

RESIDENTIALLY BASED SERVICES (RBS) REFORM PROJECT
SUMMARY OF 2010 COUNTY ANNUAL REPORTS (CARs)

JULY 27, 2011

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INTRODUCTION:

Four demonstration sites are currently participating in the Residentially Based Services (RBS) Reform Project. They are San Bernardino County, Sacramento County, Los Angeles County, and San Francisco County. San Bernardino has one participating RBS provider; each of the remaining three sites has three RBS providers. Due to a variety of unanticipated implementation issues, including the impact of the ten percent foster care provider rate cut enacted in the State Budget in October 2009 and the Alliance v. Wagner lawsuit that followed, implementation was significantly delayed. San Bernardino enrolled their first youth on June 28, 2010; Sacramento on September 16, 2010; Los Angeles on December 2, 2010; and San Francisco on March 7, 2011. Because these County Annual Reports (CARs) cover the prior calendar year and because San Francisco did not begin serving youth until 2011, only three of the four currently participating sites are subject to this first year reporting requirement. Given their individual implementation start dates, the first year CARs cover less than a full year of pilot project activity. San Bernardino's report covers six months of case activity, while Sacramento's report describes three and one half months of activity and Los Angeles' report addresses just one month's activity. As a result, although the information contained in these first year reports is useful, these reports should be considered more of a test of the reporting/data collection processes and the CAR template, than a comprehensive accounting of pilot project activity. Based on these first reports, no substantive conclusions can be made about the relative success of these three RBS program and funding models.

RBS AT A GLANCE:

	San Bernardino	Los Angeles	Sacramento	San Francisco
Project Term (per MOU*)	June 1, 2010 – December 31, 2012**	July 15, 2010 – June 30, 2012 or the end of the IV-E Waiver whichever is earlier***	August 15, 2010 – December 31, 2012**	March 1, 2011 – December 31, 2014****
RBS Providers	<ul style="list-style-type: none"> • Victor Treatment Centers/Victor Community Services 	<ul style="list-style-type: none"> • Five Acres • Hathaway-Sycamores • Hillside 	<ul style="list-style-type: none"> • Children’s Receiving Home of Sacramento • Quality Group Homes • Martin’s Achievement Place 	<ul style="list-style-type: none"> • Seneca Center • Edgewood Center for Children & Families • St. Vincent’s School for Boys & SF Boys’ & Girls’ Home
Number of RBS Beds	12	57	22	18
Target Population	Age 13-18; RCL 14; multiple placement failures or psychiatric hospitalizations; in an out-of-state placement that is failing.	Age 6-18; RCL 12-14; need 24 hour care at least 50% of time; need to develop connections with family/community.	Age 12-16; RCL 12-14; no more than 1 GH placement; has current connection with family member that is a viable permanency option; has family willing/able to participate in RBS; not receiving Wrap.	Age 6-16; RCL 12-14 & combination of family disruption, abuse, or dangerous behavior that cannot be managed in other settings; has someone who can provide a permanent home & is willing to participate in RBS; unlikely to achieve permanency within 6 months in traditional group care.
Average Length of Stay (in months)	Residential: 12 Community: 12 Total: 24	Residential: 10 Community: 12 Total: 22	Residential: 9 Community: 9 Total: 18	Residential: 5 Community: 19 Total: 24
Funding Model Rate Levels	Residential: \$8,835 Community: \$4,028 or \$3,571 or \$1,679	Residential: \$10,194 (10 month cap) Community: \$4,184 or \$1,250	Residential: \$8,031 Community: \$4,594	Residential: \$11,000 Community: \$4,028 or \$3,500

* Memorandum of Understanding (MOU) between the county and the state.

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

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

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

BACKGROUND:

RBS REFORM PROJECT:

The 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 multi-year pilot demonstration project aimed at eventually transforming California's current system of long-term, congregate care into a system of RBS programs. Under the statute, pilot demonstration projects would test alternative program and funding models intended to reduce the length of time in group care and improve permanency outcomes for children by combining short-term, intensive, residential treatment interventions with community-based services aimed at reconnecting foster children to their families and communities.

In order to achieve these goals, the law envisioned that intensive services would need to be provided during the early months of placement in RBS. While this would result in higher up-front costs, it would produce off-setting savings by reducing lengths of stay in the high-cost residential facilities and moving children to lower levels of care and permanent placement more quickly. The law stipulated that RBS pilots would not increase costs to the State General Fund for payments under the Aid to Families with Dependent Children – Foster Care (AFDC-FC) program and that proposed funding models would seek to maximize federal financial participation.

Subsequent legislation (Assembly Bill 2129, Chapter 594, Statutes of 2010) was enacted which extended pilot project authority to January 1, 2015. That statute also clarified the General Fund cost containment provisions by requiring the California Department of Social Services (CDSS) to conduct reviews of demonstration site performance after 18 months and terminate any pilot project which failed to achieve timely movement of youth into lower intensity, lower cost placements as detailed in that demonstration site's approved RBS plan.

Because this is a pilot test with potential for statewide implementation, the law required each pilot demonstration site to submit an annual evaluation report prepared jointly by the participating counties and providers. These reports are to be submitted to the CDSS Director who shall make them available to the Legislature upon request. They will also be used to inform the deliberations of a statutorily mandated stakeholder workgroup responsible for developing a plan for statewide implementation of RBS. In addition, these CARs will be helpful in guiding the development of broader congregate care reform efforts in California.

COUNTY ANNUAL REPORT PROCESS:

The general content to be addressed in the CAR is specified in statute at Welfare and Institutions Code Section 18987.72(c)(3). To facilitate reporting and encourage uniformity, CDSS developed a report template with extensive input from the

demonstration sites. This template provides a list of structured questions to which the participating counties and providers are to respond. In addition to narrative description of demonstration site experience and insights, the template requires discussion of outcome and cost data. Numerical data referenced in the reports is derived from several sources, including the Child Welfare Services/Case Management System (CWS/CMS), Child and Adolescent Needs and Strengths Assessment–Child Welfare (CANS-CW), Youth Services Survey (YSS) and Youth Services Survey for Families (YSS-F). Data is also derived from various cost reports which are based on provider records and the claims which are submitted to CDSS.

