

The San Francisco RBS Family Connections Program

Desk Guide

Introduction

This Desk Guide provides a quick overview of the key elements of San Francisco's new Residentially Based Services (RBS) programs. A detailed description of the program and the roles of HSA and provider staff can be found in the RBS Operations Manual, the Program Practice Guide and the Comprehensive Care Planning Guide.

What is RBS?

RBS is a pilot program to help children and youth who would otherwise be at risk of spending years in high-end group homes achieve permanency, safety and well-being. Three agencies in San Francisco (St. Vincent's, Edgewood and Seneca) will provide RBS services using a San Francisco-specific model called a Family Connections Program.

The theory behind the Family Connections Program model is that we have to spend as much time helping the child or youth's caregiver gain the support, skills and confidence needed to accomplish a successful reunification as we spend helping the child or youth deal with her or his needs and challenges.

Each of the three programs will offer a comprehensive and coordinated package of services including short-term, intensive residential treatment, an on-grounds family connection center, concurrent community services with the family while a child or youth is in residential treatment, treatment foster care, intensive in-home services, evidence-based therapeutic services, and aftercare support.

A unique aspect of RBS is that each child or youth and family will experience continuity of care across living environments. The same direct care team will work with them whether the child or youth is in the residential cottage, in a foster or relative care home, or back home with her or his family.

Three other counties, Los Angeles, San Bernardino and Sacramento are also operating RBS programs. An independent evaluation of the outcomes achieved by these programs will be used to decide whether the model should be expanded statewide. More information about the evaluation and the roles that HSA staff will play in collecting information for the evaluation can be found in the Operations Manual.

Who is eligible?

- Male or female children or youth ages 6 through 16 under the supervision of HSA who are in an RCL level 12 or higher group home, and their families,
- Who have behavioral needs that at present can not be managed in the community using wraparound or other intensive community-based services,
- And who have family members or other primary caregivers who are willing to work with the program to help the child or youth achieve permanency, safety and well-being,
- But for whom a sustainable permanency plan is unlikely to be accomplished within the next 6 months unless intensive work is done to resolve difficulties in attachment and to address challenges presented by the child or youth's persistent pattern of dangerous or disruptive behaviors.

How long will services last?

Enrollment in the program can continue for up to 2 years, although participation can end sooner if the permanency goals have been met for the child or youth.

How many children or youth can be enrolled?

The program is scheduled to start in February or March of 2011, with 18 children and youth and their families, 6 in each program. As the initial enrollees move from the residential cottage to the community, new slots will open until a total of 42 children and youth are being served.

How are referrals accomplished?

As with high-end group home placements, enrollments in RBS must be approved by the MAST team. The steps involved in completing the referral and enrollment and obtaining necessary consents and court authorization are described in the RBS Operations Manual.

How are the programs staffed?

The three RBS programs will be staffed in the same way. Each will have a direct services care team including a clinical care coordinator, a family partner and family specialists who will stay with the child or youth and family throughout the course of care.

- The *clinical care coordinator* is a licensed clinician who helps the family design and implement an outcome driven plan of care.
- The *family partner* is a parent or caregiver of a child or youth with mental or behavioral challenges who has been in the same position as family members of children and youth referred to the program who participates in the process to insure that families have equal voice in service planning and delivery and who provides peer support and a positive role model.
- *Family specialists* provide direct support across all service environments and strive to establish a consistent therapeutic milieu across those settings by managing challenging behaviors, providing onsite crisis intervention and support, and modeling and reinforcing the interpersonal skills that are developed in the Family Connections Center.

Each program will also have a facilitator who convenes and facilitates an ongoing gathering (called the Family Support Team, or FST) consisting of all of the formal and informal individuals and agencies that are involved with the family.

- The *facilitator* helps everyone in the group get on the same page, and focused on shared goals. The role of the facilitators in RBS will be similar to that of facilitators in family group conferencing meetings – independent assistance to make sure that everyone is involved and that the group moves from discussion to concrete action planning and implementation.

All of the assistance, support and treatment being provided for a child or youth and family is summarized in a Comprehensive Care Plan that aligns all of the individual efforts so that everyone can see how what they are doing fits into the big picture.

How will risk be addressed?

SF RBS programs will actively intervene to manage behavioral crises both in the residential and community care environments. One of the first tasks following enrollment will be to develop a proactive *safety plan* that addresses the primary risks to self and others that have undermined previous placements. This plan will be put in place while the multi-domain comprehensive care plan is being developed and implemented.

When children and youth move from the residential cottage to community and family placements the RBS programs will continue to provide support through regularly updated safety plans. Staff will be available to respond on-site as needed for most situations. However, if more structured behavioral stabilization is needed, children and youth can return to the residential cottage for up to 14 days at a time when needed to get through rough spots in their recovery. Other options such as short placements in foster or relative care may also be used to help stabilize behavioral challenges.

Using these options for short periods of behavioral stabilization, including returning to the residential cottage, will not count as a change in placement or interrupt the treatment process. The procedures for managing reporting and claiming during stabilization episodes can be found in the RBS Operations Manual.

What is the expected course of care?

Although each child or youth and family will follow their own path, the average course of care during the typical 2 year duration of enrollment will be 4 to 6 months of stabilization in the residential component while family coping strategies are being developed in the family connections center and community care capacity is being developed through parallel community services. Then some children and youth will move directly to their permanency targets and others will transition through temporary placements with relatives or foster parents. The goal will be to have most children and youth living in their permanency targets within 12 months of enrollment so that the remaining 12 months of care can include about 4-6 months of intensive in-home services and supports and 6 months of follow-along and aftercare support prior to graduation from the program.

