviors associated with those needs with positive and productive alternatives. Further, RBS

included a new payment system linked to performance that was intended to provide sufficient funding to cover reasonable costs associated with providing the necessary services. RBS provider agencies committed to including services that are drawn from the best-practice research, expertise, experience, and wisdom from the fields of child welfare, mental health, and juvenile justice.

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3. Family services to help parents and other caregivers improve their parenting knowledge and skills.
4. Postpermanency support that involves ongoing aftercare services to youth and families.

Prior to the initiation of RBS, each county was required to describe its program model in a memorandum of understanding (MOU) to the California Department of Social Services (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 A of the evaluation report⁵), 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. Ten agencies were providing RBS at the time of the study (see table 1).

Table 1. RBS Service Provider

Site	Service Provider Agency
Los Angeles	<ul style="list-style-type: none"> • Five Acres • Hathaway-Sycamores • Hillsides
Sacramento	<ul style="list-style-type: none"> • Quality Group Homes, Inc. • Children's Receiving Home of Sacramento • Martin's Achievement Place
San Bernardino	<ul style="list-style-type: none"> • Victor Treatment Centers
San Francisco	<ul style="list-style-type: none"> • Edgewood Center for Children and Families • St. Vincent's School for Boys

As required by AB1453, RBS provider agencies ensure that services include these components:

- Aggressive 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.
- Use of environmental interventions in group care to stabilize behavior.
- Use of intensive treatment interventions in group care.

- Use of crisis stabilization services, including a return to group care for fewer than 14 days when necessary, to defuse and stabilize a crisis to support the youth's success in a lower level placement.
- Use of parallel community interventions and services to prepare for and support the youth's return to his or her community.
- Followup aftercare services and support to successfully maintain the youth in the community.

Target Population

RBS children may be characterized as individuals between the ages of 6 and 18 years whose emotional or behavioral problems are so severe that they reside or at risk of placement in a residential treatment program with RCLs 12–14. They are referred to group care agencies by child welfare staff, school personnel, and their parents. (See the RBS Year One Evaluation Report for the specific criteria that each participating county identified for RBS services and variations in key program components across the four counties.)

Evaluation Methods

Overview

The child welfare services case management system (CWS/CMS) and the following instruments provide data for the children's outcomes: the Child and Adolescent Needs and Strengths-Child Welfare version (CANS-CW), the Youth Services Survey for Youth (YSS), and the Youth Services Survey for Families (YSS-F). Systems operations and fiscal outcomes will be assessed by CDSS specialists in 2012. The research approach and results are described in the next sections.

Evaluation Design for the Qualitative Study

The provisions of AB1453 included an annual CDSS evaluation report. The evaluation summarized in this report was conducted by Casey Family Programs, and is separate from the CDSS evaluation report mandated by the legislation. This evaluation was designed to actively engage the major stakeholder groups in all four counties in evaluative and analytical processes to promote continuous quality improvement and organizational learning, as well as to inform in real time their internal strategic planning efforts. Thus, this evaluation is both formative (focusing on making the intervention better) and developmental (adapting the intervention “based on emergent conditions”).⁶ The RBS outcome evaluation is described in a separate report. The formative part of the evaluation relied on focus groups and interviews to learn about experiences with the implementation process and perceptions of early outcomes in all four demonstration sites.

For the qualitative evaluation of Year One of the RBS Reform Project, focus groups with birth parents and stepparents, relatives and foster parent caregivers, and line staff and other staff were conducted in the fall of 2011 with 74 people to collect information about the early lessons learned. A Casey Family Programs research contractor, Hildy Ayer, and a Casey Family Programs research manager, Peter Pecora, conducted the focus groups. The evaluation also included a plan to complete phone interviews with 3–5 key external RBS stakeholders per county: (1) juvenile court judges and related personnel, (2) school superintendents and principals, and (3) other community leaders with experience in working with the RBS provider agencies. Focus groups and interviews were held in October and November of 2011. However, a convergence of scheduling difficulties and a condensed project timeline led to the completion of interviews with external stakeholders in only one site—San Bernardino.

As noted above, the RBS focus groups were designed to help collect information about the early lessons learned from this reform initiative.

The focus areas 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 kinds of benefits from RBS, if any, have you noticed?
6. What drawbacks from RBS, if any, have you noticed?
7. Have there been any anticipated or unanticipated negative effects of RBS? Negative side effects?
8. Have there been any anticipated or unanticipated positive effects of RBS?

The actual focus group questions that were used for parents, relatives, and other caregivers are listed below:

1. What has been your experience with group care services for your child—you might have heard it referred to as Residentially-Based Services?
2. Is there anything about the referral process that seemed especially helpful to youth or their families?
3. What has been helpful about the RBS services? [*Probe question:* Have you noticed any positive changes in the child you are most connected to?]
4. Have you noticed anything different about RBS services, compared to other group care or other social services? [*Probe question:* Have you noticed any differences in the quality or type of services provided under RBS]

-
- when compared to other group care or social services?]
5. What other benefits from RBS, if any, have you noticed?
 6. What about RBS could be improved? [*Probe question:* What was the least useful or helpful part of RBS for you and your child?]
 7. Are there any other suggestions or recommendations we should share with the program leaders and staff?
 8. If we were going to pass on a note of encouragement or praise for the treatment workers, what would you want them to know?

Note that questions 7 and 8 received minimal response because these areas had been addressed by the previous questions.

The actual focus group questions that were used for line staff, supervisors, county Department of Child and Family Services (DCFS) staff, and other stakeholders are listed below:

1. What has been your experience with RBS group care services?
2. What has been helpful about the RBS services? [*Probe question:* Have you noticed any positive changes in the youth? Have you noticed any changes in how the public and private agencies interact with one another?]
3. Have you noticed any differences in the intensity, quality, or type of services provided under RBS compared to other group care or social services?
4. How has the referral process worked for you?
5. What other benefits of the RBS program have you noticed?
6. How could RBS be improved? Areas for improvement include:
 - a. youth referrals
 - b. youth screening
 - c. services provision
 - d. youth discharge
7. Have there been any anticipated or unanticipated negative effects or side effects of RBS?
8. What can be improved in RBS?

