Population to be served

It is the policy of Del Norte County Health and Human Services that all children who are placed into foster care would be eligible for step rate increases from the LOC and additional special care increment (SCI) levels based on their individual behaviors, health, developmental or other qualifying conditions. SCI rate increases will adhere to the Title IV-E determination and will address behavioral, emotional or physical needs that are above and beyond the LOC or current foster care rates. Del Norte County has approximately 86 children with a SCI payment associated to their foster care payment, kin-gap, or adoption case. Del Norte County utilized a 3.5 percent case growth and it is estimated that we will see an increase per year of 3 cases that will have a SCI associated to the foster care rate.

Rates

Del Norte County will continue to have a tiered system in regards to our SCI rates. The chart below indicates the level of care (LOC) and the SCI rates Del Norte will utilize to continually support our communities children and resource parents. The SCI rate determination will be assessed through the statewide SCI matrix measurement tool adopted by County Welfare Directors Association (CWDA). The SCI plan is an individualized child specific assessment, and it must be noted that the rate of the LOC does not necessarily mean that an SCI rate increase would be necessary. Furthermore, the SCI are independent from the LOC rates, and an LOC 1 may be granted and an SCI 3 if the need for the child is met. The level of care rates do not coincide with an SCI rate; i.e. and LOC 1 could have an SCI 3, or LOC 2 could have an SCI 1 if threshold is above beyond the rate of LOC rate level.

<table>
<thead>
<tr>
<th>Base Rate</th>
<th>LOC 1</th>
<th>LOC 2</th>
<th>LOC 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$960</td>
<td>+ $100</td>
<td>+ $200</td>
<td>+ $300</td>
</tr>
<tr>
<td>Totals</td>
<td>$1060</td>
<td>$1160</td>
<td>$1260</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCI Rate</th>
<th>SCI 1</th>
<th>SCI 2</th>
<th>SCI 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+ $200</td>
<td>+ $400</td>
<td>+ $600</td>
</tr>
</tbody>
</table>

Classifications of Specialized Care Increments

Del Norte County will be utilizing the CWDA statewide SCI matrix to assess our community’s children. Del Norte County will utilize the CWDA frame work in its entirety. This included specific domains to meet the children needs with medical, development and behavioral components described in attached CWDA SCI Assessment. (Attachment 1)
Assessment reoccurrence

It is Del Norte County's current practice to re-evaluate SCI payment at least every twelve months, unless, there is a triggering event that constitutes a reassessment of SCI levels; i.e. permanency, safety, and wellbeing outcomes that is connected to the behavior of the child and is posing a barrier. A triggering event shall be discussed in a Child and Family Team Meeting (CFT) prior to a new assessment being completed. At the twelve month review or the triggering event, the social worker will complete a new SCI assessment. (Attachment 1) Once this is complete the social worker will submit documentation for social worker supervisor approval.

Proposed Implementation

Del Norte County Health and Human Services implementation date will be January 1, 2019 or when CDSS implements the LOC rates whichever is implemented first. Notification to existing resources families will be notified approximately thirty dates prior to implementation via a county wide mail distribution to all resource parents and existing NOA will be sent to all current RF homes with a SCI payment attached to their foster care payment. However, if there is existing SCI approval for a child prior to the January 1, 2019, the current SCI levels will remain intact for the remaining review period. If there is a triggering event that would constitute a new assessment or reassessment, the ongoing social worker must adhere to the Child and Family Team meeting, and document the change of the SCI rate within CWS/CMS and get approval from the supervisor; the new framework will be utilized to facilitate this change in the SCI.

County Contact

Julie Cain  
Program Manager  
Del Norte County Health and Human Services Social Services Branch  
880 Northcrest Drive  
Crescent City, CA 95531  
(707) 464-3191 ext. 2716  
jcain@co.del-norte.ca.us

OR

Crystal Nielsen  
Program Manager  
Del Norte County Health and Human Services Social Services Branch  
880 Northcrest Drive  
Crescent City, CA 95531  
(707) 464-3191 ext. 2700  
cnielsen@co.del-norte.ca.us
Statewide SCI Framework

**ADDENDUM**

**SCI Matrix**

The following table is not intended to include every possible condition or situation, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum for a particular Tier, especially for Tier 3. For example, Tier 3 lists a child may be stable, asymptomatic with AIDS, but will include a child who is also symptomatic with AIDS.

