

Level of Care (LOC) Protocol Tool and Phase II Rate Implementation

December 5 and 6,
2017



California
Alliance

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- All attendees will be on mute – type any questions you have into the chat box and if you experience technical difficulties email Kevin Swartzendruber at kevins@cacfs.org
- We will be pausing to read and answer your questions at two different intervals: 10:45 and at 11:45 (or earlier if we end earlier)

What Will Be Covered Today

- Overview of the Level of Care Protocol Tool (LOC Tool) Matrix, Scoring Sheets and Resource Family Reporting Tool
- Overview of the Phase II Rate Implementation
- Q and A
- Next Steps

LOC Protocol Tool Background

- Because new rates are no longer age based but are needs based, a mechanism was needed to determine the rate for each child/youth (i.e., would allow for a young child to receive the highest rate if needed)
- LOC Tool is not an “assessment” but was created by DSS and counties to identify and assign a rate to support the needs of foster children and youth in a home based setting
- Original DSS thinking was to create a temporary rate determination tool while waiting for a statewide assessment tool to be chosen
- However, although CANS has now been chosen, the LOC Protocol will be used in addition to CANS
- The goal of DSS and the counties: collect data over the next few months on both tools and either adjust the LOC Tool or rethink the plan

What is the Level Of Care Protocol Tool?

- The LOC Tool was primarily designed by counties and the state to create a statewide application of the new rate by drawing information from a range of sources including, but not limited, to:
 - Prior information in the child's case file, if applicable
 - Professional input from all sources
 - Mental Health Assessments
 - Child, Family Teams (including caregivers, FFA social workers, STRTP and Group Home staff, birth families, teachers, etc.)
 - Different Assessments: Child and Adolescent Needs and Strengths (CANS), Treatment Outcome Package (TOP), Structured Decision Making Models (SDMs), Positive Achievement Change Tool (PACT), etc.
 - The Resource Parent

Who Completes the LOC Tool and When

- The LOC Protocol Tool must be completed within 60 days of placement by the Child Welfare Social Worker or the Probation Officer
- However, the LOC Protocol Tool can be used much earlier and even immediately upon placement if the county placing agency worker has enough information to proceed
 - (for example, the child may be placed with the FFA for the first time but is exiting a group home, STRTP or another resource home and therefore, there would be existing case plans, etc.)
- Later, after the CFT is convened, and the care giver has given input, the county child welfare worker can update the Protocol Tool and adjust the LOC level, if necessary

What Placements are Impacted?

- All initial placements after December 1, 2017, including:
 - County resource/foster homes
 - FFA foster/resource homes
 - Relative caregivers
 - Non-Related Extended Family Members (NREFMs)
 - Non-minor dependents
 - (Does not apply to Regional Center Placements)

Alliance Concerns on LOC Protocol Tool

- Not evidence-based or validated
- Tested in a very small pilot (137 children/youth)
- CANS Assessment is normed and validated and could contradict LOC findings
- FFA Rates are insufficiently funded to support the Levels of Care increments
- The points assigned to each level are not normed and favor Basic and LOC 2

What are the Documents of the LOC Protocol Tool?

- There are four components of the LOC Protocol Tool:
 - The LOC Matrix
 - The Resource Parent Tool (OPTIONAL)
 - The Manual Scoring Form
 - The Digital Scoring Form
- The four documents contain the following five domains:
 - Physical
 - Behavioral/Emotional
 - Educational
 - Health
 - Permanency/Family Services
 - Plus Intensive Services Foster Care (ISFC) and the Static Criteria

Physical Domain: Daily Living Needs

- Eating
- Hygiene
- Community/Social Functioning

- Extracurricular activities including teaching age appropriate life skills
- Does not include medical activities (see Health)

Physical Domain Uses ADLs and IADLs

- Activities of Daily Living (ADLs) include:
 - Transferring (i.e., walking and/or moving from place to place)
 - Use of upper extremities (hand, arms, fingers)
 - Bathing, grooming, menstrual care, dressing, feeding and/or toileting including enuresis/encopresis
- Instrumental Activities of Daily Living (IADLs) include:
 - IADLs apply to youth 14 years of age and older for purposes of the Level of Care
 - Managing finances, accessing transportation, shopping, preparing meals, using communication devices, managing medications and/or completing basic housework