9. Are there any other suggestions or recommendations we should share with the program leaders and staff?

An application was submitted to the Walter R. McDonald & Associates (WRMA) Institutional Review Board (IRB) and was approved on September 1, 2011. Gift certificates for \$25 to Target or Wal-Mart were provided to the parents, relatives, and community volunteers participating in the focus groups.

Strengths of the Qualitative RBS Evaluation

First, staff and other focus groups participants were selected by the focus group coordinator in each county (randomly, if the county had a sufficient number of potential participants from which to select). Second, the burden of the evaluation procedures to parents, other caregivers, county case workers, and group care provider staff was limited, as they were not being asked to participate in any additional activities such as the completion of extra questionnaires. Third, the focus groups were conducted by independent evaluators, so the participants presumably felt more comfortable.

Limitations of the Qualitative RBS Evaluation

Although more than 70 people participated in the focus groups and phone interviews, not all of them were selected randomly from those eligible; in addition, participants represented a modest proportion of the total number of parents served, RBS group care staff members, and referral agency staff. Further, the RBS intervention model is evolving and may not be similar in certain sites after this initial implementation phase. Finally, the condensed project schedule precluded community stakeholder interviews in three of the demonstration sites.

Data Collection

Focus groups lasting about 75–90 minutes were held in each RBS demonstration county (Los Angeles, Sacramento, San Bernardino, and San Francisco) in October and November of 2011.

Up to three separate focus groups were held in each county, composed of the following clusters of people:

1. Birth parents (Note that for San Bernardino and San Francisco, there were too few parents to hold a focus group. Several birth parents were interviewed by telephone).
2. Relatives of the youth (including fictive kin, who are viewed by parents and children as relatives but who are not related by blood or marriage, and tribal clan members as appropriate) and foster parents who were actively caring for the child or recently had done so, coaches, mentors such as Big Brothers Big Sisters, and others who were expected to remain active in the youth's life.
3. 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.

No names of the focus group participants were recorded in relation to any particular comment.

Four telephone interviews were held with key external RBS stakeholders from San Bernardino County. These stakeholders included supervisors from county DCFS and probation agencies. As noted earlier, the phone interviews were conducted by a Casey Family Programs research contractor. Instruments and consent forms are available from Casey Family Programs.

Data Analysis Approach for the Focus Groups⁷

A systematic qualitative method of coding was used to facilitate descriptive and thematic analysis of the focus groups and interviews.⁸ Using this method, two of the evaluators read the notes for each focus group and interview in their entirety. Potential themes and ideas were recorded on a special theme recording template, along with quotes and raters' personal comments for each question to get an overall sense of the data without relying on *a priori* concepts or expectations.

The qualitative evaluation team then developed a set of themes for each different type of data collection method and participant category to indicate common responses. Next, the team reconciled differences between themes to increase the reliability of the analysis. The themes were used to group and summarize the results. The data were analyzed for general themes as well as for individual variations in themes across the focus groups and interviews. These themes and the summary of results were shared with the participants by mail, after which a conference call discussion was held with the participants to review and discuss the summary, in addition to inviting feedback via mail or email.

Participation Results

Focus Group Participants

A total of 74 individuals participated in the focus groups across the four demonstration sites, including 16 birth parents; 41 line staff from the public agencies and RBS provider programs; and 17 relatives, foster parents, and advocates. The "line staff" focus groups included social workers, probation officers, mental health department representatives, RBS therapists, supervisors, caretakers, and family partners. The "relative" focus group included aunts, uncles, grandparents, court-appointed special advocate (CASA) volunteers, and foster parents.

Participation in all focus groups was active and intense. Focus group attendees (birth parents, relatives, and staff) were clearly engaged in and committed to the innovations of the RBS philosophy and program. Concerns, issues, and recommendations were consistently presented in a positive context of wanting RBS to continue to improve, expand, and be more broadly available.

Stakeholder Interview Respondents

Stakeholder telephone interviews could not be completed in Los Angeles, Sacramento, and San Francisco. The telephone interviews for San Bernardino included supervisors from county DCFS and probation agencies. Future RBS qualitative evaluation timelines need to incorporate a determined effort to obtain information from critical stakeholders such as judges, school personnel, and other representatives who interact with the youth and family in the community.

Data Themes

The data themes for each demonstration site by research topic and participant group are provided in the next section, as well as common data themes from all focus groups at a particular site. Findings from the telephone interviews in San Bernardino are integrated with the findings from the focus groups in that county. Quotations from participants are formatted in italics.

Data Themes for Los Angeles

Overall RBS Experience

Birth parents and stepparents uniformly identified the help and support from RBS as being what was different about RBS. There was one exception, a birth parent who had negative comments about her experience and did not seem able to separate her

anger at the public agencies from the RBS work. (She did, however, indicate that RBS helped her with transportation so she could visit her children and arranged storage for her furniture because she is in a shelter.) Other participants saw RBS as *the best thing to happen to my son* and *RBS saved us as a family*. Foster parents, relatives, and other caregivers noted the support of RBS staff, the improvement in youth behavior, and program consistency and communication. *RBS provides more planning and attention.*

RBS agency line staff and other staff identified the following key aspects of RBS: increased support for families, youth, and the RBS staff team; more rapid movement of RBS youth back into the community; greater involvement of youth in community activities; consistency of service afforded by a strong team approach; and including the voice of the youth in goal setting, planning, and decision making. *The RBS team works closely together.*

RBS Referral Process

Youth in Los Angeles County entered RBS programs from existing traditional group homes. When asked about the referral process, birth parents, stepparents, relatives and caregivers did not mention any difficulties. However, there was increased awareness of support from the RBS team and mention of understanding the RBS better as they gained more experience with it. *I got some explanation but I didn't fully understand until later.*

RBS provider agency line staff and other staff stated that the RBS referral process can be too short (*one day's notice*), impinging on the time needed by the group care staff to prepare and carefully match the youth and service team. They also identified a need for better understanding of agency procedures and process across the range of participants (e.g., county agencies, the courts, CASA, and the youth's attorney). *There needs to be more training* was a frequent comment. *We are getting emergency referrals rather than planned... not all DCFS social workers are invested in the program...sometimes it is difficult to get them*

invested in the program...they are not interested in family reunification.