An annual reporting cycle was established requiring demonstration sites to submit reports to CDSS by March 1 of each year of the pilot project. Reports are to describe pilot project activity for the prior calendar year. Due to delays in developing the data extracts from CWS/CMS, reporting for this first cycle was postponed to May 20, 2011.

DEMONSTRATION SITE ACTIVITY:

CLIENT OUTCOMES:

The three demonstration sites reported the client outcomes for this reporting period, including the number and characteristics of the youth served, the reasons for disenrollment, and average length of stay in the RBS residential component. Since the demonstration sites were only in operation for six months at the most, there is limited information regarding the client outcomes for this reporting period.

Number and Characteristics/Demographics of Youth Served:

The total number of youth served and the youth demographics vary depending upon each site's unique target population. The information provided below is based on the total number and demographics of the youth served in RBS for those youth enrolled in each demonstration site in calendar year 2010. It should be noted that each demonstration site also varied in the type of demographics and characteristics reported. To prevent this problem in the future, revisions will be made to the CAR template to include specific instructions on what should be uniformly reported by all sites.

- Sacramento reported a total of 13 youth served over a three and one half month period. Of the 13 youth, eight were male and five were female. Of the eight males, two were referred by child welfare and six were referred by probation. Of the five females, all five were referred by child welfare.
- Los Angeles reported a total of 53 youth served over a one month period. Of the 53 youth, 45 were male and eight were female. Of the youth served, 22 were African-American, 16 were Hispanic, 14 were White, and one was Asian. Of the youth served, 18 had fewer than five out-of-home placements and 22 had six to ten out-of-home placements. Thirteen of the youth had more than ten out-of-home placements.

- San Bernardino reported a total of 14 youth served over a six month period. Of the 14 youth served, seven were male and seven were female. The average age of the youth served was 16 years old with a range of 13 to 17 years old. Six of the youth served were African American and eight were White.

Reasons for Disenrollment:

During this reporting period two of the three demonstration sites disenrolled youth from the RBS program. Sacramento reported the disenrollment of one youth prior to graduation. This youth violated the RBS contract and was subsequently incarcerated for a drug related offense. San Bernardino reported the disenrollment of one youth prior to graduation. This youth displayed violent behavior and was subsequently incarcerated.

Average Length of Stay:

The average length of stay indicated by each demonstration site during this reporting period provides inconclusive information due to the fact that the RBS programs have not been operational long enough to allow youth to complete the residential component of their RBS program. In order to gain useful information from this measure, the RBS program will need to be in operation for at least a year, at which time the first cohort of youth will be completing their planned stay in residential placement and a comparison can be made to see if youth are matriculating through the RBS program as planned.

CLIENT INVOLVEMENT:

Client involvement for this reporting period includes information from all three demonstration sites on the CANS-CW data instrument and the participation of youth and families in the child/family team meetings.

CANS-CW:

The CANS-CW data instrument is mandated by the RBS Evaluation Plan for use in all RBS demonstration sites. The CANS-CW allows for the evaluators to create specialized indices of Child Well Being, Educational Progress, and Child Safety measures that are produced by the CANS-CW scoring system. The CANS-CW measures the progress of youth on several domains ranging from Function Status to Educational Progress. Depending upon the demonstration site, Substance Use Complications and Criminal and Delinquency are additional CANS-CW domains. The CANS-CW will allow the RBS evaluators to compare the outcomes of the CANS-CW for RBS youth at various intervals as they progress through the RBS program. The CANS-CW is administered at intake and discharge from the RBS program, as well as every 90 days or six month intervals depending upon the demonstration site. The information reported below from each site includes data on only those youth who have signed consent/assent forms agreeing to participate in the RBS evaluation. In addition, the

CANS-CW information below includes both youth enrolled in 2010 and youth enrolled from January to May 2011.

- Sacramento provided CANS-CW information for 16 youth enrolled. CANS-CW data indicated a high level of need in the areas of Criminal and Delinquency, Family/Caregiver Needs and Strengths, and Child Strengths. Follow-up CANS-CW indicated a decreased need in the highest need areas mentioned above, as well as improvement in the area of Child Safety. However, the follow-up CANS-CW indicated an increased need in the areas of Mental Health, Risk Behaviors, Substance Use Complications and Educational Progress.
- Los Angeles provided CANS-CW information for 25 youth enrolled. CANS-CW data indicated a high level of need in the areas of Child Strengths and Mental Health. The domains for Child Safety and Substance Use Complications indicated a low level of need. Moderate level of need was indicated in the Functional Status, Risk Behaviors, Criminal Delinquency, Family/Caregiver Needs and Strengths and Educational Progress domains.
- San Bernardino provided CANS-CW information for nine youth enrolled. Follow-up CANS-CW indicated a decreased need in the Functional Status, Mental Health, and Child Strengths domains. There were no changes in Risk Behaviors, Family/Caregiver Needs and Strengths, and Child Safety. CANS-CW data indicated an increased need in the Educational Progress domain.

Participation in Child/Family Team Meetings:

Child/family team meetings, referred to as Care Coordination Teams, Child and Family Teams or Family Support Teams depending upon the site, are an integral part of the RBS program, creating a forum for youth and families to participate in the case decision making process, identify goals and check-in on progress. Active participation from youth and families is vital to the success of the RBS program. Overall, the majority of youth in each demonstration site participated in the child/family team meetings. However, depending on the demonstration site, family/supportive adult's participation varied as discussed below:

- Sacramento reported that 100 percent of youth participated in child/family team meetings during the reporting period. Because Sacramento's target population requires the youth to have a connection with an adult willing to work toward permanency, Sacramento reported that it was rare that family/supportive adult did not attend child/family team meetings.
- Los Angeles reported that the majority, but not all, of youth participated in child/family team meetings during the reporting period. Most of the youth who had family/supportive adults identified participated in the child/family team meetings although some of the family/supportive adult's participation was inconsistent.

- San Bernardino reported that the majority of youth participated in child/family team meetings during the reporting period. However, fewer than 50 percent of the youth served had at least one family member/supportive adult participating in the child/family team meetings.

CLIENT SATISFACTION:

Client Satisfaction is measured using the YSS and YSS-F. Only one demonstration site, San Bernardino, was in operation for the appropriate amount of time to administer the YSS and YSS-F tools and provided information on client satisfaction for this reporting period.