Physical	Resource Family provides healthy meals, opportunities for daily activity, predictable sleep routine, and developmentally appropriate support for physical hygiene.	Resource Family is providing supervision, verbal cueing and/or physical assistance for at least 1 ADL/IADL beyond what is age/developmentally appropriate on a daily basis.	Resource Family is providing supervision, verbal cueing and/or direct physical assistance in at least 2 different ADLs /IADLs beyond what is age/developmentally appropriate on a daily basis.	Resource Family is implementing and monitoring a plan of supervision, verbal cueing and/or direct physical assistance in at least 3 different ADLs/IADLs beyond what is age/developmentally appropriate on a daily basis.	Resource Family is providing supervision, verbal cueing, and/or direct physical assistance in at least 6 ADL/IADLs beyond what is age/developmentally appropriate on a daily basis.
	And/or	And/or	And/or	And/or	And/or
	Resource Family provides support to assist the youth in developing life skills that are age/developmentally appropriate.	Resource Family arranges and/or facilitates participation in developmental needs, i.e., speech, physical and/or occupational therapy no more than once per month.	Resource Family arranges and/or facilitates participation in developmental, speech, physical and/or occupational therapy on average up to 3 times per month.	Resource Family arranges and/or facilitates participation in developmental, speech, physical and/or occupational therapy on average at least 4 or more times monthly.	Resource Family arranges and/or facilitates participation in developmental, speech, physical and/or occupational therapy on average at least 6 or more times monthly.
			And/or	And/or	And/or
			Resource Family must do check-in with community/extracurricular activities to ensure continuity of ADL/IADL routines.	Resource Family accompanies the child and/or provides direct support to enable the child to participate in community/extracurricular activities.	Resource Family provides the child constant supervision to enable the child to participate in community/extracurricular activities.
Points	1	2	3	4	5

Behavioral/Emotional Domain: Promote Resilience and Emotional Well-Being

- Encouraging child/youth to engage in prosocial behavior
- Encouraging child/youth to engage in activities to develop healthy relationships
- Does not include medication management for psychotropic medications (see Health Domain)

Behavioral/Emotional	<p>Resource Family provides direct supervision and support to address behaviors that are age/developmentally appropriate.</p> <p style="text-align: center;">And/or</p> <p>Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 1 time a month.</p> <p style="text-align: center;">And/or</p> <p>Resource Family supports the child through expected life stressors.</p>	<p>Resource Family is redirecting, prompting, and/or diffusing beyond what is age/developmentally appropriate at least two days a week.</p> <p style="text-align: center;">And/or</p> <p>Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 2 times a month and participates in services/activities as recommended.</p> <p style="text-align: center;">And/or</p> <p>Resource Family may provide enhanced observation.</p>	<p>Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or CFT Plan at least three days a week.</p> <p style="text-align: center;">And/or</p> <p>Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 3 times a month and participates in services/activities as recommended.</p> <p style="text-align: center;">And/or</p> <p>Resource Family provides structured support for expected/unexpected life stressors with moderate symptoms and behaviors; including monitoring, observing, redirecting, prompting, and/or documenting.</p> <p style="text-align: center;">And/or</p> <p>Resource Family provides observation during waking hours.</p>	<p>Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or the CFT Plan at least four days a week.</p> <p style="text-align: center;">And/or</p> <p>Resource Family arranges, facilitates, provides and/or participates in therapeutic supports at least 4 times a month, including, but not limited to (i.e., outpatient and/or in-home therapeutic services).</p> <p style="text-align: center;">And/or</p> <p>Resource Family provides structured support for expected/unexpected life stressors with severe symptoms and behaviors; including monitoring/observing, redirecting, prompting, and/or documenting.</p> <p style="text-align: center;">And/or</p> <p>Resource Family provides line-of-sight during waking hours and limited night supervision such as episodic checks as needed, and may require assistance in providing this supervision.</p>	<p>Resource Family assists with the development and implements a daily therapeutic intervention plan to address their identified therapeutic and well-being needs as outlined by the child/youth's therapist and/or the CFT plan for the child which is necessary to maintain them safely in a family-based setting.</p> <p style="text-align: center;">And/or</p> <p>Resource Family is engaged in and supports the child receiving WBTBS, or other family therapeutic interventions in addition to monitoring/observing, redirecting, prompting, and/or documenting.</p> <p style="text-align: center;">And/or</p> <p>Resource Family arranges, facilitates and/or provides up to 24 hr. observation/line-of-sight. Resource Family may require assistance in providing this supervision.</p>
Points	1	4	5	6	7

