Specialized Care Increment Rate System Proposal

CITY & COUNTY OF SAN FRANCISCO
FAMILY & CHILDREN’S SERVICES
June 27, 2018

Revision of Current San Francisco SCI Plan

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EXECUTIVE SUMMARY

The City and County of San Francisco Family & Children's Services mission is to promote well-being and self-sufficiency among individuals, families and communities in San Francisco. Our youth who are Foster Care dependents and wards are a very special population that needs our intense support to achieve positive and sustainable outcomes. San Francisco has been a long standing advocate for the needs of children and youth in this special population, and we believe there is no greater goal or obligation than to provide the best care and supervision possible for them to heal, reunite with family, explore and bond with new permanent connections, develop or enhance resiliency and to grow into healthy, functional and successful adults. These goals are aligned with Federal and California State child welfare outcomes and the Fostering Connections Act as well as the State of California Core Practice Model.

Our greatest resource in achieving these goals, outside of the children and youth themselves, are all of our partners in care, which includes foster parents, relatives, non-related extended family members and guardians, herein referred to as care providers, who take on the challenge and commitment of raising these children and youth in nurturing family environments.

To truly support families and our vision of a diverse community whose children, youth and families are safe, self-sufficient and thriving is to provide the supports and services necessary to achieve this. We believe we can grow and change in this daunting system of child welfare, and we can start by seeking solutions that offer a conduit to change. Continuum of Care Reform addresses the need for change in order to promote positive outcomes for youth. It does this by implementing measures that will reduce the length of stay in congregate care and place youth in a family like setting.

Historically, the Foster Care Special Care Increment system has been designed to increase payments to care providers as the children and youth’s behaviors, mental health and medical needs worsen – thereby creating a deficit based system. We want to provide the most family like setting for our children and youth so they have the chance to achieve their highest potential that they would not otherwise be able to achieve.

San Francisco’s proposed SCI Tier structure supports these intended outcomes and supports child welfare reform underway in our nation. In order to facilitate effective change, create an opportunity for positive outcomes, and create permanent connections, we must collaborate in different ways than we have before and continue to seek solutions.

San Francisco Family & Children’s Services respectfully submits the following proposal.
ALIGNMENT WITH FEDERAL & STATE OUTCOMES

CDSS Manual of Policies and Procedures: 11-400 (s)(6)

“Specialized Care Increment – an amount paid to a family home in addition to the HBFC/LOC rate on behalf of an AFDC-FC child requiring specialized care because of health and/or behavioral problems.” ¹

San Francisco’s Family & Children’s Services special care increment proposal is based on the belief that the foster care payments should be aligned with Federal and State outcomes promoting improvements in safety, permanency and well-being. Creating an improvement focused system, as opposed to a deficit based system, will enable the department to emphasize positive outcomes for children and youth.

In addition to providing assistance to foster care families in supporting our children/youth that have exceptional physical, mental and emotional health conditions via traditional methods, this system also provides assistance to foster care families in supporting our children/youth through alternative healing therapies and extracurricular activities. Extracurricular activities promote healthy kids and can lessen the impact of trauma. These extracurricular activities and alternative therapies provide a means of positive focus and growth for the child/youth.

For example, playing basketball can direct the negative aspects of a youth’s life into a productive forum and reduce behaviors that they may be exhibiting (e.g.; fighting or acting out in school).

Increased Care and Supervision:

Social Security Act § 475(4)(A) – “The term “foster care maintenance payments” means payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, reasonable travel to the child’s home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.” ²

WIC 11461.4 - “A county may have a rate-setting system for specialized care to pay for the additional care and supervision needed to address the behavioral, emotional, and physical requirements of foster children.” ³

The additional care and supervision necessary to meet the needs of children and youth in foster care with medical, mental health, or behavioral challenges includes enhanced daily parental care and supervision activities, which may include caregiver participation in:

- Additional transportation, supervision and participation at appointments and activities associated with medical, mental health or behavioral therapy and treatment.
- Additional transportation, supervision and participation with therapeutic and extracurricular activities that are above and beyond the scope of what might be considered typical (e.g.; horseback riding, drumming, acupuncture, sports, dancing, band, cheerleading, etc).
- Additional supervision and transportation necessary for visitation with biological parents or siblings
- Additional medical support by dispensing medication, changing bandages or managing medical equipment associated with the care of a child or youth in foster care

¹ CDSS Manual of Policies and Procedures: 11-400 (s)(6)
² Social Security Act § 475(4)(A)
³ WIC 11461.4
• Additional foster parent education to acquire the skills necessary to provide adequate care for the special medical, mental health or behavioral needs of children or youth in foster care beyond the standard foster parent training
• Additional attendance and participation of foster parents at case conferences, Child Family Team meetings (CFTs), with individualized education plans (IEPs), school conferences, reunification and permanency meetings and activities, and Independent Living Skills meetings.
• Additional personal care of the child or youth beyond what would be considered reasonable for his/her age
• Additional involvement necessary for the continuity of care during placement changes
FAMILY BASED CARE CREATES A NEED FOR ADDITIONAL SUPPORTS

Sustaining an Increasing HBFC Population Requires Additional Supports:
Due to the introduction of CCR and the plan for all foster care youth to be in a home based family care (HBFC) environment, San Francisco County expects that caregivers will require additional supports to meet the needs of youth in their care. We believe that additional needs will be met by our children and youth as supported by this revised SCI program, thus sustaining a family based care setting for our children/youth. In turn, this will avoid the need for a higher level of care. We must support our partners in providing appropriate services and financial support to achieve and maintain healthy kids.