YSS and YSS-F:

The YSS and YSS-F are surveys that measure the youth's and family's satisfaction with services, the child and family “voice and choice,” well being, and educational progress. The YSS and YSS-F instruments include the same items, with the YSS designed for completion by the child or youth receiving services (e.g., “I helped to choose my services”) and the YSS-F for self-administration by the parent or caregiver (e.g., “I helped to choose my child’s services”). Both instruments are completed when the child is 13 years and older. Use of the YSS and YSS-F instrument items would permit studies comparing the outcomes of RBS enrolled children and youth with the outcomes of non-RBS children and youth.

- During this reporting period Sacramento and Los Angeles did not report on YSS and YSS-F outcomes as neither demonstration site had sufficient time operating their RBS program to conduct the surveys.
- San Bernardino reported on nine youth who completed the YSS surveys during the reporting period. Of the nine youth, three youth with identified family completed the YSS-F. Overall, the youth were satisfied with the RBS program. As stated by San Bernardino, “the nine youth were satisfied with Satisfaction of the Services domains, and the Well Being domains, they were slightly satisfied with the Child and Family Voice and Choice domains.” For three youth with identified family who completed the YSS-F, San Bernardino reported that, “An aunt, an unidentified relative and a foster father completed the YSS-F for the RBS youths. Overall, the relatives were more satisfied with the services and Well-Being domains but slightly more dissatisfied with the Child’s Voice and Choice.” San Bernardino also reported that the RBS provider had difficulty obtaining an appropriate staff person for the Family Clinician position and suspected that this may have had an impact on the satisfaction of the family members.

PUTTING RBS INTO OPERATION:

All three demonstration sites reported success in implementing the foundational RBS tenets of environmentally based interventions in residential placement, portable intensive treatment interventions that follow the youth and family, and multidisciplinary care coordination planning that actively involves the family and youth in case planning, decision-making, and implementation. Because these initial County Annual Reports cover only the first months of operation (six months for San Bernardino; three and one-half months for Sacramento; one month for Los Angeles), only two sites reported providing parallel community services to help families and communities prepare for return of the youth; follow-up post-discharge services were not yet needed in any site.

Environmentally Based Interventions:

- Intensive environmentally-based residential services were established to provide RBS enrolled youth with safety, stabilization, standardized assessments, treatment, and support for family strengthening and connection. These services were provided on site in specialized RBS facilities. In San Bernardino County two RBS homes were opened and renovated specifically for this project. In Sacramento and Los Angeles Counties existing facilities were converted for RBS use. The facilities were staffed to ensure appropriate, specialized care in the RBS milieu and 24-hour supervision. Youth behavior was stabilized using interventions by trained staff. Assessments were completed with the use of the CANS-CW instrument. Therapeutic interventions were provided to help youth and their families resolve the issues that led to the youth's placement into foster care. Staff assigned to the RBS project was trained in RBS principles and practices to ensure active supervision, therapeutic behavioral and social interventions, treatment, and family and youth engagement.

Child/Family Teams:

- Whether labeled "Care Coordination Team", "Child and Family Team", or "Family Support Team", each demonstration site established and utilized portable, multidisciplinary teams composed of representatives from all involved agencies, as well as the youth and family. These child/family teams functioned to develop, update, and execute a comprehensive and coordinated plan for care for each enrolled youth, making case decisions and providing intensive treatment interventions delivered by professional staff members of the child/family team. Family members and youth were aggressively encouraged to participate in all aspects of the child/family team meetings. Typically, child/family team meetings were initiated in the first two to four weeks of placement, depending on the site. Sites made the commitment that the child/family team membership would remain static and team involvement with the youth and family would continue through transition of the youth into the community and eventual exit from the RBS program. In San Bernardino County, for example, the child/family team continued to work with the youth even when on a trial visit out of county with

fictive kin. In all sites, child/family teams met both regularly and off schedule, when necessary, to address the individual youth's needs. San Bernardino reported that their child/family teams met in various locations in order to facilitate family involvement and accommodate the youth's needs (such as school schedules, treatment schedules, etc.), as well as to satisfy the needs of the other child/family team members.

Family Finding and Engagement:

- The work of engaging the youth and family was the focus in all sites of a variety of new and/or specialized staff positions, such as Child and Family Team Facilitator, Child and Family Specialist, Family Clinician, Parent Partner, Family Specialist, Youth Mentor, Youth Advocate, etc. Sites reported coordinating such family oriented activities as weekly dinners, family tours of the residential setting, participation in community family events, and individual no-cost or low-cost family recreational activities. To quote San Bernardino, "Almost every child has experienced an increase in family involvement and family connections while enrolled in the RBS program. ...family members report feeling empowered through the 'voice & choice' element of RBS... and exploration of post discharge placement is occurring at a much higher rate than typical for this population." This was consistent with the experience reported by all three demonstration sites. San Bernardino reported that enhanced family involvement resulted in a significant reduction in the long-term rate of youth in their target population group being absence without leave (AWOL).

Parallel Community Services:

- Two demonstration sites, San Bernardino and Sacramento, developed and implemented parallel, pre-discharge, community based interventions with the youth, family, and community members aimed at preparing the youth for reconnection with the community. Sacramento County providers reported working closely with schools, including providing crisis support, to keep youth safely and productively in their school of origin. Where that was not possible, providers worked with the school in preparation for the youth's return to that school. They also worked with youth and families to encourage them to explore and utilize community resources and activities that may have been previously unknown to them, such as sports programs/classes, library, museums and other cultural activities, etc. San Bernardino's provider reported employing a Life Coach to perform an Ansell Casey Life Skills Assessment with the youth to determine the youth's life skill deficits and develop a plan to address those deficits in order to build the skills necessary to transition to the community. They also emphasized individualized activities for the youth, such as dance class, cooking, and sports.

Follow-Up Services:

- Sites reported that they are ready to provide follow-up community based services and support to the youth and family as soon as they are needed to ensure the youth's successful transition from residential placement into the community portion of RBS. For example, services planned by one of Sacramento County's providers included "outpatient services, additional family members as informed support system, religious/spiritual supports, and RBS staff supports". As youth had not yet stepped down into community placement during the reporting period, these services were not yet needed in any site.