<table>
<thead>
<tr>
<th>Area</th>
<th>Tier 1 <strong>If three (3) or more of the conditions listed below exist, rate will be increased to the next higher level.</strong></th>
<th>Tier 2 <strong>If four (4) or more of the conditions listed above exist, rate will be increased to the next higher level.</strong></th>
<th>Tier 3</th>
</tr>
</thead>
</table>
| **Medical conditions** | □ 1-3 appointments per month not including routine dental or physical examinations.  
□ Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics.  
□ Mild breathing difficulties requiring prescription medications with close supervision.  
□ Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic)  
□ Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments.  
□ Diabetes with special diet – no insulin or medication needed.  
□ Failure to thrive due to mild feeding difficulties.  
□ Seizure disorder (Abnormal EEG, medication required for seizure activity)  
□ Heart disease requiring close monitoring no intervention special treatments or diet.  
□ HIV positive clinically well | □ 4-6 appointments per month not including routine dental or physical examinations.  
□ Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties).  
□ Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties.)  
□ Apnea monitor required (when discontinued, rate to be reduced to appropriate level)  
□ Moderate feeding difficulties requiring therapy or special feeding techniques.  
□ Severe respiratory difficulties requiring multiple medications, breathing treatments (not including the use of inhalers) CPT (Chest Physical Therapy) on a daily basis.  
□ Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program.  
□ Medical diagnosis of Fetal Alcohol Syndrome (FAS) Not the | □ More than 6 appointments per month not including routine dental or physical examinations.  
□ AIDS – Asymptomatic, stable  
□ FAS with moderate to severe complications (verifiable medical diagnosis)  
□ Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions.  
□ Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure 6. Seizure disorder requiring close monitoring and multiple medications to control.  
□ Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions medications (not including inhalers)  
□ Continuous oxygen 9. Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.  
□ Tube feedings (i.e. GI, OG, NGO, Bolus feedings or continuous feedings (12 hours or less per day) |

3/5/2018
<table>
<thead>
<tr>
<th>Area</th>
<th><strong>Tier 1</strong> If three (3) or more of the conditions listed below exist, rate will be increased to the next higher level.</th>
<th><strong>Tier 2</strong> If four (4) or more of the conditions listed above exist, rate will be increased to the next higher level.</th>
<th><strong>Tier 3</strong></th>
</tr>
</thead>
</table>
|      | □ Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, □ Sickle Cell – SB + Thal, Mild Symptoms, □ Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. □ Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. □ Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). □ Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. □ Minimal bracing equipment is needed (i.e. AFO’s) □ Other: | same as prenatal alcohol exposure Fetal Alcohol Effect (FAE) □ Shunt placement-functioning stable □ Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc) □ Cleft lip requiring surgical intervention and special feeding assistance. □ Physical abnormalities requiring medical intervention. □ Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. □ 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. □ Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). □ Scoliosis requiring assisted daily exercise and/or bracing. □ Other: | □ Hemophiliac requiring close monitoring to prevent injury □ Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc) 13. Sickle Cell SC, Severe Symptoms □ Tracheotomy □ Broviac line □ Colostomy ileostomy □ Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would otherwise require placement in an institutional facility. □ Child receiving chemotherapy □ Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. □ Severe Cerebral Palsy or physical disability requiring adaptive equipment (non-ambulatory) □ 2nd/3rd degree burns requiring daily dressing changes. Generally will apply to a child under 7. □ Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. □ Combined cleft lip/palate. □ Severe brain injury requires total assistance with activities for daily living (i.e. near drowning, shaken baby syndrome, battered child syndrome, accident etc.)
### Statewide SCI Framework