RBS Benefits

Birth parents and stepparents targeted the help and support of the RBS team, the opportunity to interact with other parents and youth, and the changed behavior of their child as the notable benefits. *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.*

Foster parents, relatives, and other caregivers identified the team support and the improvement in child behavior as beneficial. They described RBS staff coming to the house as very helpful. *The team...they go over and beyond.*

Line staff and other staff highlighted the consistency of team support, and the different relationships with youth—these were opportunities to hear their voices, and to respect and use their opinions. Working with families in creative ways such as video conferencing using Skype software, was an important benefit.

RBS Improvements

The birth parents and stepparents wanted RBS services extended, including a 24-hour on-call staff member and a longer period of aftercare services. They identified staff turnover as an issue and talked about missing departed staff. Note: It was clear that family and staff relationships are very important to this vulnerable population.

Foster parents, relatives, and other caregivers noted that although communication and consistent planning had improved, continued refinement was needed. Attention to youth medication (assessment, regular medical reviews, information to families and caretakers) and teaching life skills to youth were identified as important next steps.

Line staff and other staff identified the competing tensions of caseload management and funding

issues as particularly difficult. To meet the costs of care, beds need to be fully occupied. Caseload management in RBS includes youth and family coming into RBS group care, youth and family in RBS group placement, and youth and family after-care services in addition to the multiple demands of youth, families, other agencies, paperwork, and travel. Staff transitions and staff turnover are concerns. More training is needed. Despite the pressure and noted concerns, RBS staff consistently voiced enthusiasm and support for this approach.

Notes of Encouragement

Birth parents, stepparents, relatives, and other caregivers consistently expressed recognition and appreciation for the RBS staff and services. *Thank you for putting up with my nephew. Thank you for spending time with my daughter, taking her places so she can live a normal teenage life.*

Line staff and other staff who had expressed concerns about communication with public agencies were encouraged by other staff to go to the supervisor or the child's attorney if necessary.

Los Angeles County Overall Site Themes

Los Angeles focus groups gave a positive description of RBS, citing the philosophy and the close work with families, youth, and team staff members. Negative impacts were cited as funding issues, court deadlines, and the need for training across agencies so that all participants understand RBS and work together to implement the agreed-upon plan. Areas in need of attention—all connected to the negative impacts—included shared information, communication, training, and caseload analysis: *The pressure goes up as new cases come in and [we] have more youth living in the community. Who takes on the new child? All of our teams are overtaxed with 12 to 20 cases—all of whom need individual, family, and conjoint help.*

Families and relatives raised these concerns: (1) need for more aftercare, (2) need for medication assessments and reviews, and (3) need to teach youth life skills that will help with emancipation and living in the community.

Data Themes for Sacramento

Overall RBS Experience

Birth parents and stepparents noted that RBS provided an opportunity for a second chance to reunite with a son or daughter. They mentioned RBS provided such different experiences as the engagement, activities, and work expected of RBS family participants; and the support, understanding, acceptance, and help offered by the RBS staff. They also saw improvement in the behaviors and attitude of their child.

Foster parents, relatives, and other caregivers identified such differences as the home-like atmosphere of the RBS program, the many activities available to the child, and being included in the communication and planning loop. Line staff and other staff welcomed this unique opportunity to work with families, the staff team work, and the flexibility to join with youth and families in working toward permanency.

RBS Referral Process

Birth parents, stepparents, relatives, and other caregivers such as foster parents mentioned that RBS youth in this county had transferred from traditional group care programs. They described the transition as uncomplicated and noted that staff had described the new program to them. *A great probation officer told me about RBS.*

Line staff and other staff said they need more information about the youth before the RBS decision making meeting. They would also like the family and youth RBS candidates to have more

information about the RBS program and the expectations as part of the referral process. Staff reason that such preparation would help families and youth make a more informed decision about entering RBS.

RBS Benefits

Birth parents and stepparents noted staff contact and support, positive changes in the child's behavior, activities for youth, the RBS group home and staff as a resource to the family, and strategies around anger management. When a RBS staff member posed this question to youth and families, *how is that working for you?* This was enthusiastically described as encouraging self-reflection in a positive way.

Foster parents, relatives, and other caregivers repeated previous comments regarding youth activities and the home-like atmosphere. Line staff and other staff described RBS programming as seeding other programs, an unexpected and welcomed change. They saw impact on siblings as another unexpected and positive change. Staff saw these are the core benefits of engaging youth and families in the goal-setting and planning for their lives, and the flexibility for staff to join with them in developing healthy and permanent relationships.

RBS Improvements

Birth parents and stepparents in this county felt RBS was meeting their needs; they did not make any recommendations about improvements. Foster parents, relatives, and other caregivers recommended recruiting such community stakeholders as church groups to provide activities and classes for youth and families, and they recommended involving youth in community service activities. One CASA volunteer raised an interesting question about genealogy: *Would it be useful for RBS youth to explore their family history? Would such exploration have positive or negative consequences?* This same volunteer has involved the youth with whom she works in geo-caching, a recreational activity that has the potential for lifelong interest.

Line staff and other staff identified funding, the county payment process (the current payment system for providers cannot accommodate RBS; a manual system has to be used) and more information about the youth and family during the RBS referral process.

Notes of Encouragement

All focus groups expressed appreciation of the RBS opportunity and service: *I wish I could do more for the staff to show how much I appreciate them, but I don't know what to do.*

Sacramento Overall Site Themes

All participants provided strong and consistent messages of RBS program approval. Sacramento County put in place an active RBS self-correction process (*What can we do better?*); many improvements have been identified and implemented. Probation and mental health department staff were reported as actively involved in key aspects of the family treatment. Public DCFS staff were reported as involved positively in the referral and case management process.

Data Themes for San Bernardino

Overall RBS Experience

Birth parents and stepparents enthusiastically identified the work with families as a distinct benefit of RBS. They noted some initial communication issues and staff turnover as concerns, but they expressed appreciation for staff willingness to listen and work things through.