Specialized Components:

- Two demonstration sites reported efforts to implement specialized program components that complement and support RBS principles. San Bernardino reported instituting the Trauma Informed Care model (Risking Connection). This model ensures that traumatic life experiences are considered when determining how to work with the youth. Sacramento reported integrating the evidence-based treatment model Functional Family Therapy with RBS. This strength-based model examines the influence of intra- and extra-familial factors on the treatment process. Functional Family Therapy was not fully employed by all providers during the reporting period.

Training:

- All demonstration sites reported delivering a variety of training for provider staff and staff from multiple county agencies on RBS principles and practices, as well as on site-specific topics. In Sacramento, for example, initial training was provided to prepare probation officers, case work staff and supervisors "for practice aligned with RBS principles and values". Refresher training was then provided two months after implementation began to help staff meet the challenges of fully incorporating the culture and practice changes necessary to operate RBS. In addition, Sacramento provided training to placement "gatekeeper" staff from the three county placing agencies on the overview of the RBS Program, including focused discussion of eligibility criteria and the referral process. Likewise, San Bernardino reported: "All staffs involved in RBS have been trained in the RBS model, risking connections, and grief and loss and follow-up trainings have been provided when necessary. Training of staff not directly involved with RBS has also been provided, as trauma informed model training is facilitating paradigm shift for all agency staff." A Los Angeles provider reported offering "training in family driven care and intervention principles including strength-based, trauma informed, teaching focused, relationship based, individualized, culturally competent, and evidence based approaches. Clinicians were trained in Trauma Focused Cognitive Behavioral Therapy. Facilitators, Family Search and Engagement Specialists and Parent Partners received individualized, role specific training."

OVERSIGHT:

"Oversight" as discussed in this section includes formal project management and case review structures and other quality assurance actions, as well as utilization and resource management activities. All three demonstration sites reported instituting similar structures/activities.

- San Bernardino's Oversight Committee grew out of their program design committee, containing members from all partner agencies. Individual youth also participated as needed when considering recommendations for admissions. Quality assurance was maintained by this multi-agency committee meeting weekly to "monitor fidelity to the RBS model while ensuring the progress made by youth is tracked and to create a venue for problem solving and conflict resolution". Specifically, it monitored individual case progress twice per month in the areas of education, activities, mental health/behaviors, family connections, and participation in the Independent Living Program. It focused on service delivery, placement, resolution of case conflicts or issues, and ensuring ongoing model fidelity in relation to the core values. Over time the Oversight Committee streamlined communication processes and how meetings were conducted. Resources and program utilization were managed through weekly meetings of both the Oversight Committee and the provider's RBS team meetings. The latter included clinical and residential staff that collectively identified ways to better support individual youth. The provider also established an internal steering committee which met each month to "develop, monitor and guide the internal infrastructure and systems needed to implement and operate the RBS program" in collaboration with the county. Concerning resource management, San Bernardino experienced difficulty hiring the Family Clinician, a key RBS-specific position, timely.
- Sacramento's primary oversight structure was their RBS Local Implementation Team, which was coordinated by their RBS Local Implementation/Project Coordinator. Composed of representatives from all partner agencies, this team met monthly to review utilization data reports on RBS enrollment/discharges and key case activities, such as occurrence and participation in Team Decision-Making Meetings and child/family team meetings, the administration of the CANS-CW assessment and youth/family satisfaction surveys, use of crisis stabilization, transition dates to community placement, and permanency plan data. This was done with a focus on monitoring fidelity to the practice, timelines and processes contained in the demonstration site's RBS model. The Local Implementation Team also discussed individual case progress and provided evaluative feedback on case services and service delivery, as well as recommendations for overall system improvements. In addition, Team meetings promoted candid discussion among providers of both their challenges and tested "best practices". Sacramento also established a Care Review Team composed of family, provider, and county representatives (mental health, probation and child welfare) who "have a solid knowledge of the RBS Program, but are not

providing direct care to youth and families". This Care Review Team worked with the child/family team to make recommendations to improve the adequacy, appropriateness, quality and delivery of the services provided. In addition, Sacramento contract staff monitored all three providers for compliance with their RBS contract scopes of work. With regard to resource management, demonstration site providers reported the staggered, phased-in hiring of RBS-specific positions based on their occupancy rates and the needs of the youth in placement. Some positions remained unfilled at the end of the reporting period.

- Los Angeles reported establishing a number of committees that collectively provided project oversight. Interagency Screening Committees reviewed provider's Plans of Care for timeliness, completeness and model fidelity. These committees also worked with providers and the county to resolve outstanding issues. The RBS Roundtable reviewed RBS operations to identify and resolve issues. The RBS Advisory Board met to address system challenges. In addition, both the county's child welfare and mental health departments assigned one RBS project manager from each agency to oversee their respective portions of the RBS project, working in close communication with the providers.

INTERAGENCY COLLABORATION:

Critical to the success of RBS is the ability of the demonstration site to establish strong ongoing collaboration among the various county agencies (child welfare, probation, mental health), providers, and community stakeholders which will be serving the youth and families. All three demonstration sites reported productive interagency collaboration at the key leadership levels of the organizations.

- San Bernardino reported good collaboration among all RBS partner agencies at the leadership level and active participation by all partner agencies in the monthly RBS Steering Committee and weekly Oversight Committee meetings. In addition, weekly child/family team meetings were attended by representatives of the provider and placing agencies, community, school, therapist, as well as by the family and youth. Emergency child/family team meetings, convened when immediate changes were required or issues arose about a youth, were attended by the child/family team and by Oversight Committee members. Related to the fact that most RBS enrolled youth were placed by child welfare, participation from the child welfare agency (Children and Family Services) was reported as "substantial". Child welfare agency staff chaired the RBS Steering Committee meetings, co-chaired the Oversight Committee meetings, and was actively involved with not only the broad system issues, but also the specifics of individual cases. The Department of Probation also placed youth into RBS and assigned a single Probation Officer to participate actively in both the Oversight Committee meetings and child/family team meetings for individual youth. The mental health agency (Department of Behavioral Health) assumed two roles in RBS: provide clinical case management services to each youth; and facilitate Assembly Bill (AB) 3632 placements as appropriate for RBS. The latter role was removed by