Educational Domain: Student Achievement

- Promote student achievement
- Foster educational excellence and equal access to services
- When required, respond to suspensions and/or expulsions
- School-aged child/youth is defined as any youth attending and participating in early childhood through adult educational programs
- Other supports are addressed for non-school age or children/youth who are unable to participate in school settings

Educational	Educational domain is defined as actions in which the Resource Family must engage to promote student achievement, foster educational excellence and equal access to services, and when required, responds to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth who is attending and participating in early childhood through adult educational programs.				
	<p>Resource Family is providing age and developmentally appropriate support for the child's educational activities as defined below.</p> <p>Or</p> <p>For a Non-School Age child, the Resource Family obtains, provides and/or coordinates additional support to the child to assist in participating in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.</p>	<p>Resource Family is providing assistance beyond the basic activities (on average) up to 2 additional hours per week for school-aged child/youth.</p> <p>Or</p> <p>For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 2 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.</p>	<p>Resource Family is providing assistance beyond the basic activities (on average) up to 4 additional hours per week for school-aged child/youth.</p> <p>Or</p> <p>For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 4 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.</p>	<p>Resource Family is providing assistance beyond the basic activities (on average) up to 6 additional hours per week for school-aged child/youth.</p> <p>Or</p> <p>For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 6 additional hours per week of age appropriate activities that promote healthy development.</p>	<p>Resource Family is providing assistance beyond the basic activities (on average) up to 8 additional hours per week for school-aged child/youth.</p> <p>Or</p> <p>For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 8 additional hours per week of age appropriate activities that promote healthy development.</p> <p>Or</p> <p>Resource Family is required to provide or arrange for educational needs and/or support for the chronic or terminally ill child/youth who is unable to participate in school settings outside of the home as identified in the Case or Care Plan.</p>
Points	1	2	3	4	5

Basic Expectation for Education

- The Basic expectation of the Resource Family will be to provide:
 - ongoing educational support to include assistance with arriving to school on time
 - completing homework, and special projects.
- The Resource Family is also expected, as part of regular parenting duties, to:
 - participate in parent-teacher conferences
 - attend Back-to-School Night and Open Houses
 - communicate with the social worker and/or court prior to each court hearing on the J15 educational progress.
- The Resource Family should also encourage the child to:
 - read on his/her own (or read with them)
 - ensure access to the Internet and other on-line technology to promote learning

Educational Activities Beyond Basic Expectations

- Educational activities beyond the Basic Rate include:
 - volunteering or otherwise being present in the classroom;
 - assisting with and monitoring homework/school projects beyond what is age/developmentally appropriate
 - activities to support IEP, SST, RST, behavioral support, 504 Plans; supporting participation in school-based extracurricular activities (i.e. sports, music, theatre, etc.); assistance in transitioning to college or vocational education/training (i.e., college tours, completing applications, testing)
 - assisting the youth to participate in community-based, volunteer activities for extra credits
 - identifying/acquiring and putting into action any remediation plans or activities when needed
 - assisting in school enrollment, partial credits restoration; providing home-based education

Educational Activities Beyond Basic Expectations

- Additional educational activities beyond the Basic Rate include:
 - Educational activities also include obtaining, arranging, coordinating and/or maintaining special equipment, tools or devices required for the child to access his/her education and educational environment
 - These activities may vary depending on the child's case plan and whether the caregiver is designated as the Educational Rights Holder
 - In the event that a child needs tutoring, instructions or educational therapy beyond what the Resource Family can provide, the time arranging, coordinating, scheduling, and/or transporting the child to services will be credited to the Resource Family

Other Educational Factors to Consider

- The Resource Family's willingness to seek assistance to provide extra support for the LGBTQ youth's educational needs
- The Resource Family's willingness to provide school readiness to ensure social/emotional support
- If the minor/NMD is pregnant or parenting, consider the Infant Supplement and intervention supports the Resource Family may need to enable school success of pregnant and parenting foster youth

Health Domain: Promote Health

Engage to promote the child's health and healthy sexual development by arranging and facilitating:

- Health care (i.e., Child Health and Disability Prevention (CHDP) Program, medical, dental, vision, transgender needs)
- Medication administration including psychotropic medications and/or monitoring
- Ensure access to services that address special health care needs.
- Resource Family addresses medically necessary or prescribed dietary/exercise/nutritional needs.