<table>
<thead>
<tr>
<th>Area</th>
<th>Tier 1 **If three (3) or more of the conditions listed below exist, rate will be increased to the next higher level.</th>
<th>Tier 2 **If four (4) or more of the conditions listed above exist, rate will be increased to the next higher level.</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental delays or disabilities</td>
<td>□ Moderate learning delay / disability requiring daily care provider assistance.</td>
<td>□ Moderate to severe mental retardation (IQ 20-50). CVRC client documentation required from CVRC SW.</td>
<td>□ Scoliosis requiring surgical intervention and extensive rehabilitation</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>□ Mild mentally retarded (IQ 50-55) with behavioral issues.</td>
<td>□ CVRC client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU)). Documentation required from either EIP or CVRC social worker.</td>
<td></td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>□ Attention Deficit Disorder as diagnosed by a physician. Behavior modification required but no medication prescribed.</td>
<td>□ ADD as diagnosed by a physician.</td>
<td>□ Systematic Immunosuppressant Conditions</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>□ Other:</td>
<td>□ Behavior modification needed in conjunction with prescribed daily medication.</td>
<td>□ Other:</td>
</tr>
<tr>
<td>Sensory Integration Disorder</td>
<td></td>
<td></td>
<td>□ Severe learning disabilities / delays requiring extensive daily assistance from the care provider &amp; secondary behavior problems requiring assistance from a behavioralist.</td>
</tr>
<tr>
<td>Central Auditory Processing Disorder</td>
<td></td>
<td></td>
<td>□ Profound mental retardation (IQ below 20). Multiple impairments, less than 18 months developmentally, nonambulatory. CVRC client documentation required from CVRC SW.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ ADHD as diagnosed by a physician. Behavior modification needed in conjunction with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision and monitoring by the care provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
<tr>
<td>Behavioral Issues</td>
<td>□ The child presents some risky behaviors sometimes placing self and/or others at risk.</td>
<td>□ The child is at very high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions.</td>
<td></td>
</tr>
<tr>
<td>AWOL</td>
<td>□ Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption.</td>
<td>□ Stabilization of disruptive behaviors requires special intervention and discipline strategies.</td>
<td></td>
</tr>
<tr>
<td>Aggressive and Assaultive</td>
<td>□ Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider.</td>
<td>□ Care provider needs special training and participates in counseling with the minor to accomplish this.</td>
<td></td>
</tr>
<tr>
<td>Animal Cruelty</td>
<td>□ Other:</td>
<td></td>
<td>□ Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the minor’s disruptive, dangerous, and high risk behaviors.</td>
</tr>
<tr>
<td>CSEC</td>
<td></td>
<td></td>
<td>□ Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment.</td>
</tr>
<tr>
<td>Substance Use/Abuse</td>
<td></td>
<td></td>
<td>□ 601 and 602 frequently exhibited themselves at this level.</td>
</tr>
<tr>
<td>Gang Activity</td>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
<tr>
<td>Fire Setting</td>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
<tr>
<td>Severe mental health issues-</td>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
<tr>
<td>including suicidal ideation</td>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
<tr>
<td>And/or Self Harm</td>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
<tr>
<td>Psychiatric hospitalization(s)</td>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
</tbody>
</table>

3/5/2018
# Statewide SCI Framework

<table>
<thead>
<tr>
<th>Area</th>
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<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjudicated violent offenses, significant property damage, And/or sex offenders/perpetrators Habitual Truancy Three or more placements due to the child's behavior</td>
<td>□ 601 behaviors (truant, beyond control of caregiver) exhibited at this level. □ Chronic resistance to behavior modification strategies. □ Personal property of others in the home at high risk. □ Excessive anti-social behaviors which strictly limits unsupervised social interaction. □ Other:</td>
<td>□ Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. □ Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances. □ Other:</td>
<td></td>
</tr>
</tbody>
</table>
NOTICE OF ACTION - APPROVAL, CHANGE OR DISCONTINUED

For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians, Intensive Treatment Foster Care and/or Intensive Services Foster Care, Group Homes and Short-Term Residential Therapeutic Programs

(ADDRESSEE)

APPROVAL

☐ The County has approved your Foster Care aid.