the Governor's suspension of AB 3632 in October 2010. The mental health agency remained active in providing clinical case management services. Active collaboration with and participation by the local Regional Center (Inland Regional Center) continued throughout the reporting period despite the fact that no developmentally disabled clients were identified for enrollment in RBS during the reporting period. The Regional Center regularly participated on both the Steering and Oversight Committees. Not only did the provider (Victor Treatment Center) participate in structured meetings, but also collaborated with the child welfare agency on joint RBS trainings for provider and county case worker staff. The site reported that "These trainings proved extremely helpful with building relationships that would be important as we moved forward." However, at the case worker level collaboration was less successful initially as county case workers struggled to incorporate the paradigm shift necessary to fully implement RBS. Participation by county case workers in the child/family team meetings was reported as "minimal in the beginning", but improving. It was also reported: "In several situations the County Workers lacked the understanding of the process for resolving conflict or concerns that arise with the RBS program which resulted in high level guidance by County Agency leaders to inform lower level County employees that RBS would not be business as usual; rather, workers would not have the ability to make unilateral decisions, nor would the provider. We would need to work together to ensure things would succeed."

- Sacramento reported a strong public/private partnership with active collaboration among partner agencies at both the leadership and practice levels. The Local Implementation Team was cited as the key vehicle for maintaining ongoing collaboration among county, provider and community stakeholders. County agencies (Child Welfare, Probation, Mental Health, and the Department of Human Assistance) consistently participated in Local Implementation Team meetings and ad hoc meetings to address pressing issues. Child Welfare provided leadership and project management. Mental Health ensured management of RBS provider contracts. The Department of Human Assistance tracked monthly expenditures. At the case level, both Child Welfare and Probation provided line workers and supervisors to lend expertise, promote RBS within their agencies, and work in partnership with providers to deliver services. Specific vehicles for collaboration at the practice level included Team Decision Making/Recommendation Team meetings to determine whether referral to RBS is appropriate, Family Support Team meetings (child/family team) to provide "consensus based coordinated comprehensive care planning", and Care Review Team meetings to use "peer expertise across child/youth service systems" to support the child/family team by developing recommendations to improve adequacy and appropriateness of services. Providers reported good communication, mutual understanding and shared willingness to change in their interactions with county agencies. However, one provider reported initial conflict with Child Welfare over the concept of case "lead" and the need to use the Implementation Leadership Team to provide the necessary role clarification. A more significant strain was reported by another provider concerning whether to

leave highly disruptive youth in RBS placement. [This is discussed in more depth under "Challenges, Adaptations, Lessons Learned: Reinforcing the Model".]

- Los Angeles reported that their primary vehicle for interagency collaboration, the Open Doors Roundtable, grew out of their RBS collaborative of providers, county agencies and community stakeholders. It also built on the strong collaboration already in place between child welfare and mental health through the Wraparound program. The Roundtable was described as a "bi-weekly collaborative meeting to review implementation progress, problem-solve, advise, share successes, review evaluation data, and recommend changes to the program during the pilot and for start-up". Regular attendees included providers and county agencies (e.g., child welfare, mental health, community care licensing, Inter-Agency Screening Committee which monitored individual case Plans of Care and Safety and Crisis Plans, and others). The child welfare agency (Department of Child and Family Services) managed the RBS program and provider contracts. The mental health agency (Department of Mental Health) managed behavioral health services and funding. In addition to the Roundtable, providers reported productive county/provider collaboration on the RBS Evaluation and Training Subcommittees.

REVENUES AND EXPENDITURES:

The County Annual Report template required each demonstration site to report on County Payments to Nonprofit Agencies (Revenues), Actual Costs of nonprofit Agencies (Expenditures), and the Impact of RBS on AFDC-FC Costs (Impact). The Impact section required a comparison of the RBS costs of children who had entered and completed RBS as a successful exit or entered and remained in the RBS program for 24 months, to the costs of those children had they remained in the regular AFDC-FC program. Because no county had any children successfully exiting the program in this reporting period, and no children had been in the program for 24 months, there were no costs or savings reported for the Impact Section. County demonstration sites with more than one provider combined the total revenues and the total expenditures for all providers when they completed the CAR.

Revenues:

The demonstration sites reported the following revenues received by providers in this period, all for services in the Residential component. No children were placed in the Community component during this reporting period. CDSS notes that in many cases the revenue amounts reported by the county as being paid to the provider do not match the amount of revenue as having been received by the provider as reported in the expenditure section. While there may be a rationale for this, none was provided.

Note: The amounts reported in this table have not been validated by CDSS.
EPSDT refers to Early Periodic Screening, Diagnosis and Treatment funds.
MHSA refers to Mental Health Services Act funds.

Project Site	Amount Paid For:	AFDC-FC	EPSDT	MHSA	Other
Los Angeles*		0	0	0	0
San Bernardino		\$260,785	\$48,239	\$96,135	\$28,296
Sacramento		\$77,828	\$71,577	0	0
San Francisco**		0	0	0	0

* With a December 2010 start date, Los Angeles reported no payments to providers until January 2011, outside of this reporting period.

** With a March 2011 start date, San Francisco did not file a report for this period.

Expenditures:

Project sites were asked to report on expenditures incurred by providers during this reporting period. The following are the amounts reported by the providers for operating the RBS program, providing care and supervision and EPSDT funded services. These expenditures cover personnel, operating, support, direct and indirect costs. Further, CDSS noted that where a county had multiple providers, the individual providers provided information that was not consistently presented in the various reports and tables included in the CAR, making it difficult to compare the experiences of each provider. Also, in some instances, the amount of revenue reported as being received by the provider did not match the revenue reported in the Revenue sections above.

Note: The amounts reported in this table have not been validated by CDSS.

Project Site	Expenditures:
Los Angeles*	0
San Bernardino	\$804,125
Sacramento	\$515,146
San Francisco**	0

* With a December 2010 start date, Los Angeles reported no expenditures from providers.

** With a March 2011 start date, San Francisco did not file a report for this period.

Impact:

Because there were no children successfully exiting the RBS program at any site or remaining in the program for the full expected program period (up to 24 months), there was no data to use to analyze the costs of RBS and the impact on AFDC-FC expenditures.