The Special Care Increment Program will assist in meeting our children’s needs by covering the cost of additional care and supervision that may not be covered by the determined Level of Care rate. The revised SCI Program will include financial assistance to caregivers who support our children through alternative healing therapies and extracurricular activities, therefore creating new ways to meet the needs of today’s youth.

Supportive Research:
The manner in which the county reviews and assesses the need for additional care and supervision of a child/youth will change with the implementation of the LOC Determination Protocol. San Francisco County proposes the addition of an SCI to include extracurricular activities and alternative healing therapies. According to Lauren Armstrong from the University of South Carolina Scholar Commons, “there is a strong positive correlation between extracurricular sports activities and increased behavior, increased health, and increased academic achievement in children and adolescents.” She also mentions in her research that extracurricular activities reduce delinquency and other behavioral problems, has a positive effect on psychosocial functioning, creates healthy behavior and higher self-esteem, less emotional distress, reduces drug and alcohol use, reduces the odds of physical/sexual abuse and participation in vandalism, and children/youth are less likely to skip school.4

The cost to participate in any extracurricular activity such as a sports program can be significant, yet can be essential to support a child or youth’s mental and physical health. For example; for a child/youth to participate in sports, a foster parent will need to consider the following expenditures: uniforms, travel to and from practice and games, team insurance, one on one coaching/instruction, equipment, special events such as award presentations, parking and other facility fees, etc. These expenses and the amount of time the foster parent will participate in these activities, may translate into significant costs, especially for families with limited income.5

Outcome:
Once a child/youth is stabilized, we must promote ongoing progress in healing from trauma, health improvement, natural growth/development, and self-esteem. The SCI Program is essential for San Francisco Foster Youth as it assists in covering the costs of important activities, which act as a gateway to healing. The revised SCI program will encourage and support care providers to ensure safety, permanency, and the well-being of our children.

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4 Armstrong, Lauren (2014), The Effects of Extracurricular Activity on Children and Adolescents: Hosting a Tennis Camp For Children In the Foster Care System.
Minimum Adequate Rates

According to the 2015 data from the Consumer Expenditures Survey, the cost of raising a child is approximately $12,980 annually for a middle-income family in the United States. This family would approximately spend $233,610 for food, shelter, and other needs for this child by the time the child turns 17 years of age. California is one of the most expensive states in the nation and therefore, California has a substantially higher need to adequately reimburse care providers for necessary food, clothing, shelter, daily supervision, school supplies, personal incidentals, insurance and travel for visitation with the child/youth’s biological family.

Within California, San Francisco has significantly higher costs of living relative to other jurisdictions, but the compensation rates that parents receive in San Francisco are the same.

<table>
<thead>
<tr>
<th>County</th>
<th>Median Income Level Year 2015</th>
<th>Median Home Sales Price Year 2017</th>
<th>Median Rental Price Year 2017 - per bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco</td>
<td>$56,722</td>
<td>$1,667,251</td>
<td>$2,500</td>
</tr>
<tr>
<td>Sacramento</td>
<td>$38,606</td>
<td>$404,746</td>
<td>$500</td>
</tr>
<tr>
<td>Imperial</td>
<td>$24,921</td>
<td>$174,908</td>
<td>$350</td>
</tr>
</tbody>
</table>

This disparity in support relative to the cost of living is one factor that contributes to the lack of placements within San Francisco and the high rate of San Francisco youth placed out of county. Children placed out of county have less opportunity to stay close to their families if they are placed in foster homes outside of San Francisco County, making reunification more of a challenge. In order to effectively implement the California Core Practice Model and move towards more favorable outcomes, foster family homes must be able to financially provide basic needs, care and supervision to achieve safety, permanency and well-being for our children. San Francisco County believes that the special care increment system is absolutely essential to reach these outcomes.

Though the Special Care Increment Rate System is not designed to increase recruitment and retention, San Francisco strongly believes that a Special Care Increment that is founded in equity and consistency – as well as one that offers clear guidelines for the quality of care – will be effectual in increasing the number of family homes in San Francisco.

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7 State of California Franchise Tax Board – B-6 Comparison by County. [https://data.ftb.ca.gov/California-Personal-Income-Tax/B-6-Comparison-By-County/usjc-d8a6/data](https://data.ftb.ca.gov/California-Personal-Income-Tax/B-6-Comparison-By-County/usjc-d8a6/data)
8 Trulia.com - [https://www.trulia.com/home_prices/California/](https://www.trulia.com/home_prices/California/)
9 Trulia.com - [https://www.trulia.com/home_prices/California/](https://www.trulia.com/home_prices/California/)
Promoting Positive Outcomes: Above and Beyond

San Francisco believes that foster care providers should not only be informed, but also empowered through the rate structure to support improvements in behavior, medical and mental health challenges. Children and youth in foster care should also feel enabled through a rate structure system that enhances opportunities and support in achieving their full potential. Holding to these values is imperative to the success of the Specialized Care Increment rate proposal.