Foster parents, relatives, and other caregivers noted differences in the RBS teamwork and the overall RBS approach. One CASA volunteer felt she did not get sufficient information; focus group leaders noted that she did not appear to exercise initiative in obtaining information or have adequate knowledge of RBS. This was the only site with a therapeutic foster parent. This parent had significant experience and wisdom, which could contribute to staff and foster parent training. *RBS is a lot different; foster parents get special training and should have to learn all parts of the program...there is a bigger team with more people to fall back on...and they look for family members.*

Line staff and other staff identified family engagement, multiple services for families, connection of youth to responsible adults, the RBS teamwork, and the voice of youth in planning and decision making as core components of their experience. *I routinely visit other group homes...This program gives a voice to youth...they have a say in what happens and what the goals are. RBS gets youth and families involved in general decision making; that is what interested me...more of a total encompassing kind of care.*

Community stakeholder telephone interviews elicited a strong sense of informed public agency support of the RBS program and team. *Staff are very caring; there are a lot of people working with the child...RBS staff really support the social worker and the family. We should be doing this for every child.*

RBS Referral Process

Some RBS youth in this county had transitioned from traditional group care programs, but birth parents and stepparents did not note transition or referral difficulties. Foster parents, relatives, and other caregivers identified a need for more information about a youth as a part of preparation for entry and for aftercare.

Line staff and other staff spoke of regular reviews and monitoring of the RBS program, which afforded the ability to identify and work out awkward areas. Sufficient background information about the youth and family, and time to meet the child and family before RBS placement decision making were identified as needs. *The intake process that I see is “Hi X....this kid is coming in on Friday.”*

Community stakeholder telephone interviews did not elicit thematic comments about the referral process. *There were some glitches during one referral...it got cleared up and there was follow-through.*

RBS Benefits

Benefits identified by birth parents and stepparents included improved child behavior, the excellence of the RBS team, and the evolving RBS program as important components. There seemed to be a realization that RBS was new, a work in progress, and they were part of the RBS team. *RBS is a lot different than the group home I was in. Several birth parents or relatives had experienced relative placement, foster care, or group home placement as they grew up. The system can work if we work with it.*

Foster parents, relatives, and other caregivers spoke of such benefits as RBS teamwork and support, the help provided during a crisis, communication, and the array of services. *At first there was lots of confusion...now it is coming together...now I know who is who and what the roles are.*

Line staff and other staff emphasized the involvement of the RBS staff, the connection with youth and families, the monthly CCT meeting, and the ongoing fine tuning. *The monthly meetings promote accountability for serving the child well. I like the idea that we all leave [the meeting] with a task...including the client...and at the next meeting there is clear followup.*

Community stakeholder telephone interviews yielded these comments: *People are talking with each other...RBS is changing social workers...hope that [the] State will see the success of RBS and make it available to more kids.*

RBS Improvements

Birth parents and stepparents identified communication with birth parents, medication and direct involvement of the medical doctor, and more information and training about medication, crisis management, relationships, and aftercare as desired improvements.

Foster parents, relatives, and other caregivers want to be notified of 5150's (involuntary mental health secure placements) and have an initial medical assessment, ongoing medication reviews, and more training. In this county, the therapeutic foster parent could be a valuable planning and training resource.

Line staff and other staff wanted more information and training about court procedures and requirements, increased efficiency and consistency of meetings, more involvement from the community, extended aftercare, and medication reviews. *In court the focus is always six months with teenage kids...We need more staff...these are level 14 kids...Yes, I know, I also understand we only get so much money.*

Community stakeholder telephone interviews noted the critical role of the oversight committee. *Don't minimize the value of these meetings.* Consistent communication and training to help public agencies and the providers understand their respective restrictions, requirements, and services; medication assessment and review; and health issues such as diabetes were targeted as needing closer attention. Involving the community was considered an important next step. *Bring in more community stakeholders who will be there after the agency leaves.*

Notes of Encouragement

All groups encouraged the continuation of the program, noting that the RBS strategy has positive results with youth and families. The collaborative development of RBS across the public and private provider sectors was viewed consistently as a positive and critical work in progress.

San Bernardino County Overall Site Themes

The themes and content of all focus groups and telephone interviews support the RBS program. Families, foster families, relatives, staff, and stakeholders agreed: *Expand the program...This should be available to all youth, particularly older teens. The program is still at the toddler stage of development...we need to get more of the community on board...help our kids to be better adults or you can allow them to be animals.*

Data Themes for San Francisco

Overall RBS Experience

Birth parents and stepparents spoke enthusiastically about the RBS support of families, RBS staff involvement with youth, and the activities the program made available to youth. Foster parents, relatives, and other caregivers identified RBS staff training, involvement with and support of youth and families, and the individualized nature of the program services as noticeable and important components. One volunteer participant in this group saw no difference in RBS, an observation not confirmed by other participants.

Line staff and other staff noted the engagement with youth and families, the focus on strength and growth, and participant voices and choices. Staff expressed the value of the team approach, back up,

and support. Youth-based programming was cited as important. *We do not have to cut off the trust and relationships built in the group home when the child leaves as many of the supportive services follow them into the community.*

RBS Referral Process

The RBS youth in San Francisco converted from traditional group care programs. Birth parents and stepparents indicated that the staff explained changes and reached out to help. Relatives and caregivers such as foster parents did not make comments or observations about the referral process. Line staff and other staff identified a referral process as necessary. *We really do not have one because all kids converted...We need to define a referral process and open up to other youth.* Staff recommended opening up to youth eligible for mental health services because of special education needs (as mandated by California AB3632) and probation youth.

RBS Benefits

Birth parents and stepparents cited staff support, family activities, being able to visit their child on campus, improvement in youth behavior, and the anger management group as important benefits. *The occasional potlucks are great; everybody helps out and they suggest different things for families to do.*

Relatives and caregivers such as foster parents noted that every effort was being made to increase the family connection. *It is miraculous...helping me [his aunt] learn about his challenges so it can be a successful reunification.* Participants in this group expressed concerns about the funding issues faced by the RBS program.