Discharge and Disenrollment

Discharge refers to the movement from the residential cottage to a community placement. Disenrollment refers to exiting the RBS program altogether. Discharge should occur as soon as the Family Support Team, with the concurrence of the protective services worker and the court, determines that the child or youth can be safely cared for in her or his permanency target home or in an alternative interim community placement.

The specific criteria for disenrollment can be found in the Operations Manual.

The MAST team must approve disenrollments for any reason before being finalized.

Permanency Planning

Ultimately the development of a permanency plan, including concurrent options, is the responsibility of the PSW. However, the RBS care team and the other members of the Family Support Team should help with the development and implementation of the plan in the context of all of the elements of the Comprehensive Care Plan, subject to the approval of the plan by the PSW and the court.

In those situations where a permanency target can be identified at enrollment, such as when the child or youth's parents are willing and available to bring their child back into their home if the behavioral challenges can be addressed, the role of the Family Connections Program will be to provide the formal and informal treatment, support and assistance to insure the child or youth's stable and successful return home.

When the permanency target is unclear, the program will use the Family Group Conferencing approach to develop a family network committed to helping the child or youth have a better life, and within that network develop concurrent permanency options as the relationships among the members of the family network improve, and the needs and challenges presented by the child or youth are addressed.

What is the Family Connection Center?

Each of the three programs will have a welcoming place where families can spend time rebuilding their relationships with their children. The Family Connection Center will have three components: a resource room where family members can relax while visiting and access written materials and videos; a homelike setting with a kitchen, living room and dining area where families and youth can spend time together in typical at-home activities while developing the coping skills they will need when they are reunited; and comfortable and private spaces for family therapy sessions. The Family Connection Center also provides a place where scheduled and impromptu family-to-family support gatherings can occur.

What are the roles and responsibilities of the protective services worker (PSW)?

The roles and responsibilities of the PSW when a child or youth and family are enrolled in RBS will be similar to those that occur with Wraparound cases. They include actively advocating for the best interests of the child and family, supporting and counseling the child and family, facilitating the referral for RBS services, completing necessary office and court paperwork, attending Family Support Team meetings to insure that the agency's perspective and insight into the needs and strengths of the child and family are well represented, contributing to the development and implementation of creative solutions to the challenges presented by the situations of enrolled children and families, and insuring that the judge and other court personnel are kept well-informed on what is happening and why it is taking place.

In addition, since RBS cases can involve a variety of successive changes in placement and potentially some changes in status, PSW's will also be responsible for preparing and filing the appropriate agency forms and court documents when these changes occur and seeking appropriate court orders when needed.

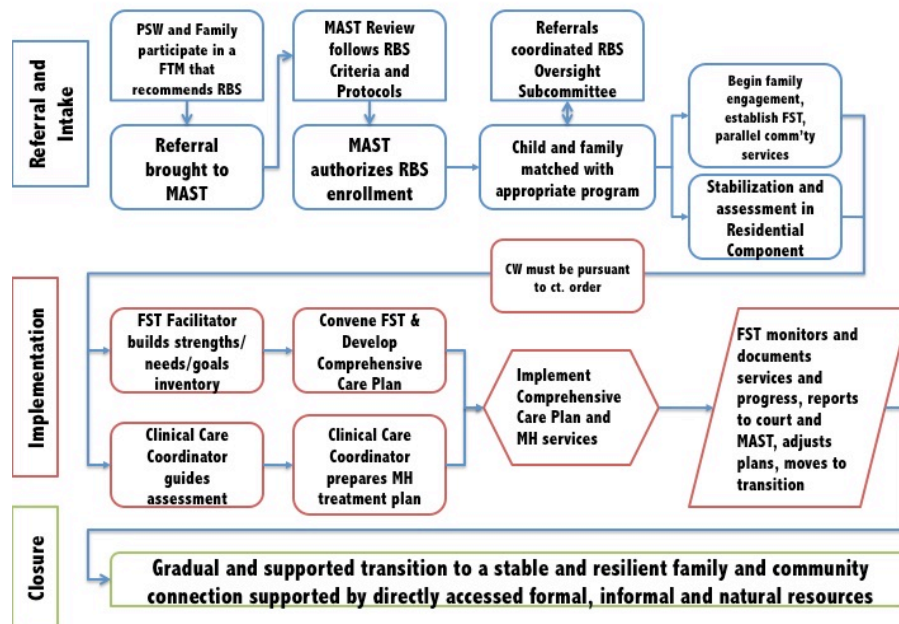
These responsibilities are outlined in more detail in the Operations Manual.

What are the roles and responsibilities of the foster care eligibility worker (EW)?

RBS providers will be responsible for providing EWs with accurate placement rates and dates for all enrolled youth each month in a Placement Amounts Spreadsheet, along with individual client invoices and a summary invoice for all actions on all RBS enrollments. The spreadsheet will have a tab for each affected EW.

EWs are to check that the foster care and RBS numbers in CalWIN are correct, verify placement changes, new enrollments and disenrollments, and notify the RBS via email of any discrepancies. Additional details are described in the RBS Operations Manual.

SF RBS System Flow Chart



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