San Francisco strongly believes that their Specialized Care Increment Program – in conjunction with the Level of Care rate structure, will directly impact and assist in:

- stability in foster care placements,
- permanency goals and adoption,
- proximity of foster care placements, placements with siblings, preserving connections and visitation,
- educational needs of children in foster care,
- and meeting physical and mental health needs of children in foster care.

In addition, it will enhance our recruitment and retention of qualified foster parents by providing improved information regarding the care and supervision necessary to support children and youth with medical, mental health and behavioral challenges that receive higher specialized care rates.

Meeting critical Federal and State outcomes translates to a system that is fair, consistent and equitable.

Foster parents that offer a level of support that is above and beyond must be encouraged, recognized and engaged in offering a nurturing and healthy family environment. One way to do this is through providing a Special Care Increment to offset some of the costs of what could be considered above and beyond.

A basic definition baseline of above and beyond relates to the quality of care of a child and the approach that a foster parent would provide is what a happy, healthy and supportive experience similar to what a good parent would do to ensure a nurturing, supportive and positive role model. Above and beyond care is a model that would offer a foundation for a child to enable them to reach their highest potential in life.

Above and beyond involves a long-term dedication and unconditional acceptance and care of a child, putting their needs at the forefront, as appropriate, in relation to the family. It is committing to the development of a child beyond just the basic fundamentals of care, food, clothing, shelter and basic support. The expectation of a foster parent is to provide a safe, clean and peaceful environment that allows a child to develop according to a basic minimum, which is related to food, clothing, shelter and educational needs.

A foster parent that provides more than the basic minimum is considered providing above and beyond care. This includes a whole person approach, and could include an individualized plan for each child such as extra-curricular activities or possible alternative healing therapies: whatever it takes to provide the most effective nurturing and healthy supportive family home environment possible for the child or youth to overcome trauma. Ultimately, above and beyond is providing the closest model to what a child would experience in a positive, nurturing, happy and healthy family home life.
MANAGEABLE MEDICAL, MENTAL HEALTH
OR BEHAVIORAL CHALLENGES

Medical, mental health or behavioral challenges which through therapy (including alternative therapies – e.g.; horseback riding, drumming, acupuncture, etc.), extracurricular activities (e.g.; sports, dancing, band, swimming, cheerleading, etc.), commitment, support, adequate care, medication or behavioral modification; the child or youth has the potential to avoid decline, address the trauma that s/he has experienced, maintain a healthy mental health status, and have the ability to cope or otherwise overcome his/her challenges are represented in Tiers A-D.

LIFETIME MEDICAL OR MENTAL
HEALTH CHALLENGES

Medical or mental health challenges including severe and chronic illnesses that are expected to result in dependence to medical equipment, lifetime medical or mental impairment that cannot improve through medication, support or behavioral modification, inability to administer personal care and/or a permanent loss of mobility that requires care provider lifting, turning (over the age of 3) or continuous supervision beyond what would be considered age appropriate are represented in Tiers D-E.

Lifetime challenges may include, but are not limited to: HIV, cerebral palsy, muscular dystrophy, schizophrenia, cancer and/or leukemia.

Challenges that do not automatically qualify for Lifetime category – due to the manageable nature of the condition, may include but are not limited to: diabetes, asthma, ADHD or depression.
## 5-Tier SCI System