Health	<p>Health domain is defined as actions in which the Resource Family must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., **Child Health and Disability Prevention (CHDP) Program, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. Resource Family addresses medically necessary or prescribed dietary/exercise/nutritional needs.</p>				
	<p>Resource Family arranges routine well child-care based on CHDP and dental schedule.</p> <p>And/or Occasional or short-term medication intended to treat typical childhood illness or injury which may require either over the counter or prescription medication. This also includes arranging for medication to be administered at school.</p>	<p>Resource Family arranges as needed an appointment with a healthcare specialists 2 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity.</p> <p>And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication as needed (PRN).</p>	<p>Resource Family arranges appointments with healthcare specialists at least 3 but not more than 11 times per year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry, and/or medical/psychological care that support gender identity.</p> <p>And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication on a daily basis.</p> <p>And/or Resource Family monitors youth's self-administered medication, testing equipment, or the use of medical devices.</p>	<p>Resource Family arranges appointments with a healthcare specialist 12 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity.</p> <p>And/or Resource Family must observe/record/report medication effects to a doctor and administers multiple medications on daily basis.</p> <p>And/or Resource Family operates and monitors medically prescribed equipment and medical devices.</p>	<p>Resource Family provides care to a child who has been diagnosed with a severe medical and/or developmental problem*, which requires in-home monitoring by medical professionals, direct medical treatments and/or specialized care by the Resource Family and/or use of medical equipment multiple times per week.</p>
Points	1	4	5	6	7

*Severe Medical and/or Developmental Issues

May include but is not limited to:

- Aspiration
- Suctioning
- Mist tent
- Ventilator
- Tube feeding
- Tracheotomy
- Symptomatic AIDS with complication
- Hepatitis
- Chemotherapy
- In-dwelling lines
- Colostomy/ileostomy
- Burns covering more than 10% of the body

Permanency/Family Services Domain: Lifelong Connections

Resource Family must engage to promote and facilitate:

- Visitation
- Communication
- Identification, development, and maintenance of lifelong, supportive connections with members of the child/youth's:
 - biological and non-biological families
 - natural support systems

- Efforts to connect the youth with their community of origin including, but not limited to:
 - Connections with resources
 - Cultural organizations
 - Faith communities
 - Identity-based communities such as:
 - the LGBTQ community
 - other groups or organizations that promote a sense of belonging, identity, and connection to culture

<p>Permanency/Family Services</p>	<p>Permanency/Family Services is defined as actions in which the Resource Family must engage to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin including connections with resource cultural organizations, faith communities, identity-based communities such as the LGBTQ community and any other group or organization which promote sense of belonging, identity, and connection to culture.</p>				
	<p>Permanency Activity is defined as:</p> <ol style="list-style-type: none"> 1. An in-person visit with a parent, family member, sibling or siblings, or other permanent connection. 2. Child-focused/Family Focused community and cultural engagement: includes efforts to arrange, schedule and facilitate connecting the youth with their community of origin including connections with resources, cultural organizations, faith communities, and any other group or organization which promotes sense of belonging, identity, and connection to culture. 				
	<p>Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least three (3) times per month and at least once (1) per week child-focused and/or family-focused community and/or cultural engagement activities.</p> <p>And/or</p> <p>Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for two (2) hours per week (to include transportation and travel time).</p>	<p>Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least four (4) times per month and at least two (2) times per week child-focused and/or family-focused community and/or cultural engagement activities.</p> <p>And/or</p> <p>Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for four (4) hours per week (to include transportation and travel time).</p>	<p>Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least five (5) times per month and at least three (3) times per week child-focused and/or family-focused community and/or cultural engagement activities.</p> <p>And/or</p> <p>Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least six (6) hours per week (to include transportation and travel time).</p>	<p>Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least six (6) times per month and at least four (4) times per week child-focused and/or family-focused community and/or cultural engagement activities.</p> <p>And/or</p> <p>Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least eight (8) hours per week (to include transportation and travel time).</p>	<p>Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least seven (7) times per month and at least five (5) times per week child-focused and/or family-focused community and/or cultural engagement activities.</p> <p>And/or</p> <p>Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least ten (10) hours per week (to include transportation and travel time).</p> <p>And/or</p> <p>For child/youth who are chronic/terminal and will have no family visit plan (i.e., terminated parental rights, no family, etc.) Resource Family is required to provide an arrangement for alternative cultural engagement and/or prosocial activities as determined by the Child and Family Team.</p>
<p>Requirements</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>