Line staff and other staff re-emphasized points made earlier in the focus group: engagement with families, choices, the voice of youth, and

individualized programming. Funding for the RBS program is a serious concern for staff.

RBS Improvements

Birth parents and stepparents said they would like *respite and support at the right time*. Participants noted staff turnover and indicated there *should be more pay for staff and be able to keep them*. They also think staff should better understand what the family caregiver is experiencing.

Foster parents, relatives, and other caregivers would like to see more anger management training. They would like more respite. They want social workers and staff to be sufficiently familiar with birth parents and other family members to establish realistic expectations. They expressed concern that youth experience disappointment when birth parents or other family members are unreliable.

Line staff and other staff described the RBS time-frame as too quick. Staff turnover also was mentioned as problematic. *Continuity of care is relational not just a service provision, but continuity of the relationships involved*. Travel, a significant and substantial factor in providing RBS services, is not considered enough in the business model. *We need more training and retreats*. Protocols for events such as a child calling staff to *come get me* need to be defined.

Notes of Encouragement

Birth parents and stepparents said: *Keep up the good work. RBS gives me hope*. Foster parents, relatives, and other caregivers approve of the RBS program and want it to grow and continue. Line staff and other staff appear overtaxed but are very positive about the RBS philosophy, concepts, and services.

San Francisco County Overall Site Themes

San Francisco County appears to be experiencing some program development stress. Families feel appreciative, involved, and committed to RBS, but are concerned about staff turnover. Business model issues such as caseload management, travel, the competing tensions of overtime restrictions and the need to respond to a crisis, and staff turnover are identified as intruding upon planning, continuity, relationships, and effective collaboration. Staff are enthusiastic about the RBS program, but stressed by the business and management issues described.

Common Themes

This section of the report describes themes that were similar across most or all of the four RBS demonstration sites.

Strong Enthusiasm for RBS

Stakeholders in the focus groups in all RBS sites expressed a striking degree of approval, understanding, praise, appreciation, recognition, and commitment to the value of the RBS approach.

There was a strong cross-site outpouring of enthusiasm for RBS that demonstrated understanding, acceptance, engagement, and hope from the families, youth, public and provider staff, advocates, and stakeholders who participated.

- **RBS staff members work closely together and with the family.** For example, a family experienced two “youth blow-outs” during trial visits but the RBS staff went out to the home promptly to help the family address the situation.

We are more involved, we have more leeway.

We can work more closely with families. I had not talked to the social worker in 6 months, but I talk to the RBS therapist all the time. My relationship with my son has improved.

- **There is more individualized planning and attention for each child.** For example, staff members intensely interact with the children using a team approach, involving life coaches, family partners, and therapists. All work together to connect youth interests to activities in the community, build or rebuild permanent relationships, and establish practical and portable life skills.

Kids can voice opinions about what they need to succeed... There are more people willing to listen to them and to get them the things they want—activities, jobs, training.

The community-based group home is like real house and real home—with pumpkin carving, holiday decorating—even the 17-year-olds got involved.

- **Major changes in child behavior often occur.** Staff and families note that a child's behavior can improve during the group placement but then regress somewhat upon family reunification so the journey may be three steps forward, one step backward.

I have seen results, now my daughter calls me from (GH) when she is upset, and I can try to calm her down by asking what is wrong. Elimination of the seclusion room... Really minimizing restraints. This is a huge change as some youth were in seclusion every day. It is a huge aha for the youth, I can de-escalate myself. There is work to do like helping youth establish relationships with aunts and uncles they have not seen in 4–8 years. Some reunifications take time (9–10 months) to set up.

If you try to move too fast, the children refuse to move with you on the path because they feel overwhelmed.

- **Consistent RBS staff members make a difference.** There is often more time for one-to-one attention and activities for the child. The use of a team approach means that if a person cannot be at a child conference or on crisis call, the child and parents know the other staff members who can participate.

They always let me know, if I need them, they'll be there.

In contrast, three individuals out of the total number of focus group and stakeholder participants expressed some negative sentiments. One birth parent felt negatively about almost everything, stating she felt “disparaged, looked down upon, and county/provider group staff were on vacation all the time.” Two CASA volunteers expressed concerns: one described RBS as *no different than any other program* she had ever seen; the second CASA volunteer seemed unfamiliar with the program.

Appreciation of Family and Youth Support

Participants thought that communication and staff support helped parents to develop a different perspective of the treatment, increasing their hope that their child can come home to live successfully.

- **RBS is personal and individualized.** The RBS staff members work with families and kids collaboratively and positively, and in ways that promote engagement, activities to do together, conflict resolution, and improved parenting skills. Staff feel and are perceived as very engaged, committed, responsive, and supportive. The intense and collaborative planning and attention leads to improvement in the child.

We are learning that often birth parents and birth families need a lot of support to address basic needs so they can better address the original CPS [Child Protection Services] concerns and have the child returned to them.

We see providers and county folks accommodating kids and families instead of kids and families accommodating the system. This is very different.

One birth father said it's like he is in therapy in a good way every time he talks with a RBS staff member on the phone to brainstorm a situation or when he stops by for a meeting. The RBS staff work through issues with him and he is learning with them.

There is nothing hard about RBS. I have to do a lot of meetings but that is what I signed up for.

I did wraparound services for 5 years and we weren't well prepared for my child to return home...RBS prepares and provides aftercare.

I could not go to the bathroom or take a bath without her being right with me, my granddaughter worries about being abandoned again.

A neighborhood-based group home setting works out very well. A community-based group home is like a real house and home.... had a great party, kick-ball game, and barbecue to involve the families, including the siblings...lots of activities. You get to know other families and parents and vice versa.

They help us bond with the youth... family dinners on Thursdays...with mothers and daughters fixing dinner together with staff support as her daughter tested her...Family

barbecues, take family pictures and send the pictures back to the families.

We do not have to cut off the trust and relationships built in the group home when the child leaves as many of the supportive services follow them into the community.

- **Siblings often benefit from RBS.** As they see their siblings improve, the family situation is less stressed and tensions decrease; caregivers' anxiety for the other children in the family abates and their sense of hope increases.

It is really important to my daughter [a senior in high school] that her brother is back on the right track.