**Medical, Mental Health and Behavioral Scale**

### A. Characteristics of the Child/Youth’s Condition

<table>
<thead>
<tr>
<th>TIER – A Manageable</th>
<th>TIER – B Manageable</th>
<th>TIER – C Manageable</th>
<th>TIER – D Manageable / Lifetime</th>
<th>TIER – E Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MILD</strong></td>
<td><strong>MODERATE</strong></td>
<td><strong>EXCEPTIONAL</strong></td>
<td></td>
<td><strong>SEVERE</strong></td>
</tr>
<tr>
<td>Child/youth</td>
<td>Meets all</td>
<td>Meets all</td>
<td>Meets all requirements of Tier D</td>
<td></td>
</tr>
<tr>
<td>demonstrates mild</td>
<td>requirements of Tier A</td>
<td>requirements of Tier C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or short episodes of</td>
<td>And</td>
<td>And</td>
<td>And</td>
<td></td>
</tr>
<tr>
<td>medical, emotional</td>
<td>Child/youth</td>
<td>Minimum of 3 months</td>
<td>Minimum of 3 months receipt of Tier D</td>
<td></td>
</tr>
<tr>
<td>or physical</td>
<td>demonstrates</td>
<td>receipt of Tier B</td>
<td>And</td>
<td></td>
</tr>
<tr>
<td>challenges.</td>
<td>moderate or</td>
<td>And</td>
<td>And</td>
<td></td>
</tr>
<tr>
<td>Or, child/youth</td>
<td>common episodes of</td>
<td>Has an additional</td>
<td>Has an additional assessment of need</td>
<td></td>
</tr>
<tr>
<td>is currently</td>
<td>medical, emotional</td>
<td>assessment of need</td>
<td>through an IEP, Individualized plan</td>
<td></td>
</tr>
<tr>
<td>developing life</td>
<td>or physical</td>
<td>through Regional</td>
<td>through Regional Center, or</td>
<td></td>
</tr>
<tr>
<td>skills or curbing</td>
<td>challenges via</td>
<td>Center, or</td>
<td>individualized plan</td>
<td></td>
</tr>
<tr>
<td>emotional challenges</td>
<td>extracurricular</td>
<td>individualized plan</td>
<td>through licensed</td>
<td></td>
</tr>
<tr>
<td>via extracurricular</td>
<td>activities and/or</td>
<td>through licensed</td>
<td>psychologist, psychiatric,</td>
<td></td>
</tr>
<tr>
<td>activities and/or</td>
<td>alternative</td>
<td>psychologist,</td>
<td>psychiatrist, or</td>
<td></td>
</tr>
<tr>
<td>therapies.</td>
<td>therapies.</td>
<td>psychiatrist, or</td>
<td>therapist, or</td>
<td></td>
</tr>
<tr>
<td>- e.g.; wound care,</td>
<td></td>
<td>therapist, or</td>
<td>physician or other</td>
<td></td>
</tr>
<tr>
<td>bed-wetting, anxiety,</td>
<td></td>
<td>physician or other</td>
<td>treatment specialist.</td>
<td></td>
</tr>
<tr>
<td>nightmares,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attachment or mood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>disorders, asthma,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diabetes, sexually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acting out, defiant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>disorders, hyperactivity, fetal drug/alcohol exposure, anger management or horseback riding, sports, band, dancing, cheerleading, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIER – B Manageable</th>
<th>TIER – C Manageable</th>
<th>TIER – D Manageable / Lifetime</th>
<th>TIER – E Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXCEPTIONAL</strong></td>
<td><strong>ADVANCED</strong></td>
<td><strong>SEVERE</strong></td>
<td></td>
</tr>
<tr>
<td>Meets all requirements of Tier C</td>
<td>Meets all requirements of Tier B</td>
<td>Meets all requirements of Tier D</td>
<td></td>
</tr>
<tr>
<td>And</td>
<td>And</td>
<td>And</td>
<td></td>
</tr>
<tr>
<td>Minimum of 3 months</td>
<td>Minimum of 3 months</td>
<td>Minimum of 3 months receipt of Tier C</td>
<td></td>
</tr>
<tr>
<td>receipt of Tier B</td>
<td>receipt of Tier C</td>
<td>And</td>
<td></td>
</tr>
<tr>
<td>And</td>
<td>And</td>
<td>And</td>
<td></td>
</tr>
<tr>
<td>Has an additional</td>
<td>Difficulty in</td>
<td>Suicidal inclination,</td>
<td></td>
</tr>
<tr>
<td>assessment of need</td>
<td>stabilizing</td>
<td>resistance to stabilization of</td>
<td></td>
</tr>
<tr>
<td>through an IEP,</td>
<td>medication,</td>
<td>medication or therapy,</td>
<td></td>
</tr>
<tr>
<td>Individualized plan</td>
<td>need to administer</td>
<td>occasional need for</td>
<td></td>
</tr>
<tr>
<td>through Regional</td>
<td>daily injections or</td>
<td>hospitalization, line of sight</td>
<td></td>
</tr>
<tr>
<td>Center, or</td>
<td>daily breathing or</td>
<td>supervision, foster parent</td>
<td></td>
</tr>
<tr>
<td>individualized plan</td>
<td>physical therapy,</td>
<td>unable to take respite due to</td>
<td></td>
</tr>
<tr>
<td>through licensed</td>
<td>child/youth in</td>
<td>lack of qualified care provider</td>
<td></td>
</tr>
<tr>
<td>psychologist,</td>
<td>drug/alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>psychiatrist, or</td>
<td>treatment, may</td>
<td></td>
<td></td>
</tr>
<tr>
<td>therapist, or</td>
<td>have been in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>physician or other</td>
<td>prior inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment specialist</td>
<td>residential treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/youth behaviors may include: truancy, gangs, frequent AWOL, assaultive behavior, failure to follow house rules, failing classes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### B. Caregiver Supports Provided at Each Tier

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier A</td>
<td>Manageable</td>
</tr>
<tr>
<td>MILD</td>
<td>Requiring additional care, support and supervision, which is expected to require the care provider to provide additional transportation to appointments and meetings.</td>
</tr>
<tr>
<td>MODERATE</td>
<td>Challenges meet the criteria in Tier A And Care provider and child/youth attend all related scheduled appointments, transportation provided and care provider regularly provides supervision during visitation and keeps detailed documentation. Care provider may be addressing educational and/or development delays with tutoring.</td>
</tr>
<tr>
<td>EXCEPTIONAL</td>
<td>Challenges meet the criteria in Tier B And Care provider participation in CFT, IEP, ice breakers, school meetings, agency meetings and may complete additional training to support</td>
</tr>
<tr>
<td>ADVANCED</td>
<td>Challenges meet the criteria in Tier C And Care provider participation in therapy, medical sessions or with the therapeutic process for the child or youth focusing on the child’s treatment plan, behaviors, progress, and/or implementation and/or continuation of the medical and/or the therapeutic plan. Documented participation in Medically Intensive Treatment Services exclusively serving children and youth with advanced debilitating conditions</td>
</tr>
<tr>
<td>Tier B</td>
<td>Manageable</td>
</tr>
<tr>
<td>SEVERE</td>
<td>Challenges meet the criteria in tier D and A) regularly participates in crisis intervention through Wraparound services, crisis mental health services or requires After Hours social worker intervention to maintain stability – and/or – 2) providing in-home modeling and mentoring of successful care and supervision to reunifying parent(s) or change in placement for continuity of care, line of sight supervision.</td>
</tr>
<tr>
<td>Tier C</td>
<td>Manageable / Lifetime</td>
</tr>
<tr>
<td>Tier D</td>
<td>Manageable / Lifetime</td>
</tr>
<tr>
<td>Tier E</td>
<td>Lifetime</td>
</tr>
</tbody>
</table>
DOCUMENTATION