Some counties reported on EPSDT, as follows:

- San Bernardino reported no change in the usage of EPSDT services for RBS children.
- Sacramento reported that all three providers provided EPSDT services, and while the cost of EPSDT services on the average was lower than projected for RBS, it was higher than the average usage for other foster care children.

Start-Up:

Two distinct methods of starting up the RBS program were employed:

- One provider in Sacramento reported that they hired a complement of RBS staff, trained the staff in new program protocols and prepared the facility for RBS, all with an intended start date of June 1. The program did not start until months later, resulting in a significant amount of cost being incurred earlier than necessary and without a corresponding revenue stream based on RBS placements to offset the cost. This resulted in start-up costs being unfunded, which was not anticipated by the funded model.
- The other Sacramento providers took an approach based on scaling up the RBS program as children entered the program, to better match start-up costs with the revenue stream from RBS placements. While this may have resulted in a better fiscal situation with regard to unfunded program costs, it did have consequences from a program perspective based on the number of children being served versus the complement of staff needed to provide the full array of services necessary to effectively support RBS. As children required the more comprehensive services, the permanent staff to provide those services had not yet been hired.
- One site, San Bernardino, reported the use of a grant to pay for facility renovation and staff training costs. Other one-time income sources from MHSA funds were used to fund remaining start-up costs.

CHALLENGES, ADAPTATIONS, LESSONS LEARNED:

Many of the challenges encountered, adjustments required, and lessons learned which the demonstration sites experienced during the reporting period were the consequence of initial implementation of entirely new programs within existing systems. These “new program” strains and hiccups are expected to be resolved as the pilot project matures. Discussion of the challenges, adjustments and lessons learned are clustered below into six categories: reinforcing the model, culture change, communication, pace of implementation, occupancy, and surprises.

REINFORCING THE MODEL:

Demonstration sites reported a number of challenges related to implementing and maintaining fidelity to the foundational components of RBS. In some cases adaptations were devised. In all cases lessons were learned to inform future activity.

Child/Family Teams:

- San Bernardino reported several lessons learned with regard to their child/family team meeting (Care Coordination Team). First, they concluded that "there is little that can effectively move forward for the RBS youth" unless the county case worker consistently participates in the youth's child/family team meetings. San Bernardino stated that ensuring case worker participation was more difficult than expected. Second, San Bernardino realized an adaptation to their original plan was needed. Instead of holding the first child/family team meeting on the day the youth entered RBS placement, initiation of the meetings had to be delayed until relationships were established and the youth was prepared to engage with the team members in a group discussion "where their voice was emphasized". Further, as the site gained experience in holding these meetings, they adjusted the meeting structure and documentation to better serve the youth. They also added a child welfare agency staff representative to monitor all child/family team meetings.
- A Sacramento provider reported the circumstance when a probation youth reoffended shortly after enrollment in RBS and the Probation Officer unilaterally terminated the youth's RBS enrollment without benefit of the child/family team (Family Support Team) meeting or the site's Care Review Team in violation of Sacramento's RBS policy. To address this issue, Sacramento's RBS team reviewed the termination process to gain a shared understanding of the process and secure commitment by all partners to follow it.
- Concerning the commitment to provide a portable child/family care coordination team, a Los Angeles provider reported that "a small number of children are moving out of county and at this point, at least one has gone out of state which presents significant challenges in following the cases as conceptualized in the voluntary agreement".
- Los Angeles reported that utilizing multiple team members such as the child and family specialists, facilitators, clinicians and parent partners who contribute through monitoring, arranging, processing and reaching out facilitates the establishment of a permanent connection. Communication between these various roles is essential to coordinate efforts for the youth and families.
- Sacramento noted that the child/family team meetings, "provided a good forum for permanency planning, identifying permanency planning interventions and

ensuring that the permanency efforts of the county, provider and family are well coordinated”.

Oversight:

- Through interactions in their Oversight Committee, San Bernardino concluded that their child welfare agency staff needed to intensify their involvement in RBS details, from tracking youth functioning and incident reports to adjusting county policy to encouraging line staff participation in child/family team meetings to addressing gaps in the agency's paradigm shift.

Youth Voice and Choice:

- San Bernardino reported that, “It is very important to emphasize and validate the ‘voice & choice’ of the youth. The RBS program gives the youth ‘voice & choice’ to help create individualized services and allows the youth to hold the program accountable when the individual services (enrichment activities) are not met”. In addition, “the process of the youth expressing their ‘voice & choice’ has a positive impact on the youth’s perception and ability to function better with others, as they learn to express their opinions better. By implementing the ‘voice & choice’ it has helped several youth with history of non-engagement and pattern of running away to connect and engage in the program”. San Bernardino also noted that, allowing youth “voice & choice” in helping to create and make decisions regarding individualized services has been a culture shift for the child welfare and probation placing agencies.
- San Bernardino reported as a lesson learned “that success to our youth may not mirror the RBS definition of success and if we believe in the right of youth to make some decisions for themselves we must also believe in the right for these same youth to define their own life path, goals, and successes”.

Family Finding and Engagement:

As stated by San Bernardino, “family involvement has a significant impact on the youth’s morale and ability to re-engage with other family members, community, peers and partner agency staff”. Family finding and engagement is an important component of RBS. The demonstration sites recognize that RBS cannot reach the goals and aspirations of the program design without family engagement for every youth being a primary focus. However, each site has experienced some difficulty around family finding and engagement, and also identified some lessons learned as discussed below:

- As reported by San Bernardino, youth experience a re-emergence of grief and loss issues as family is reintroduced back into the youth’s life.