As of __________, the county is Approving your Foster Care aid of $ __________ per month.

This aid is for: ____________________________________________.

CHANGE

As of __________, the county is Changing your Foster Care aid from $ __________ to $ __________.

This aid is for: ____________________________________________.

Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.

☐ Your case had a rate increase.

☐ Your case had a rate decrease.

☐ Your case has been issued an Infant Supplemental Payment.

☐ Your case has been issued a Supplemental Care Increment.

☐ The child has countable income.

_________________________ for ________________________
(Income Type) (Child's Name)

of $ __________ is effective ____________.

This is counted as __________________ income in the Foster Care budget calculation.

☐ Other: ____________________________________________

☐ Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.
NOTICE OF ACTION - APPROVAL, CHANGE OR DISCONTINUED

For Resource Families, Including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians, Intensive Treatment Foster Care and/or Intensive Services Foster Care, Group Homes and Short-Term Residential Therapeutic Programs

(ADDRESSEE)

☐ DISCONTINUED

☐ Your case has been discontinued.
As of ____________, the county is Discontinuing your Foster Care aid of $ ____________ per month.

Here's why:

☐ You are no longer providing foster care for: ________________________________

☐ The child's dependency case has been dismissed.

☐ He/she is no longer living in your home/facility. The County will stop paying for Foster Care from the day the child leaves your home/facility. He/she no longer meets the age rules.

☐ The youth is at least 18 years of age and does not qualify for extended foster care.

☐ The youth is at least 21 years of age.

☐ The child has too much income.

☐ The child has too much property. See attached page.
If the County figured that the child's vehicle or other property was worth more than you think it's worth, you can give the County proof that it is worth less. Ask the County how. If you can prove it is worth less the child may get Foster Care aid.

☐ The legal guardianship was terminated.

☐ You moved out of the State of California.

☐ You did not return your completed redetermination paperwork.

☐ Other: ________________________________

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.
YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: □ Cash Aid □ CalFresh □ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:
You do not have to take part in the activities.
You may receive child care payments for employment and for activities approved by the county before this notice.
If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.
If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:
- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If you have child support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will give you a copy of this page.
- Send or take this page to:
  Hearing Representative Department of Health and Human Services 880 NORTHCREST DR CRESCENT CITY, CA 95531
  (707) 464-3191 / Fax: (707) 465-1783
  OR
  Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

Legal Services of Northern California
123 THIRD ST
EUREKA, CA 95502
(707) 445-0866 ext 301

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _______County about my:

□ Cash Aid □ CalFresh □ Medi-Cal □ Other (list) _______

Here’s Why: ____________________________________________

□ If you need more space, check here and add a page.
□ I need the state to provide me with an interpreter at no cost to me.
   (A relative or friend cannot interpret for you at the hearing.) My language or dialect is: ______________

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

<table>
<thead>
<tr>
<th>BIRTHDATE</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>SIGNATURE</td>
<td></td>
</tr>
<tr>
<td>DATE</td>
<td></td>
</tr>
</tbody>
</table>

NAME OF PERSON COMPLETING THIS FORM | PHONE NUMBER |

□ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME: ___________ | PHONE NUMBER: ________ |