Care providers are required, as a condition of continued receipt of a Specialized Care Increment, to undergo a biannual review. This review will be to determine if the specialized care increment continues to be necessary as to meet the needs, of the child/youth, that are above and beyond what is covered by the level of care rate determined by the 5 domains in the LOC Rate Determination Matrix.  \(^{10}\)

Areas requiring biannual review and documentation include:

- Medical, mental health and dental appointments
- Bio-parent participation and visitation
- Supportive Services (IEP, sibling and other family visitation, school meetings, CASA, tutoring, etc.)
- Special awards or recognitions received by the foster youth
- Improvements in health, behavior or self-esteem
- Training or classes attended by the care provider in the month
- Copies of school records or grades received within the month
- Optional supplement completed by the foster youth
- Optional picture of the child or youth
- Optional copies of positive feedback, certificates, awards, tests, other items to celebrate

MOVEMENT BETWEEN TIERS

Increasing Payments:

For the purpose of establishing special care increment rates, the additional care and supervision necessary for the child or youth in foster care must be consistent. To evaluate consistency of need, the special care increment system was arranged in tiers. The tiers represent the stages of progressive daily parental care and supervision necessary to meet and address the enhanced needs of the child or youth. Special care increments can begin with Tier A or Tier B, after which a review period must be completed and documented before movement to the next tier. For Lifetime Medical or Mental Health challenges, the scale may start with a higher Tier.

Decreasing Payments:

As the child or youth’s needs decrease, the special care rate increments will decrease based on a re-assessment of the child/youth’s needs.

\(^{10}\) SOC 501 LOC Rate Determination Matrix - http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC501.pdf?ver=2017-12-13-133145-643
COORDINATION AND SUPPORT

The bi-annual reviews will coordinate and be cross-referenced with the following:

Coordinated SCI Rate Scale

While the LOC rate is subject to a CNI adjustment, the SCI is not. The SCI Tier will be in addition to the determined LOC rate in order to cover the cost of care that the LOC rate does not cover. Any SCI Tier can be added to any determined LOC rate, based on need and on a case by case basis.

For instance, if a LOC 2 does not cover the full cost of the child’s additional care and supervision in order to actually meet the child’s needs, we can then use a SCI Tier-B (or the Tier which best meets the need) to supplement the cost of the additional care and supervision not covered by the SOC 500 determined LOC rate.
Data Gathering

Statewide as well as with San Francisco, our ability to input, gather and analyze data related to Foster Care Eligibility is of great concern. We are doing much better than in previous years and use various database systems to collect data, yet there is no system functionality that allows data to interface.

Due to these barriers, it has made the analysis of data and outcome tracking difficult, if not impossible in some instances, without manually searching for hard copy records.

This SCI proposal includes measures to resolve these issues through standardized tracking and processing procedures, dedicated SCI processing staff, computerized records, and CALWIN and CMS/CWS entry standards. San Francisco is in the process of launching a new database specifically geared towards SCI. San Francisco is confident that financial and personal outcomes for children and youth in foster care will be effectively and accurately tracked. The ease of collecting and analyzing data will improve dramatically.

CHARACTERISTICS OF THE SPECIALIZED CARE POPULATION

Behaviors:
The current system serves a wide variety of behaviors and needs assessments and is broken down into five tiers. Needs assessments are based on children or youth who have medical, mental health or behavioral challenges. Care providers are asked to document a child’s increasing severity of symptoms and conditions to qualify for higher rates. The most common types of behaviors noted include: defiant behavior, tantrums, urges to steal, sleep disturbances, depression, bed wetting, learning disabilities, mild developmental or speech delays, autism, asthma, diabetes, school problems and sexually acting out for youth over the age of 12. The most common mental disorders are ADHD, PTSD, trauma, stress, anxiety disorder, attachment disorder and depression. Care providers are required to provide any documentation of additional services or support to address additional care or supervision needs from physicians, psychologists, school, therapists, etc.

Numbers currently served:
In the City and County of San Francisco, there are currently over 750 children and youth for whom a Special Care Increment is being received throughout all of the aid programs that San Francisco County is administering benefits for.