- Los Angeles reported that increased family visits for those youth with identified family conjures up feelings of loss for those youth who do not have family identified.
- Los Angeles noted that in some instances there is deep-seated unresolved conflict among family members. For example, in Los Angeles a youth's mother had anger towards the youth's grandmother because of unresolved childhood issues. In addition, the grandmother's ex-husband took part in caring for the youth when the youth was young and wants to be involved in the youth's life now. The child/family team had to work with the youth's mom to address her feelings towards both the grandmother and grandmother's ex-husband so that the ex-husband could be a supportive figure in the youth's life.
- Los Angeles reported that persistent search and establishment of trust with families in order to make progress in family search and engagement is vital. Because many families have established histories of mistrust with county agencies, Los Angeles reported that it was helpful for the group home agency to identify themselves as a separate agency and act as a liaison between the family and the county social worker.
- Sacramento noted that family finding involves an active outreach to the family and does not have to be a formal process. They indicated that being creative in the reconnection could be beneficial in establishing connections. For example, Sacramento required as part of the target population criteria that youth must have connection to an adult willing to work toward permanency. Sacramento found that these connections did not always last. They reported having youth enrolled in RBS whose adult connection fell away. To address this challenge, Sacramento found ways to find family, outside of using specific family finding search engines, such as asking youth and available family members and making inquiries into informal and formal connections from individuals who have supported the youth over time. Sacramento has also learned that even though an adult may not be a viable permanency option, often times it is still helpful in identifying and supporting other adults who may be in a better position to serve as a permanent caregiver.
- Los Angeles reported that scheduling informal family time such as birthday parties or barbeques allowed residential staff to get to know more about the family dynamics and who is considered part of the family in order to begin further engagement. Los Angeles concluded that it was important to find opportunities to reach out, clarify the importance of being honest and realistic about how much contact is possible, and gather more information about the family's story.
- San Bernardino stated that, "efforts to reconnect youth and family were minimally effective due to several factors such as, lack of information provided by the placing agency, lack of participation in the coordination of care by placing agency workers, lack of enthusiasm for the reconnection by the youth and/or family,

insufficient training in the methodologies used for family search and engagement, and lack of communication between service providers that hindered the process”.

- Concerning family connections, San Bernardino reported: "Sometimes when families are not yet prepared to commit to levels of participation in the youth's life that meets the expectation of the youth, grief and loss issues arise and youth may have a tendency to revert to old behavioral patterns. This will likely continue to be an area where significant learning can be gleaned."

Model Fidelity:

- San Bernardino also reported as lessons learned, the value of retaining fidelity to the RBS model and the realization that "some youth will need more than what RBS can provide them".
- Sacramento reported their Local Implementation Team approved an exception to their target population definition to accept one youth for enrollment who did not have a viable permanency connection at the time in the belief that such a connection could be secured quickly. Through family finding, the connection was made. The site reported: "Although there are no plans to modify the RBS enrollment criteria for all youth, in view of this success, consideration will be given to enrolling additional youth without an existing permanency connection if a provider is able and willing to incorporate family finding activities into the Comprehensive Care Plan." This is supported by at least one provider who stated that "post-enrollment circumstances that impact the youth's permanency option will be common and questions the long-term utilization of permanency as an enrollment criteria due to its already demonstrated unstable nature".
- Sacramento's target population definition limits candidates to no more than one prior group home placement. As reported by one provider, the provider and "the local implementation team identified the need to be flexible with the criteria of no more than one (1) group home placement. The circumstance of multiple group home placements as it relates to acting out behavior does not necessarily reflect negative behavior or is a direct correlation to the youth's amenability to RBS treatment."
- A Sacramento provider identified a significant issue over how to handle seriously disruptive youth. The provider reported: "Child welfare representatives have stated that they recommend disruptive youth remain in placement because the youth is in the best placement available and/or the disruptive behavior of the youth is "typical" for child welfare youth. [The provider] has raised concerns that disruptive behavior of the youth is having a negative impact on the treatment of other youth. Significant challenges arise with the retention of RBS youth who exhibit disruptive behaviors that exceed the average disruptive behaviors of both other RBS

Funding Model:

- Both Sacramento and San Bernardino reported a slow entrant rate for participants, with available slots remaining vacant during the operational months in this reporting period. Both counties reported issues with addressing start-up costs in the early months of the program with enrollment phase-in. [For a fuller discussion, see "Occupancy" on page 26.]
- All counties reported that there was too little time in the operational phase to make an assessment on the RBS Funding Model approved for use in each county.
- San Bernardino reported that occupancy in the first five months averaged 64% of capacity, not 96% as planned. At the end of November, occupancy had increased to 85%. The county and provider reported taking steps to address occupancy levels and utilization of the program. With low occupancy levels comes a lower than expected revenue stream for RBS placements, which was not anticipated in the funding model.
- San Bernardino also reported that EPSDT services that are provided onsite in the provider's non-public school were not provided as planned to four of the enrolled children because they attended a public school. The provider and county reported developing alternative methods to deliver these services.
- Sacramento reported the primary issue related to the Funding Model was the level of occupancy. One provider assembled and trained the RBS team for a June 1, 2010 start date, but the first child did not enter until mid-September. Another provider reported that they were not able to bill the full RBS rate due to the enrolled child being commingled with non-RBS youth during the first two months of operation. Both of these resulted in lower than expected revenue streams from RBS placements, which were not anticipated in the funding model.

CULTURE CHANGE

All three demonstration sites acknowledged difficulties when shifting perspectives and practice to the new RBS paradigm, particularly at the line level. They reported that achieving this culture change was an ongoing process, requiring time and persistence.

- San Bernardino observed that changing the philosophies of multiple partner agencies is a gradual process in which "one must consistently challenge, engage, and counter those ideas until a new paradigm and level of understanding has been achieved."
- Two demonstration sites raised the problem of achieving culture change at the line level. As stated by Los Angeles, "There is a steep learning curve for some of the County social workers to transform to the RBS philosophy." San Bernardino reported that "partner agencies have struggled internally with line staff to assist them in understanding what RBS is and what RBS is not."
- Two sites identified factors that slowed change. Sacramento reported that the confluence of typical, new system start-up problems "coupled with crises of confidence that arise during practice and culture change, can challenge and slow program implementation and system reform." One Los Angeles provider cited as a lesson learned that having provider staff split responsibilities between the Los Angeles RBS program and the county Wraparound program prevented staff immersion in RBS and lengthened the time needed to learn and apply RBS.
- San Bernardino observed how this culture change was not yet completed. They reported: "There are still paradigms around engaging and enrolling youth that will need to change in order for RBS to function as it was designed; there has not been enough of a shift from the historical emergent placement of youth mentality, where 'we need this youth placed yesterday', towards a well thought out and relationship based referral, engagement, and RBS enrollment process."

COMMUNICATION

A key lesson learned by all demonstration sites was the need for and benefit of clear and frequent communication among partner agencies.