STREET ADDRESS |
| CITY | STATE | ZIP CODE |

NA BACK 2 (REPLACES NA BACK 8 AND EP 6) (REVISED 4/2013) • REQUIRED FORM • NO SUBSTITUTE PERMITTED
Griffin, Bettye@DSS

Subject: ISFC WORKGROUP - SECOND MEETING
Location: UC Davis - 1632 Da Vinci Court, Davis, CA: Room 29
Start: Fri 9/28/2018 10:00 AM
End: Fri 9/28/2018 4:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Braxton, Daisy@DSS
Required Attendees: Angie Schwartz; Barr, Colin@DSS; Beltran, Leslie@DSS; Bird, Caitlin@DSS; Camille Schraeder; Hillestad, Catalina@DSS; Treadwell, Cheryl@DSS; Rangel, Constance@DSS; Delmastro, Dana@DSS; Diana Boyer; Richardson, Donna@DSS; djohnson@cacfs.org; Earley, Valerie@DSS; Thuston, Erin@DSS; Sandoval, Fernando@DSS; Fuller, Lori@DSS; Hostler, Heather@DSS; JRutheiser@cacfs.org; Jackson, Marjana@DSS; Jay Berlin; Jennifer Rexroad; Jennings, Charles@DSS; Jim Roberts; Sanfilippo, John@DSS; Koff, Jeffrey@dss; Hall, Linda@DSS; Witchey, Lisa@DSS; Loc Nguyen; Lynn Thull; Sheppard, Mary@DSS; Ford, Michael@DSS; Mullinax, Bill@DSS; Nelsen, Janis@dss; Pat Oliver; Chand, Rami@DSS; Renne; Risling, Mary@DSS; Rogers, Sara@DSS; Rosie McCool; Stefanie Nieto Johnson; Stephanie Iler; Griffin, Bettye@DSS; ASage@childnet.net; Davis, Sarah E@DSS; Castillo, Teresa (MHSD-PPQA)@DHCS (Teresa.Castillo@dhcs.ca.gov); mazeg@SacCounty.net; KARRI BIEHLE; schishty@aldeainc.org; jgold@afs4kids.org; jberlin@sfs4kids.org; jimeiio@aspiranet.org; kbennett@casapacificca.org; khughes@childnet.net; dnickols@fcni.org; Ramirez, Carol@LILLIPUT; Cnyman@lilliput.org; camille@redwoodcommunityservices.org; fairbairns@redwoodcommunityservices.org; lheintz@youthsolutions.org; gordon.richardson@upliftfs.org; sueevans@waldenfamily.org; Williams, Crystal@DSS; Pedersen, Eugenia@DSS; Kate Napp; Yuri Kimura; Eslinger, Martha@DSS (Martha.Eslinger@dss.ca.gov); Theresa Thurmond (Theresa.Thurmond@dss.ca.gov); Kolkin, Cindy (MHSD-PPQA)@DHCS; Walker, Kelli@DSS; K.power@kids-alliance.org; SMancilla@marincounty.org; whitnee@cpcoc.org; Grants@stancounty.com; cberry@co.shasta.ca.us; SLopezWilson@dmh.laounty.gov; RByr@dmh.laounty.gov; ksuderman@cbhda.org; raulmanriquez@co.imperial.ca.us; Karen Ullman; smisley@rcskids.org
Optional Attendees: Sanchez, Marisa@DSS; ‘Kaur, Jasbir@DSS (Jasbir.Kaur@dss.ca.gov)’; Lammerding, Brenna@DSS; Polk, Fanita@DSS (Fanita.Polk@dss.ca.gov); Rebecca Buchmiller (Rebecca.Buchmiller@DSS.ca.gov); rarif@ea.org; Coleman, Celeste@DSS (Celeste.Coleman@DSS.ca.gov); Torrecampo, Jessica@DSS; House, Rikki@DSS; Tsang, Glenn E.@dss; Jltaborbane@ucdavis.edu; Valle, Lorena@DSS
Importance: High

MEETING NOTICE REMINDER AND ADDITIONAL ATTACHMENT – PLEASE PRINT YOUR OWN COPY IF NEEDED

You’re invited to join this scheduled Zoom meeting for the 182FIS651 - Intensive Services Foster Care Meeting. Additional meetings scheduled at the same location and times are:
Friday, November 2, 2018

Friday, November 30, 2018

Friday, January 11, 2019

Core Workgroup and Sub-Committee Members please attend in person ... All others may attend by Zoom.