- **Birth parents and family members feel involved, aware, and committed.** It was clear that nearly all were meaningfully connected to the program and their children.

Parents are coming on the grounds and interacting with staff and others. There are some incredible benefits here. Parents see other parents interacting with and in a sense protecting their children. They in turn get the chance to interact with other children. They see who else is struggling with or succeeding with an aspect of parenting. They learn they are not alone in this struggle; and that the staff have hope for them and their children. This is a very powerful set of messages.

Service Issues

Relatively few problems with services were noted and all issues were described within the context of suggested improvements rather than complaints.

- **Preparation of public sector staff.** Some participants voiced concerns about public agency social workers' lack of knowledge

about their cases. For example, one grandmother described a call from a new public agency worker who wanted the names of the youth's family members. This worker did not know that this caregiver was the youth's grandmother and had been the primary caregiver for years.

- **Communication with the RBS staff.** One birth parent said that sometimes she was not notified when her child was AWOL and that some case team meetings were not communicated. Now at the RBS agency, notification is much better, except for a few doctor visits and one diabetic class that she needed to attend with her daughter, which was inconveniently scheduled at the last minute.

Similarly, another parent said that when she first participated on the treatment team, she was not notified about a meeting or was notified at the last minute. Now there is plenty of notification because she is so involved at the agency. Another respondent, a CASA volunteer, noted that the girl with whom she was working was taking three powerful drugs (e.g., anticonvulsive, antidepressant). She wanted a drug review and that had not happened yet.

More Timely Information about Youth Relative to RBS Referrals

RBS staff expressed deep appreciation for public agency workers who were familiar with their cases, provided relevant information in a timely fashion, and participated in the meetings and decision making. They also indicated that some public agency workers were neither helpful nor interested in making RBS a success:

We are getting emergency referrals rather than planned [referrals]. Not all DCFS workers are invested in the program...sometimes it is difficult to get them invested in the program...they are not interested in family or reunification.

If CPS can brief the family before the Team Decision Making meeting, the family will be more prepared. Relatives will have thought through whether they can really handle the child...we will have less of a deer-in-the-headlights effect.

Essential and Effective RBS Staff and Cross-Agency Teamwork

RBS staff and cross-agency teamwork is essential and was generally effective. The key team players, which vary slightly by county, typically include the following: educational liaison, life coach, family therapist, individual child therapist, family partner, birth parents and relative caregivers, RBS youth, county agency staff (such as DCFS, probation, and mental health), and a wraparound team (e.g., representatives from the range of RBS agencies that provide connected services to the child or family, such as a medical doctor, foster parent agencies, CASA, and mental health):

Having a life coach is great. I know this client is connected with life coach, therapist, and house supervisor, has three responsible adults a lot in any given day... It is "what are you interested in doing"... proactively looking at this child as an individual...haven't seen this piece in other group homes which are mostly "let's get through today."

To achieve the mandated core goals, RBS is, and must be, service-intensive. RBS requires staff from all involved agencies (public and provider) to work together and to communicate closely; this is happening in varying degrees across the sites.

- **All participants, youth, families, agency staff, and advocates now attend to issues that could previously be ignored or have arisen as a result of the close collaboration.**

There are significant issues with the behaviors and the diabetes...they have been doing well....this is a good experience, so far.

Prior to RBS, DCFS dropped the kids at the group home and prayed they would be there for a long time...More for the convenience of the social worker than the kids...I used to see it in my workers...much more interaction now between the public workers and the facility staff...shows in an attitude change.

Greater Involvement of Public Agency Staff in RBS

There is greater involvement of public agency staff, with more information sharing.

As attorneys and social workers get better training in RBS, they are more responsive.

RBS has a great staff....they really support the social worker and the family.

There are opportunities to build relationships that didn't exist before.

...once a month we all get together at my house...includes my foster son... all working together. The main team has 6-7 weekly. The monthly meeting is 15.

The RBS staff support was initially almost overwhelming and not always sensitive to family schedules [but now the] scheduling is better, and families over time [have] become more comfortable with the support and attention.

- **There is strong and universal awareness of the need to maximize the information sharing, planning, and training within and across all sites.** Ongoing RBS training and communication vehicles that could maximize the

effective collaboration required to achieve RBS goals need to be fully explored. For example, what activities are consistently associated with positive outcomes? Do these warrant implementation across all sites?

If Family Night engages the families and promotes family reunification, ALL RBS work sites should actively engage families in these types of events.

- **But there is some dissonance regarding reunification.** Some public agency staff worry that the unreliability of family members or terminated parental rights sets a child up for disappointment. RBS focuses on a full range of permanency options with the recognition that people change over time and that youth may need to prepare for disappointment. RBS staff members work with youth to recognize the current realities and strengths that exist within their families. From another perspective, one kinship care provider described her frustration: The DCFS agency wanted this relative to adopt the two children for whom she cares; they are, however, not promising any of the key supports the children need so timely permanency may not be achieved.

Funding Uncertainty

Uncertainty about funding sources, flexibility, and sustainability is a concern.

- **Funding is available for many RBS components but more complete funding is needed.** The primary funding sources are Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Aid to Families with Dependent Children--Foster Care (AFDC-FC). Supplemental funding sources vary across the demonstration sites.
- **Consistency and adequacy of funding is a concern.** Some of the main funding sources may not be well synchronized with RBS program needs, concepts, strategy, and components. For example, many birth families need

specific supports and activities to successfully surmount issues that led to the placement of the child. Staff consistently commented on the difficulty of accessing funding for such interventions. These are childcare, assistance with housing, storage, or community programs that promote family functioning. While some suggestions indicated that funding could be used more effectively and flexibly, there was not enough information to make a clear statement. The range of funding sources and varying interpretations of flexibility lead to different constellations of services across the demonstration sites. Note that some level of funding diversity may be appropriate so that services can be tailored to fit the site's target population, which varies across demonstration sites.

Expansion of Services

Expansion of services to other programs and youth was recommended. Without exception, participants across all demonstration sites expressed enthusiastic support for expanding RBS and serving more children.

This should be available to all children.