Current Sharing Ratios:
Case sharing ratios for the entire foster care caseload include 85% Federally eligible cases and 15% Non-Federally eligible cases. Federal and State sharing ratios are not expected to change based on this proposal.
THE COUNTY’S APPROVAL PROCESS

The county approval process is subject to program type – e.g., KinGAP cases are not subject to the biannual review as the KG2 is submitted every 2 years.¹¹

As part of the approval process, all supporting documentation is retained in the child/youth’s SCI file.

<table>
<thead>
<tr>
<th>Initial date of foster care entry</th>
<th>30-day Rate Assessment Period</th>
<th>All new foster care placement or placement changes will start at the HBFC base level rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care provider informing</td>
<td>Completed by SCI Unit</td>
<td>Care Providers receive information regarding procedures to request a special care increment within 7 days of placement</td>
</tr>
<tr>
<td>Documentation Collection</td>
<td></td>
<td>SCI staff and care providers work together to collect documentation to validate appropriate rate.</td>
</tr>
<tr>
<td>Determination</td>
<td></td>
<td>Care provider informed of rate setting status. Retroactively to the beginning date of placement is possible if documentation supports the decision.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bi-Annual Review</th>
<th>Bi-Annual Review Tracking</th>
<th>Upon approval of a Special Care Increment, care provider receives an organizational packet.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reminders</td>
<td>Completed by SCI unit</td>
<td>Care providers receive a minimum of 2 reminder phone calls and/or letters during the Bi-Annual progress reporting period and offered additional training or assistance, if needed.</td>
</tr>
<tr>
<td>Processing</td>
<td></td>
<td>Care providers submit Bi-Annual progress reports – information is cross-referenced, verified and continued Special Care Increment approved or denied. Appropriate notices generated.</td>
</tr>
</tbody>
</table>

¹¹ KG2 - http://www.cdss.ca.gov/cdssweb/entres/forms/English/KG2.PDF
CONCLUSION

The City and County of San Francisco Family and Children's Services Agency will implement the proposed revised Specialized Care Increment Rate System changes within 30 days of approval by the State.

In an effort to create an improvement based system, San Francisco has aligned the proposed Specialized Care Increment System with the State's Continuum of Care and federal outcome measurements. San Francisco has included substantial measurement and outcome capacity enabling future justification, ease of duplication for other counties and states, and the creation of best practice documentation.

San Francisco Family & Children's Services is committed to serving our children, youth, families and care providers to ensure a supportive and nurturing family environment and we look forward to providing a fair, equitable and consistent system that assist children and youth in foster care to reach their full potential and achieve permanent and lifelong connections. Please assist us to accomplish this.

Please contact juliet Halverson at (415) 557-5146 or juliet.halverson@sfgov.org with any questions or comments. You can also direct any mail to 170 Otis St. 6th floor, San Francisco, CA 94103.

Questions or comments can also be directed to Sylvia Deporto, Deputy Director, at Sylvia.deporto@sfgov.org or by calling (415) 558-2660.

Thank you for your consideration.
REFERENCES

1. CDSS Manual of Policies and Procedures: 11-400 (s)(6)

2. Social Security Act § 475(4)(A)

3. WIC 11461.4

4. Armstrong, Lauren (2014), The Effects of Extracurricular Activity on Children and Adolescents: Hosting a Tennis Camp For Children In the Foster Care System.


12. KG2 - http://www.cdss.ca.gov/cdssweb/entres/forms/English KG2.PDF
NOTICE OF APPROVAL

Provider Name
Provider Street Name and Number
Provider City, State, Zip

RE: Special Care Increment (SCI) Program request for child’s name
Date request received: Click here to enter a date.

Dear Mr./Ms. provider last name;

Thank you for your interest in the San Francisco Family and Children’s Services SCI Program.

Your request has been processed via:

- reviewing the completed determination worksheet
- communication with you, the Care Provider
- communication with the assigned FCS Social Worker and the Foster Care Nurse
- collecting other available, supporting documentation

Based on the review of the available information regarding your child’s condition(s), compared with specific criteria set by the City and County of San Francisco Foster Care Eligibility program, your child has been approved for a specialized care increment.

Effective Click here to enter a date., you will begin to receive a Choose an item., in addition to the monthly Foster Care base rate that you currently receive.

In order to maintain this Special Care Increment (SCI) rate; a Bi-Annual Re-evaluation will be required in order to determine your child’s SCI eligibility.

If you have any questions and/or need assistance, please contact your Social Worker, Choose an item.

If further assistance is needed and/or you would like to know the process to file an FCS management appeal, please contact the SCI Unit Supervisor at (415) 557-5929.

You will receive a separate notice of action from your Eligibility Worker that contains further information and how to request an appeal hearing if you disagree.

Thank you for the care and service you provide,

Choose an item.
Phone: Choose an item.
Fax: (415) 557-5796

CONFIDENTIALITY NOTICE: This document is intended for the use of the party to whom it is addressed and may contain information that is privileged, confidential, and protected from disclosure under applicable law. If you are not the addressee, or a person authorized to accept documents on behalf of the addressee, you are hereby notified that any review, disclosure, dissemination, copying, or other action based on the content of this communication is not authorized. If you have received this document in error, please immediately reply to the sender and delete or shred all copies.