Join from PC, Mac, Linux, iOS or Android: https://ucdavisextension.zoom.us/j/697738968

Or iPhone one-tap:
   US: +16468769923,697738968# or +16699006833,697738968#

Or Telephone:
   Dial(for higher quality, dial a number based on your current location):
      US: +1 646 876 9923 or +1 669 900 6833
   Meeting ID: 697 738 968
   International numbers available: https://zoom.us/u/cl1dnWvWb

There may be some street parking available or parking is available at a cost of $9 in the parking lot across from the meeting building. Morning light refreshments will be available ... participants are on your own for lunch.

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Part Two: Prioritize Policy Decisions (Group Activity- Dot Exercise) The group was tasked with brainstorming a list of areas that they felt needed to be addressed with ISFC and then were asked to prioritize the top three areas that this group would begin to address. (included representation from people that were on the phone) Below are the results of the top three priorities that received the most votes.

1. **Eligibility + Entering/Transferring/Exiting ISFC + Static Criteria** (26 votes):

   Telephone question posed: Can a child be eligible for ISFC placement if the child did not meet ISFC via static criteria and/or a score of 7 or higher in Health, Behavioral Health Domains but is recommended by the CFT (Eligibility Question)?

   The response to the clarifying question was provided how a child/youth can currently get ISFC>

   **Current Pathways to ISFC:**
   a) Static Criteria
   b) Leveling Up (score of 7 or higher in Behavioral and/or Health domains)
   c) Total score on LOC tool (greater than 25 points)
   d) Added Pathway: transitioning from ITFC to ISFC

   **Group Recommendation:** Add Specialized Health Care Needs to the list of Static Criteria Indicators to allow for immediate ISFC placement and ongoing assessment and completion of the LOC rate protocol within the stated 60-day period.
   - Specifically, to add medically fragile as a category to Static Criteria Indicator
   - Suggested to add something to the FFA ILS regarding ISFC requirements need to circle back to CCL (Jasbir/Marisa)

   **Follow up question posed to the group:** Is there a need for additional medical documentation to support continued ISFC placement beyond a 60-120-day period?

   **Group recommends amendment.**
   - Recommendation: Add to Static Criteria that requires for SHN or medically fragile to be supported by medical documentation to reflect the reason to continue the ISFC rate upon initial and continuing placement.

   **Eligibility Concern:** Subset of children that do not qualify for ISFC based on current pathways but do require this level of intensive services (i.e., non FFA placement and/or FFA children prior to 12/1/17). **Suggestion:** Amend ACL to allow for pathway to ISFC for children placed in an FFA prior to 12/1/17. **Group recommends amendment.**
**Additional suggestion:** Amend ACL to begin implementation for triggering events pathway for prior placements of 12/1/2017. Requires further dialogue in order to make that decision, CDSS felt it was a reasonable request.

**Eligibility Concern:** Pathways for county ISFC programs that do not have FFA’s but have homes-- need for capacity building and training support. **CDSS suggestion:** default to other intensive services supports (i.e., wraparound) to meet the child’s needs until the county implements an ISFC program.

**Eligibility/Rate Concern:** ISFC rate confirmation can take up to 90 days which puts FFA’s in a position to pay the higher rate with no formal documentation. Some FFA’s are reporting that they are receiving blank placement agreements while others are receiving placement agreements with a confirmed ISFC rate. **Suggestion:** add rate amount to placement agreements and revisit placement agreements via a subgroup. Group recommends amendment.

**Entering Concern:** More guidance is needed around Placement Agreements, i.e.,
- Communicate the rate of the FFA
- Counties need to put the confirmation rate on the Placement Agreement
- More clarity needed – Urgent Placement Issues

**Exiting Concern:** Urgent short term need for solutions around titrating from ISFC without automatically dropping down to the basic level rate. The current point system contributes to this trend which can result in children with high needs in one specific domain receiving the basic level rate versus titrating to level 4. **Requires further dialogue with counties and CDSS**

**Exiting Concern:** Timeline for determining exit-- CFT guidance and requirements needed.

**Static Criteria Recommendation:** Add three or more moves due to behavioral challenges to the list of static criteria indicators.
- **Suggestion to delete 3 or more placements as static criteria**

