



The RBS Reform Coalition
RECONNECTING CHILDREN, FAMILIES AND COMMUNITIES

WRMA
Walter R. McDonald & Associates, Inc.

California Residentially Based Services (RBS) Reform Project: Final Evaluation Report

Executive Summary



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The RBS project and the RBS evaluation are made possible in collaboration with Casey Family Programs, and with the generous support of the State of California and the RBS pilot counties.

The Year Three Outcomes Evaluation Report was prepared by David McDowell, Mary Jo Ortiz, Anne Marie Stevenson and Carolyn Lichtenstein (Walter R. McDonald & Associates, Inc.), and Peter J. Pecora (Casey Family Programs). For more information about the RBS reform initiative, please see www.RBSReform.org, or contact Karen Gunderson (Karen.Gunderson@dss.ca.gov) or Carroll Schroeder (cschroeder@cacfs.org). For more information about the RBS evaluation, please contact RBS Evaluation Co-Leaders Dr. Carolyn Lichtenstein (clichtenstein@wrma.com) or Dr. Peter Pecora (ppecora@casey.org).

Background¹

California's Residentially Based Services Reform Project (RBS) was authorized by Assembly Bill (AB) 1453 in 2007 and amended by AB 2129 in 2010. The purpose of the project is to transform the current system of group care for children in foster care and children with serious emotional disorders into a system of residentially based services to improve outcomes, most notably a permanent family placement.

RBS is currently being piloted in Los Angeles, Sacramento, San Bernardino, and San Francisco Counties. The agencies within a particular county and their county agency partners together constitute a demonstration site. The demonstration sites 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, multi-disciplinary, care coordination team that follows the youth throughout enrollment despite 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 (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).
- Use of parallel community interventions and services to prepare for and support the youth's return to the community.
- Follow-up aftercare services and support to successfully maintain the youth in the community.

Youth participating in RBS can be characterized as individuals between the ages of 6 and 18 years whose emotional or behavioral problems are so severe that they reside in or are at risk of placement in a residential treatment program with a rate classification level (RCL) 12-14. Such placements represent the highest payment levels for group care in California for children and youth typically in most need of 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.

¹ Revised: July 23, 2014. The Year Three Outcomes Evaluation Report was prepared by David McDowell, Mary Jo Ortiz, Anne Marie Stevenson and Carolyn Lichtenstein, (Walter R. McDonald & Associates, Inc.), and Peter J. Pecora (Casey Family Programs). For more information about the RBS reform initiative, please see www.RBSReform.org, or contact Karen Gunderson (Karen.Gunderson@dss.ca.gov) or Carroll Schroeder (cschroeder@cacfs.org). For more information about the RBS evaluation, please contact RBS Evaluation Co-Leaders Dr. Carolyn Lichtenstein (clichtenstein@wrma.com) or Dr. Peter Pecora (ppecora@casey.org). The RBS project and the RBS evaluation are made possible in collaboration with Casey Family Programs, and with the generous support of the State of California and the RBS pilot counties.

Evaluation

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

This report examines data gathered from the beginning of RBS (late 2010 or early 2011, depending on the county) through March 31, 2013, for youth who were active in RBS during those years. County representatives reported that a total of 317 youth received RBS services through March 31, 2013. Only 188 youth who assented 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. Changes in CANS-CW subscale scores and outcome measures computed from CWS/CMS data represent the best information for examining preliminary improvements in well-being and other outcomes over the course of participation in RBS. In addition, analyzing CWS/CMS data for a group of comparison youth served before the implementation of RBS in Los Angeles and San Bernardino counties provides insight about whether outcomes for RBS youth were better than for non-RBS youth. Finally, an entry cohort “survival” analysis examines the relationship between two outcomes and participants’ child welfare experiences before and during RBS.

Year Three Findings

A review of data collected through March 31, 2013 in four counties on the primary RBS outcome measures shows some positive changes for a number of dimensions that are important to the target RBS population, including functional status, risk behaviors, child safety, educational progress, and mental health. These must still be viewed as early findings based on a modest number of youth receiving RBS.

Changes from baseline CANS-CW assessment to exit assessment in the RBS outcomes of safety, well-being, and connection with a caring adult were positive. 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 deterioration in youth functioning, and “educational progress” did not change.

The YSS and the 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, as reflected on the YSS and YSS-F, were very positive, with almost no change over time in these scores. These scores reflect favorable client and family perceptions about the services they received and about their own functioning.

Outcomes computed from CWS/CMS data for youth participating in the evaluation showed promise. In addition, a comparison of these outcomes computed for RBS youth in the evaluation in Los Angeles with a comparison group of similar youth who did not receive RBS indicated that RBS has produced improved outcomes.