Intensive Services Foster Care (ISFC)

- ISFC serves children/youth with intensive behavioral and/or emotional needs and includes special health care or intensive medical needs

Static Criteria in the Last 12 Months for ISFC

- The County Placing Agency may choose to pay the ISFC rate immediately upon placement for youth who meet specified static criteria to ensure safe placement of a child/youth pending a LOC rate determination
- ISFC rate will last up to 60 days following placement into an ISFC placement pending completion of an initial or updated LOC rate determination
- Static criteria must have occurred within the preceding 12 months

Static Criteria and ISFC

- Simply having a history of one of these issues does not qualify a youth for the Static Rate. For example, a youth with a history of substance use that has not used for a year would not necessarily qualify
- The case carrying worker is granted 60 days to complete the LOC rate determination protocol. This allows for the period of time to secure targeted and appropriate assessments geared at determining the level of supervision and care needed

Static Criteria Within the Past 12 Months

- Adjudicated violent offenses
- Significant property damage
- Sex offenders/perpetrators
- Aggressive and assaultive
- Animal cruelty
- CSEC
- Eating disorder
- Fire setting
- Gang activity
- Habitual truancy
- Psychiatric hospitalization(s)
- Runaway/AWOL
- Severe mental health issues-including suicidal ideation and/or self harm
- Substance use/abuse
- Three or more placements due to the child's behavior

The Resource Parent Tool

- The following slides represent the Resource Parent Tool broken down into segments
- It is optional – the county placing agency does not have to use it
- The FFA can help the Resource Parent fill out the Resource Parent Tool

RESOURCE PARENTS REPORT TOOL: ACTIVITIES IN SUPPORT OF CHILD

DATE OF REPORT:

CHILD'S NAME:	CURRENT AGE:	GENDER IDENTITY:	CASE #:	DATE OF PLACEMENT IN THIS HOME:
RESOURCE PARENT NAME:			EMAIL ADDRESS:	
ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:		CELL PHONE:	CASE CARRYING WORKER:	

Resource Parent - Thank you for taking the time to help us understand the needs of the child placed in your home. The information you share about the child's needs is an important factor in the assessment of services and supports for the child. If there are two Resource Parents caring for the child, please include the activities you both do in support of the child. The questions below reflect activities consistent with parental expectations and skills and may account for efforts applied to meet any needs beyond what is appropriate for the child's age. Please complete this questionnaire in the manner that best describes the care you are currently providing to the child. We appreciate your input.

1a. The child may need assistance with basic self-care tasks. Please check the boxes below if you are helping the child with any of these Activities of Daily Living (ADLs). (check ALL boxes that apply)

Feeding Toileting Putting on clothes Bathing Grooming Menstrual care
Mobility (walking, standing, transferring to/from wheelchair) Use of upper extremities (hands, arms, fingers)

1b. How are you helping the child with these ADLs? (check ALL boxes that apply)

Supervision of activities Verbal cueing as needed Child needs some assistance Child is not able to complete without help from an adult

1c. How many ADLs do you assist the child with daily?

At least 1 At least 2 At least 3 At least 6

2a. Do you arrange and/or facilitate the child attending speech therapy, physical therapy and/or occupational therapy? Yes No

2b. How often do you arrange/facilitate the child attending speech therapy, physical therapy and/or occupational therapy?

1-2 times a month 3 times a month 4 or more times a month 6 or more times a month

IF YOUTH IS 14 OR OLDER, COMPLETE, QUESTIONS 2C, 2D, 2E.

2c. Please check the boxes below if you are assisting the child with any of the listed Instrumental Activities of Daily Living (IADLs). (check ALL boxes that apply)

Managing finances Accessing transportation Shopping Preparing meals Using communication devices such as a phone, TTY etc. Managing medication Completing basic homework Transporting or facilitating attendance at ILP classes Supporting youth in job searches

2d. How are you helping the child with these IADLs? (check ALL boxes that apply)

Supervision of activities Verbal Cueing as needed Child needs some assistance) Child is not able to complete the activities without help from an adult

2e. How many IADLs do you assist the child with daily? At least 1 At least 2 At least 3 At least 6

3. Check the boxes below if you provide support and/or assistance to the child so they can participate in community and/or extra-curricular activities. (check ALL boxes that apply)

Check-in to make sure child receives needed assistance/support with ADLs while participating in community/extra-curricular activities

Go with the child to community/extra-curricular activities to provide direct support to the child

Participate in community/extra-curricular activities due to the child's need for my constant support or supervision to participate.