2. **Capacity:**

**Concern raised re: policy for maximum number of ISFC placements in one home.** Need flexibility with regard to this policy to meet the best interests of children in care. Current policy only allows for 2 unrelated ISFC placements per ISFC home. This needs consideration to sibling groups as well. **CDSS reported that changes regarding that policy are currently being considered for this specific capacity policy.**
Request to add subgroup for capacity to address immediate concerns re: shortage of ISFC homes and how current capacity policy exacerbates this shortage. Diana Boyer from CWDA, asked about “staging” ISFC services while building capacity.

3. Caregiver Role + Expectations (20 votes):

Questions/Concerns raised by group:
- How does it differ for a caregiver when it comes to applying the LOC?
- What’s the pathway for compliance for resource parents and agencies?
- Training Expectations for the ISFC resource parent
- Confusion amongst staff and caregivers around their role.
- Managing expectations to avoid attrition.
- Need for support for caregivers.
- Teasing out the education piece from the model.
- User friendly language to support resource parents’ understanding.
- Caution against developing too rigid of a system whereby its presents challenges with placement of high needs children—need for flexibility.
- Caregiver role in decision making for the needs of the child—LOC, additional services.
- CFT’s are not happening for all children entering care—possibly due to lack of facilitators but this contributes to losing the role and voice of the caregiver during these critical meetings.
- Map CFT with caregiver role — decision making
- TFC – What are the role distinctions for those resource families? Are resource parents required to be both an ISFC provider and TFC?
  - Jim Roberts is currently updating a workbook clarifying the roles of County, Agency and Resource Family — offered to share with the workgroup.
- How will FFAs and County’s support

Group Suggestion: Development of an ISFC resource guide clarifying roles, responsibilities and accountability amongst varying levels of resource parents, FFA workers, and FFA agencies. Family Care Network has a TFC resource guide that can be used as a guide for the development of an ISFC resource and was shared with CDSS.

Question posed to the group: What are the specific expectations to qualify as an ISFC placement? Need to identify the specific training courses in additions to the expectations of ISFC providers, and outcomes for children/youth.

Answer for Jim Roberts who has been providing ISFC services: Participate in advanced training program focused on Trauma Informed Care, Crisis
Intervention, and Parenting High Needs Children; Trained on their specific role, how to utilize support staff and professional team members.

Additional Recruitment and Retention Concerns:
- Not enough ISFC homes currently—for example, AFS currently denying 9 referrals for every 1 approved.
- Diana asked about how do go about “staging” ISFC services while building capacity.
- ISFC parents and part-time and/or full-time employment—Family Care Network model is that ISFC parents do not hold outside employment.
- How do we put resources in place as we build capacity of the ISFC program?
- Funding variations amongst counties—county vs EPSDT; leads to program variation across 58 counties versus standardization.
- Accountability: who provides services when? And how? ITFC was very specific about expectations and rates were attached to these but ISFC does not identify this and this becomes problematic in terms of accountability.

Suggestion to CDSS: provide a master list of possible services for ISFC children to support county and/or provider standardization around caregiver accountability.
- Share back LOC scoring-sheet for review

County Input: counties don’t always have access to program statements and poses a time management concern. CDSS input: default to your core services list, needs and services plan, and CFT for checks and balances.

Subgroup for Capacity issues and caregiver expectations should address:
  o Caregiver Responsibility
  o Exiting/Entering - Eligibility
  o Have more creative options than prescriptive
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<tr>
<th>Item</th>
<th>Next Steps</th>
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<th>Status/Notes</th>
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Agenda: ISFC Workgroup Meeting
Friday, September 28, 2018
Location: UC Davis Extension

Welcome
Purpose
Introductions
Working Agreements
Updates from Last Meeting
Lunch Break (Time – TBD)
Part One: Subcommittee Groups Working Time
Part Two: Subcommittee Groups Report Out
Next Steps
Plus/Delta