Issues are manageable: RBS can work, but the issues are funding related.

RBS philosophy is amazing and it works, but it takes time and a manageable schedule

Recommendations

Each of the following recommendations directly represents or builds upon comments made during focus groups and interviews.

1. **Analyze funding options.** If RBS is to continue and grow across California, stable funding to support the robust array of services must be available. A small panel of Federal, state, county, and private sector funding

experts should be convened to explore all the possibilities relevant to RBS. It would be useful to include a Federal regional representative in such a meeting, which might address the following questions: Have the funding sources been fully maximized? Have all the potential funding sources been addressed? What changes in Federal, state, and county funding policies could be made that would strengthen RBS? How can the state's approach to using Medicaid be refined to support this kind of practice reform? How could recent developments such as the *Katie A.* lawsuit settlement and the new permanency practice model (California Partners for Permanence) (CAPP) help support RBS in the future? What funds might be diverted to more fully support RBS? What RBS program components might be attractive to foundation or other private sector funding sources?

2. **Examine the service variations across the RBS sites to uncover areas that require correction.** Sites may differ across the following dimensions: staff turnover, business model considerations, caseloads, training, cross-site collaboration, referral preparation, understanding of public and court sector requirements and timelines, and information exchange. As the RBS program moves forward, these variations should be examined to determine if they indicate some limitations in staffing, training, supervision, quality assurance, or other aspects that need to be measured, discussed, and addressed promptly.

For example:

- ♦ Public agency workers may vary across the sites in awareness, knowledge of, and investment in RBS. RBS needs social workers who are invested and interested, and who want to be a part of this program. Ongoing training that involves DCFS caseworkers who have lower caseloads (and who may not be feeling overloaded) are possible options to consider.
- ♦ If RBS is to succeed, leadership and management need to make informed and

engaged participation a strong and transparent goal.

- ◆ RBS participants from all involved agencies need to be invested in the process and the goals. If not, there is poor preparation for court and the courtroom is replete with differing views and testimony. This is potentially confusing and may undermine case plans, which judges may not appreciate.
 - ◆ A well-planned referral process is critical to appropriate identification of youth and families, as well as preparation of families and relatives.
3. **Improve family finding in some sites.** This key service is not available in all of the counties in the same way or as adequately as it needs to be. Technology improvements may help (e.g., three-way calling on phones or SKYPE accounts to connect family members). However, modern technology still has its limits—one family could not communicate well from Hawaii because their Internet signal was weak. Sometimes in-person visits with relatives were arranged with travel paid for by the RBS program.
 4. **Increase treatment foster home recruitment.** There is a need to aggressively recruit more “bridge” treatment foster homes, especially for young men.
 5. **Teach youth skills with portability.**⁹ Help youth develop life skills, learn how to follow rules common to both group care and living at home, and provide opportunities to apply those skills in real-life settings.
 6. **Examine medication and healthcare practices, including treatment of diabetes.** Concerns surfaced in every focus group about psychotropic medications. For example, the number of medications prescribed at the same time, the need for a thorough up-front assessment, regular reviews by a qualified medical practitioner, and providing families, RBS staff, and guardians with information about the child’s various medical conditions were all mentioned.

Diabetes seems to be an emerging concern with RBS youth, an issue that has nutritional and mental health implications. Youth need an explicit medication review by a psychiatrist upon entering the RBS program. The RBS agencies need to provide more information to staff, increase awareness about overmedication, and train families and staff to be good observers who understand what supports and interventions are necessary.

7. **Continue to evaluate the RBS timeframe to determine its broader applicability.** For some children, the RBS group placement timeframe is too brief to adequately prepare the child for placement in a foster home or with a relative. By the time a youth needs residential group care, he or she has often developed severe attachment problems. It may take many months to connect with and build or rebuild a relationship with a family member, particularly if the youth has not seen that individual in several years. Some youth need more time at the front end to be successful later.

There is work to do, like helping youth establish relationships with aunts and uncles they have not seen in 4-8 years. So, some child reunifications take time: 9–10 months to set up. If you try to move too fast, the children refuse to move with you on the path because they feel overwhelmed. 9-10 months may often be feasible, but when you have many other cases, it can be very difficult to do what is necessary.

Likewise, some reunification situations require a longer period of aftercare services.

We [RBS line staff and supervisors] do worry that we cannot be there for them on a longer-term basis. But in the shorter term, the youth can bounce back to RT for some crisis care and they can be there for him

or her....These families and kids need more of everything in order to succeed.

8. **Consider the number and function of the various meetings, the necessary participation, and the most effective means of representation, participation, and communication.** The family or foster home needs to remain a home. It is important to respect the time and routine of the youth and family. Staff should focus on certain days for scheduling home visits and other RBS work so the child and family can have other days that are normal home routines for the youth and family.

*This means Tuesdays and Friday are visiting, meeting, work days. Secondly, the life coach picks up the child directly at school so the child does not go home and then be interrupted to do something with a worker. [The foster parent wants the schedule planned so her foster child can settle into the home. She also advocates strongly that the child **not** get out of school early.] I want to have a home...I want my foster son to have a home [with a normal routine].*

9. **Plan for the need for some children to return to group care.** What needs to happen if a child is in the community (placement) and says, *Come and get me?* There needs to be a defined protocol: What needs to happen? How long should the youth stay? Who are the decision-makers and what are the criteria? Each demonstration site has crisis stabilization built into its RBS model. A related concern is the desire of RBS agencies to be able to dis-enroll a youth but then re-enroll the youth when he or she is ready to participate.

This includes growing community involvement. Staff should involve individuals and entities such as those that can be there while the child is in RBS group care and after RBS

agency services end. RBS agency leaders have pointed out that the child should be supported by local community resources, and that some of those services might be provided by an out-stationed child or family therapist from the RBS agency. But more likely, the service would be provided by a local provider, ideally one who has been trained in the RBS treatment philosophy.