- San Bernardino reported: "We learned early on that communication between partner agencies is essential for problem solving and conflict resolution. This has served to be an achievement for our county in that prior to RBS there was little collaboration of care for these identified youth." San Bernardino acknowledged the importance of communicating "concrete operational definitions to ensure all participants share an understanding of the who, what, where, when, how, and why's of RBS so movement towards RBS program objectives can occur in a collaborative manner".
- One Los Angeles provider reported their efforts to further communication: "Communication is very challenging given the multiple roles that have been introduced with this model. It is complicated by issues of newness, territoriality, tradition, etc. As stated earlier, we have tried to reinvent old meetings and establish new forums for team and program communication."

- Two Sacramento providers labeled communication as "essential" for effective service provision. The Local Implementation Team meeting was identified as a highly productive forum for open communication, problem resolution, and brainstorming innovative ideas. One provider reported that "the construct of the issues discussed and the quality of leadership of this meeting will be essential to the future success of the pilot".

PACE OF IMPLEMENTATION

Demonstration sites commented on difficulties related to the pace of implementation with regard to certain program features, the enrollment of youth, and staff hiring.

- San Bernardino reported taking longer than expected to engage line workers to participate and support core RBS components, such as family engagement, family finding, individualized and community activities, care coordination team, and problem solving and conflict resolution.
- Los Angeles reported that family finding, family outreach, family engagement, and data tracking activities are more time-consuming and labor intensive than expected.
- San Bernardino noted problems created by the rapid enrollment of youth, stating that: "Some youth exhibited more violent behavior than anticipated, which made it difficult to have the home completely filled." San Bernardino also reported problems created by youth being discharged more quickly than expected "resulting in the need for more youth to be identified to utilize the program to capacity."
- Los Angeles experienced problems related to their decision to convert all youth in selected facilities to RBS enrollment simultaneously. This caused the staff responsible for the timely documentation of individual case Plans of Care to be immediately consumed with that process and unable to focus on team building and engagement. Los Angeles reported: "It would be a better strategy to stagger the Plans of Care over the beginning months of the program's start-up."
- Sacramento reported insufficient referrals for enrollment which forced delays in fully implementing RBS. [For a fuller discussion, see "Occupancy" on page 26.]
- One Sacramento provider reported that phasing in staff created a challenge, but was fiscally necessary.
- San Bernardino reported as a "setback" their inability to fill the Family Clinician position until after most of the RBS enrolled youth had already begun the program. As a consequence, "the youth and families'

connections with the Family Clinician were slower established than originally designed."

OCCUPANCY

Two demonstration sites reported unexpectedly low provider occupancy rates which risk providers incurring high overhead/staff expenditures without sufficient placement revenues to cover them. They expressed concern for the potential fiscal consequences and for the resulting slow down in project implementation.

- San Bernardino stated: "A significant factor with the implementation of the RBS program to date has been and continues to be the lack of occupancy in the program. The occupancy issue creates significant fiscal issues as discussed in section G.2 and G.4 of this [CAR] report."
- Sacramento's providers had unfilled beds at the end of the reporting period. Sacramento stated that "... generating referrals on a flow basis from both child welfare and probation has been more difficult than expected and the initial low occupancy rate prevented 2 of the 3 RBS providers from fully staffing and fully implementing all components 2 months after the RBS start-up date." Providers postponed hiring until the number of placements generated sufficient revenue to support these costs. This limited their ability to provide the full array of RBS services and to open a dedicated RBS unit/house timely. The latter resulted in three RBS enrolled youth being commingled with non-RBS youth for two months. One provider expressed concern that referral/occupancy rates would continue as an ongoing problem as youth transition into the community leaving residential beds empty.
- Sacramento further reported that insufficient enrollments also delayed integration of Functional Family Therapy into the site's RBS program because the number of families served did not satisfy the requirements of the Functional Family Institute. Instituting Functional Family Therapy across all three provider's programs is a major feature of the site's approved RBS Plan.
- Sacramento maintained that a sufficient referral base exists and reported employing social marketing and outreach, and referral process improvements to increase referrals.

SURPRISES

Demonstration sites reported unanticipated events, insights, and lessons learned that impacted their programs. Those that have not already been discussed are listed below.

- San Bernardino reported the impact of the Governor's suspension of AB 3632 in October 2010. This removed AB 3632 youth from their target population, altered the role of their mental health partner agency by removing responsibility for the

placement of special education students, and invalidated parts of the approved RBS Plan referring to the Individual Education Program.

- One Los Angeles provider reported on the unanticipated impact of transferring the most skilled/experienced staff and supervisors to the RBS program from within a larger, co-located group home program. The provider stated: "This left the rest of campus with a dearth of leadership thereby increasing incidents in the other cottages as well as some resentment from the rest of campus which needed to be smoothed."
- San Bernardino reported the following insight: "The pathway of the youth in the program were not in line with our predictions and our planning and therefore we had to take a more individualized response to youth then to assume they were going to follow our trajectory of care model."

CONCLUSIONS ABOUT 2010 AND LOOKING FORWARD:

Because this first reporting period was only a partial period for the three demonstration sites operating in 2010, CDSS recognized that these initial reports would contain limited fiscal and program data. However, preparation of the CARs also served to test the efficacy of this evaluation reporting tool by affording the sites the opportunity to use the template and by enabling CDSS to see how the information presented by the sites could be utilized to develop a summary on the progress and impact of implementing RBS. After review of the three CARs submitted for 2010, it is now evident that the CAR template needs significant modifications to ensure that the CAR adequately documents the progress and impact of the next full year of operation of RBS. These modifications would include clearer instructions in the fiscal sections to ensure that all providers and counties complete those sections uniformly and that all amounts presented in the reports reconcile among the various sections. In addition, the narrative responses in the program section of the report need to be more concise and speak with a single voice. This would ensure that a cohesive picture is presented in each site so that the experience of the sites can be more readily compared among and between one another. CDSS will work with counties, providers, and other RBS stakeholders to explore modifications to the CAR template and process that will achieve these results. Until that time, other than relaying what the counties themselves provided in their annual CARs, CDSS will refrain from using information from the 2010 RBS CARs to draw conclusions about the project as a whole. Instead, these CARs are helpful for the information they contain that records an initial picture of the experiences and perspectives of the individual counties and providers in starting up this demonstration project.