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Revised 6/28/18
NOTICE OF DENIAL

Provider Name
Provider Street Name and Number
Provider City, State, Zip

RE: Special Care Increment (SCI) Program request for child’s name
Date request received: Click here to enter a date.

Dear Mr./Ms. provider last name;

Thank you for your interest in the San Francisco Family and Children’s Services SCI Program.

Your request has been processed via:

- reviewing the completed determination worksheet
- communication with you, the Care Provider
- communication with the assigned FCS Social Worker and the Foster Care Nurse
- collecting other available, supporting documentation

Based on the review of the available information regarding the child’s condition(s), compared with specific criteria set by the City and County of San Francisco Foster Care Eligibility program; your child does not qualify for a Specialized Care Increment (SCI) at this time.

If you have any questions and/or need assistance, please contact your Social Worker, Choose an item.

If further assistance is needed and/or you would like to know the process to file an FCS management appeal, please contact the SCI Unit Supervisor at (415) 557-5929.

Thank you for the care and service you provide,

Choose an item.
Phone: Choose an item.
Fax: (415) 557-5796

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NOTICE OF DISCONTINUANCE

Provider Name
Provider Street Name and Number
Provider City, State, Zip

RE: Special Care Increment (SCI) Program re-determination for child’s name
Effective Date of Discontinuance: Click here to enter a date.

Dear Mr./Ms. provider last name;

Thank you for your participation in the San Francisco Family and Children’s Services SCI Program.

A re-evaluation of your child’s special care increment has been processed via any or all of the following:

- reviewing the completed determination worksheet
- communication with you, the Care Provider
- communication with the assigned FCS Social Worker and the Foster Care Nurse
- collecting other available, supporting documentation

Based on the review of the available information regarding the child’s condition(s) and/or circumstances, compared with specific criteria set by the City and County of San Francisco Foster Care Eligibility program; your child no longer qualifies for a Specialized Care Increment (SCI) at this time.

Describe the reason for the discontinuance

If you have any questions and/or need assistance, please contact your Social Worker, Choose an item..

If further assistance is needed and/or you would like to know the process to file an FCS management appeal, please contact the SCI Unit Supervisor at (415) 557-5929.

You will receive a separate notice of action from your Eligibility Worker that contains further information and how to request an appeal hearing if you disagree.

Thank you for the care and service you provide,

Choose an item.
Phone: Choose an item.
Fax: (415) 557-5796

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NOTICE OF REDETERMINATION

Provider Name
Provider Street Name and Number
Provider City, State, Zip

RE: child’s name
Bi-Annual Re-evaluation due by Click here to enter a date.

Dear Mr./Ms. provider last name;

Please be informed that in order to maintain your current Special Care Increment (SCI) rate; a Bi-Annual Re-evaluation, which entails the completion of a Form 1213, is required every 6 months to determine a child’s SCI eligibility. Failure to fulfill this requirement may result in your rate being reduced to the lowest "TIER A" rate. Continued failure to fulfill this requirement may result in the discontinuance of any SCI rate.

Form 1213 – “Verification of Diagnosis and On-Going Treatment” is being provided for your convenience in this mailing, along with a postage free return envelope.

Please fill out page 1 of Form 1213 and have the child’s medical/mental health care provider fill out page 2 of Form 1213. Upon completion of both pages, you may use the provided postage free return envelope to mail the form to your Social Worker, Choose an item. .

The completed Form 1213 must be returned to the Social Worker no later than Click here to enter a date..

If you have any questions and/or need assistance, please contact your Social Worker, Choose an item..

If further assistance is needed, please contact the SCI Unit Supervisor at (415) 557-5929.

Once your redetermination is approved or denied, you will receive a separate notice of action from your Eligibility Worker that contains further information and how to request an appeal hearing if you disagree.

Thank you for the care and service you provide,

Choose an item.
Phone: Choose an item.
Fax: (415) 557-5796

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Revised 6/28/18
GROUP HOME EXTENSION REQUEST
FOR THE RATE CLASSIFICATION LEVEL (RCL) RATE

SECTION A
(Sections A-C Must Be Completed For Approval)

This form is to request a RCL extension (pursuant to WIC section 11462.04) on behalf of a group home provider and must be signed by a child welfare director, chief probation officer, or designee and sent to the Foster Care Rates Bureau (FCRB). A GH that has submitted a completed STRTP application to CDSS may submit an FC 30 directly as provided for in ACIN I-37-18.

A copy of the approved form must be provided by the facility to each placing agency that places children in the facility. Each placing agency and the facility must ensure that each child placed in the facility has an updated Needs and Services Plan developed in collaboration with the county placing agency, as required in ACIN I-37-18

Name of County: Contra Costa County  Check One: ☐ Host  ☐ Placing County

Non-Profit Corporation Name (group home provider): Paradise Adolescent Home Inc

Corporation's Program Number Given by FCRB: 1839.00.01

Corporation's Headquarters Address: PO Box 626, San Ramon, CA 94583
Street
State Zip Code

Facility Address: 136 Valdiva Circle, San Ramon, CA 94583
Street
State Zip Code

Facility License Number (for which this request is being submitted): 075600345

Extension to the RCL Rate is requested for:
☐ 3 months
☐ 5 months

SECTION B

This RCL extension request is based on the following criteria. Check the appropriate response below:

1. ☐ The group home is in the process of converting to a STRTP.
   Application for STRTP licensure submitted to CDSS
date Submitted: 05/02/2018
or
   Program Statement is in active revision with the county and has been submitted to CDSS
   Reviewing County: ___________________________________ Date Submitted: __________
   Date Submitted to CDSS: ____________________
SECTION B
(Continued)

Provide specific details about any identified barriers to STRTP transition, barriers to identifying alternative placements for children not requiring an STRTP level of care, and progress toward compliance with the Mental Health Program Approval requirements.
The available pool of employees is not sufficient to support STRTP.