- ♦ The RBS staff can help the family make a better connection to these local community resources. In some crisis situations that might occur immediately after discharge, however, the RBS team can accomplish more than a local child welfare or mental health staff person because a solid therapeutic foundation has been established between the parent, child, and RBS agency. This approach should prevent emergency room admissions, psychiatric hospitalizations, and re-placement in foster care, for a substantial cost-savings. Furthermore, the cost-savings are not only those of the more intensive child welfare services but also the cost-savings that accrue when the youth achieves a more productive adulthood.
- ♦ Several options were suggested. Churches or other community volunteers could provide classes/workshops. Community members might provide workshops on life skills, cooking, makeup, and fashion. The public and provider agencies can more fully join with the community for training and other meetings. Bridges can be built and networks established with community resources and referral relationships throughout the treatment, placement, and aftercare components of RBS.

10. **RBS and public agency staff need ongoing training and information exchange.** Ongoing staff training and cross-site discussions should be implemented, protocols should be

developed, and information books for RBS staff and families should be prepared. Foundation and other private sector funding might be a resource for technical assistance and training programs. Training can be available for a site as well as across sites. Every site has unique proactive ideas and observations that could be shared across sites; line staff would then benefit from sharing their clinical experiences with one another within an agency and across the RBS agencies.

You cannot just hire people who were survivors of abuse; we need staff members who are healed warriors.

11. **Refine the RBS business model.** This has several components including placement; numbers needed to maintain the cost of care; the number of youth moving into aftercare; staff overtime; informed, viable caseload management; and resource allocation.

- ♦ **Travel is a challenge.** *Sometimes we have a one-hour one-way drive to get to an emergency. So the RBS business model needs to be fine-tuned for certain service areas and agencies because travel eats up staff time and needs to be planned for. Currently, travel is not budgeted adequately for staff time and mileage reimbursement.*
- ♦ **The RBS staff caseloads can be heavy at times, with many calls made to and from family members, youth, schools, and therapists, and others, plus paperwork.** RBS is a radical change from the past. Staff transitions, caseload pressures, travel, court requirements, agency and facility protocols, and the multiple service demands of the RBS work have not been fully factored into case and workload management. For example:

The family therapist caseload was 4–5 and now it is 7–8. One parent partner has 14 families, and another has 20 families as compared to 12 at other places. This is too much to sustain.

Caseloads can be heavy at times, too heavy with the many calls made from family members, youth, schools, therapists, and others; plus the paperwork.

Staff turnover is higher than what we would like and it is hard on parents and children.

12. **Improve referral process.** RBS agencies in many counties need a better-defined referral process that results in a steady flow of referrals.
13. **Consider an RBS newsletter for everyone participating in RBS: youth, families, staff, and stakeholders.** This could function as an exchange of information, ideas, stories, activities, and tips that build on the RBS philosophy and concepts. An RBS newsletter would include input from all RBS sites. A private foundation might be a funding resource.
14. **Maintain the current RBS evaluation plan to calculate cost-savings.** The ways in which RBS dollars are spent should be analyzed in the context of emerging results and compared to other child welfare programs and strategies. In addition, it is important to assess the savings of producing more healthy young adults and avoiding certain social problems like teen pregnancy and delinquency because RBS was provided. Many of the RBS youth served are older adolescents nearing adulthood. If RBS is not available and the living situation instability and high-risk behaviors of youth continue, the added costs to society will be driven by unemployment, incarceration, a lack of achievement, and other social problems.¹⁰

*Where I spent the last six years of my life, we don't want for our children.
(Birth Parent)*

Program is still at the toddler stage of development... We need to get more of the community on board.

Summary

California RBS services incorporate some essential child welfare best practices such as solution-focused therapy, functional family therapy, family group conferencing and family team meetings, and anger replacement therapy. Most critically, RBS staff approach families and youth with a strengths-based perspective that is infused with realistic optimism. The RBS staff and the services they provide teach families how to live, work, play, and disagree together, as well as how to problem-solve and fight in healthy ways. Labeling of families is avoided; instead, RBS staff members emphasize gaining trust, managing disappointment, building relationships, and not giving up.

The focus group findings suggest an impressive enthusiasm and understanding of the commitments and work involved. These early stakeholder perceptions of service quality and family outcomes are promising and show that the program has potential for a much larger group of children.

In conclusion, the RBS group care agencies have the potential to be part of the vanguard of agencies that can help keep families together with periodic “tune-ups” and crisis services for a specified period of time after permanency is achieved. For many parents and families, this is the first set of counselors, parent advocates, and youth advocates who have significantly connected with them and whom they trust. They put their new found confidence in the RBS team members to work with them on their most difficult issues. For these reasons, the RBS staff can be a bridge for the family to connect with local human service providers. This can only be achieved with the committed support of the private and public sectors, including child welfare, mental health, education, and juvenile justice.

RBS services can be the residential group care services of the future, but what will that take?

- 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 aftercare 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 challenged youth and families, as well as a commitment to adequate and sustainable funding.
- Creative, innovative, and practical joining with community sectors where these youth and families live.

Reference Notes

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- ⁴ See James, S. (2011). What works in group care? A structured review of treatment models for group homes and residential care. *Children and Youth Services Review*, 33, 308-321.
- ⁵ Molitor, F., & Pecora, P. J. (2011). *Year one evaluation report for the California Residentially Based Services (RBS) reform project: Review of preliminary data*. Sacramento, CA: Walter R. McDonald and Associates. Available from <http://rbsreform.org/materials/RBS%20Report%20Final%20November%202011.pdf>
- ⁶ Patton, M. Q. (2008). *Utilization-focused evaluation* (4th ed.). Thousand Oaks, CA: Sage, p. 137.
- ⁷ Special thanks to Erin Maher and the other team members of the Austin Reintegration project for their consultation on the use of this approach.
- ⁸ For an example of the coding methods used, see R. Sommer & B. Sommer. (2002). *A practical guide to behavioral research: Tools and techniques* (5th ed.). New York: Oxford University Press.
- ⁹ This concept was popularized for group care by Professor Ted Teather of the University of Washington, School of Social Work.
- ¹⁰ Cohen, M. A., Piquero, A. R., & Jennings, W. G. (2010). Estimating the costs of bad outcomes for at-risk youth and the benefits of early childhood interventions to reduce them. *Criminal Justice Policy Review*, 21(4) 391-434.