Survival analysis examining which factors predict completion of RBS indicated that a youth’s pre-RBS placement history (average placement length of stay and number of placements) is less important than is his or her experience during RBS. But the total number of placements **before**

RBS is significantly related to a youth's completion of RBS services, with each additional placement increasing the risk of non-completion by 10%. Both the average placement length of stay and number of placements **during RBS** are significantly related to RBS completion. The chance of completing RBS decreases by 15% with every additional month of a youth's stay in an RBS placement, based on average length of stay, and the chance of completion decreases by 66% with each additional placement. It is not surprising, however, that children with greater needs (more problems) may stay longer in RBS.

Survival analysis examining which factors predict achieving permanency indicated a similar pattern, except that pre-RBS placement history is not related to achieving permanency. The negative relationship between the total number of RBS placement changes and achieving permanency is highly significant, indicating that the chance of achieving permanency decreased by 84% with each additional placement. In addition, the chance of achieving permanency decreased by 28% with every additional month of a youth's average length of stay in an RBS placement.

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). In addition, referral rates in some counties have been lower than expected. 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 RBS, addressing staffing issues, and establishing sustainable funding for the most innovative features of this program, such as the post-permanency supports.

Summary

The main findings of the Year Three RBS evaluation are presented in Table E.1. RBS may lay the groundwork for the residential group care services of the future and complement 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 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 at-risk youth and families, as well as a civic and government commitment to adequate and sustainable funding.
- Creative, innovative, and practical partnerships with community sectors, where these youth and families live.
- Greater specification of the intervention strategies that are most strongly linked with RBS and post-RBS success, and for whom.
- Evaluation of the new California Continuum of Care Reform, using a large sample and sophisticated data analyses.

Table E1. Summary of Progress on RBS Outcomes

Outcome	Progress through March 31, 2013
Achievement of permanency	<ul style="list-style-type: none"> • 40.6% of youth who graduated from RBS achieved permanency; 23.4% of all youth served achieved legal permanency. • The median time to achieve permanency was approximately 8 months. • The median and average time to permanency was much shorter among the RBS group in Los Angeles than among the comparison group, although approximately the same number of youth achieved permanency in both groups.
Length of stay in RBS	<ul style="list-style-type: none"> • Median length of stay across all kinds of RBS placements during RBS (e.g., residential treatment or group home, treatment foster care) was approximately 1 year for all youth receiving RBS services and 15 months for those who graduated from RBS. • Median length of stay in all types of placement was much shorter for RBS youth in Los Angeles than for comparison youth. • Median length of stay in group home placements during RBS was approximately 9 months for both all youth served and for those who graduated from RBS. • Median length of stay in group home placements was much shorter for RBS youth in Los Angeles than for comparison youth.
Re-entry into group care and foster care ^a	<ul style="list-style-type: none"> • 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 graduated from 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 (group care) for a lower level of care returned to group care; only about 10% of graduated youth who left group care for a lower level of care returned to group care. • Fewer RBS youth in Los Angeles than comparison youth returned to a residential treatment or group home placement after moving to a lower level of care.
Involvement in services planning and treatment / child and family voice and choice	<ul style="list-style-type: none"> • Youth rated their involvement in RBS service planning and treatment highly (approximately 3.8 on a scale from 1 to 5) throughout their RBS participation. • Family members rated their involvement in RBS service planning and treatment even more highly (approximately 4.2 on a scale from 1 to 5) throughout their RBS participation.
Client satisfaction	<ul style="list-style-type: none"> • Youth were very satisfied with their RBS experience (approximately 4.0 on a scale from 1 to 5) throughout their RBS participation. • Family members were even more satisfied with their RBS experience (approximately 4.4 on a scale from 1 to 5) throughout their RBS participation.
Child safety	<ul style="list-style-type: none"> • Youth experienced almost no substantiated maltreatment 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	<ul style="list-style-type: none"> • Youth experienced about two placement changes during RBS. • The median number of placements was smaller for RBS youth in Los Angeles than for comparison youth. • About two-thirds of youth who graduated from 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. • CANS-CW mean scores for a number of well-being domains showed statistically significant positive changes during the course of 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 scale from 1 to 5)

Outcome	Progress through March 31, 2013
	<p>throughout their RBS participation.</p> <ul style="list-style-type: none"> Family members rated their child's functioning and social connectedness very highly (approximately 4.2 on a scale from 1 to 5) throughout their RBS participation.
Child educational progress	<ul style="list-style-type: none"> The CANS-CW mean scores for this did not change during the course of the youth's RBS experience.
Existence of a connection with a caring adult	<ul style="list-style-type: none"> The CANS-CW mean scores for this domain showed statistically significant positive changes during the course of the youth's RBS experience.