2. □ The group home will NOT convert to STRTP licensure.
   a. The facility has completed and is implementing one of the following:
      • Completed Transition Plan Completion Date: __________________
      • Completed Closure Plan Completion Date: __________________
   b. Has the provider considered transitioning to THP+FC or another type of licensure category?
      □ Yes □ No
   c. Is technical assistance or further information requested?
      □ Yes □ No

Provide specific details about the facility efforts to support county recruitment of resource families for children placed in the facility. Please describe the transition or closure plan developed for the group home facility. Also, provide details about why the provider is choosing not to become an STRTP.
1. □ Please indicate if the provider has any technical assistance needs in the following areas:
   a. □ Accreditation Completion.
   b. □ Mental Health Certification.
   c. □ Mental Health Billing.
   d. □ Staffing to Meet STRTP Requirements.
   e. □ Provider Wishes to Continue to Serve Foster Youth Under a Different License (e.g., THPP).
   f. □ Presumptive Transfer Determinations.
   g. □ Trauma Informed or Other Training for Staff.
   h. □ Other: __________________________________________________________
      Please Explain

2. Client Population Served by This Facility:
   □ Child Welfare
   □ Probation
   □ Both

   [Signature]
   Child Welfare Services Director or Chief Probation Officer/or Designee Signature
   7/10/18
   Date

Hannah Slade
County Contact Name (Please print)

925-602-6823
Telephone Number

sladeh@ehsd.cccounty.us
Email Address

Email completed form to: fosterca@dss.ca.gov
SECTION D

FOSTER CARE RATES USE ONLY:

☐ Approve

Effective Approval Date: ____________

Extension Expiration Date: ____________

Rates Consultant ____________

Telephone Number ____________

Date ____________

GROUP HOME EXTENSION REQUEST
GROUP HOME EXTENSION REQUEST
FOR THE RATE CLASSIFICATION LEVEL (RCL) RATE

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Check One: □ Host □ Placing County

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Street

State Zip Code

Facility Address: 136 Valdiva Circle, San Ramon, CA 94583

Street

State Zip Code

Facility License Number (for which this request is being submitted): 075600345

Extension to the RCL Rate is requested for:

☐ 3 months
☐ 5 months

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This RCL extension request is based on the following criteria. Check the appropriate response below:

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   Application for STRTP licensure submitted to CDSS
   Date Submitted: 05/02/2018

   or

   Program Statement is in active revision with the county and has been submitted to CDSS
   Reviewing County: ___________________________ Date Submitted: ______________
   Date Submitted to CDSS: ___________________________
SECTION B
(Continued)

Provide specific details about any identified barriers to STRTP transition, barriers to identifying alternative placements for children not requiring an STRTP level of care, and progress toward compliance with the Mental Health Program Approval requirements.

The available pool of employees is not sufficient to support STRTP.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

2. □ The group home will NOT convert to STRTP licensure.
   a. The facility has completed and is implementing one of the following:
      • Completed Transition Plan Completion Date: ________________
      • Completed Closure Plan Completion Date: ________________
   b. Has the provider considered transitioning to THP+FC or another type of licensure category?
      □ Yes □ No
   c. Is technical assistance or further information requested?
      □ Yes □ No

Provide specific details about the facility efforts to support county recruitment of resource families for children placed in the facility. Please describe the transition or closure plan developed for the group home facility. Also, provide details about why the provider is choosing not to become an STRTP.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
SECTION C

1. Please indicate if the provider has any technical assistance needs in the following areas:
   a. □ Accreditation Completion.
   b. □ Mental Health Certification.
   c. □ Mental Health Billing.
   d. □ Staffing to Meet STRTP Requirements.
   e. □ Provider Wishes to Continue to Serve Foster Youth Under a Different License (e.g., THPP).
   f. □ Presumptive Transfer Determinations.
   g. □ Trauma Informed or Other Training for Staff.
   h. □ Other: ____________________________________________  Please Explain

2. Client Population Served by This Facility:
   □ Child Welfare
   □ Probation
   □ Both

Child Welfare Services Director or Chief Probation Officer/or Designee Signature: ____________________________  7/10/15  Date

Hannah Slade  925-602-6823  sladeh@ehsd.cccounty.us
County Contact Name (Please print)  Telephone Number  Email Address

Email completed form to: fosterca@dss.ca.gov
SECTION D

FOSTER CARE RATES USE ONLY:

☐ Approve

Effective Approval Date: ________________  Extension Expiration Date: ________________

Rates Consultant _______________________________  Telephone Number ___________________

_____________________________  _________________________________  __________________
Date