FOR YOUTH 14 & OLDER youth receives needed assistance/support with IADLs in community/extra-curricular activities

4a. Does the child have behavioral/emotional challenges as diagnosed by a Licensed Therapist or MD?

YES NO

4b. Check boxes below with the type of behavioral/emotional supports the child/family

participates in. (check ALL boxes that apply) Child attends therapy Family Therapy Group therapy for child

Support group for Resource Family Wraparound (WRAP), TBS or other home based therapeutic services

APSS (Adoption Promotion and Supportive Services) Parent Child Interactive Therapy (PCIT)

Other (please describe) _____

4c. Check boxes below for any activities you do to support the child in addressing behavioral/emotional challenges. (check ALL boxes that apply)

Taking/facilitating transportation of child to therapy appointments 1 2 3 4 ____ per week

Talking to therapist, clinicians, social workers or other professionals 1 2 3 4 ____ per week

Monitoring, observing, documenting child's behaviors 1 2 3 4 ____ per week

Implementing therapeutic intervention/behavior plan 1 2 3 4 ____ per week

Redirecting, prompting child and/or defusing behaviors 1 2 3 4 ____ per week

Supporting the child through emotional outbursts/tantrums 1 2 3 4 ____ per week

Cleaning due to bed-wetting and/or repairing damage to home 1 2 3 4 ____ per week

Supervising/observing child, including line of sight Occasional Frequent All day 24 hours

5a. For a SCHOOL-AGE CHILD, how much time are you spending supporting and supervising the child for homework and/or other learning activities, beyond what is usually required for a child of the same age?
Include time spent supporting the child in school-based activities, volunteering in the classroom, arranging tutoring, maintaining equipment, tools or devices so child can access education. Also includes assisting with college/financial-aid applications.

0-1 hours per week 2-3 hours per week 5-6 hours per week 7-8 hours per week 9 + hours per week

5b. For a NON SCHOOL-AGE CHILD, check the boxes below for any support you are providing for the child to participate in/benefit from child care and/or preschool programs. (Check ALL boxes that apply).

Enrolled child in Early Head Start/Head Start, Transitional Kindergarten program or other child development program.

Read out loud to child 1 2 3-4 5-6 7-8 or more times per week

Spend time to support the child's participation in or benefiting from childcare/preschool programs. Includes efforts in coordination with the child care/preschool to ensure the child's continued attendance and/or address behaviors that might put the child at risk of being denied services at daycare or educational facility.

Maintaining equipment, tools or devices for child to access education

Respond to complaints from child care/preschool 1 2 Other ____ time per week

5c. How much time are you spending to advocate on behalf of the child with teachers or child care/preschool staff. This includes activities such as planning/participating in special education development and reviews, picking up child from school due to disciplinary issues, being present at school or speaking on the phone to school personnel, coordinating services (such as TBS) with school, and assisting in school enrollment and partial credit restoration.

0-1 hours per week 2-3 hours per week 4-5 hours per week 6-7 hours per week 8 + hours per week

6a. Please check the boxes below to show the doctors or other healthcare specialists the child sees. (check ALL boxes that apply)

Pediatrician for routine well-child care Dentist for routine well-child care

Specialist (i.e., neurologist, allergist, psychiatrist, orthodontist, etc.) 1 2
3-6 7-11 12 times a year

If your pediatrician/dentist provides specialty care for the child (beyond routine well-child appointments) please describe below, and indicate how many appointments a year you arrange with the pediatrician/dentist:

6b. Check the boxes below that apply regarding medications prescribed by a doctor. This includes psychotropic medication for behavioral/emotional health.

Observe, record, and/or report medication effects to doctor and administer:

1 medication as needed (PRN) 1 medication daily 2 or more medications daily 2 or more medications more than once a day Monitor the child who takes the medication themselves

6c. For a child, who uses equipment and/or a medical device, check the box to show the care you provide.

Monitor the child using medical device and/or testing equipment Operate and monitor the equipment and/or medical device

6d. For a child who has a severe medical and/or developmental health concern check the boxes to show the care needed. (check ALL boxes that apply):

Child requires in-home monitoring by medical professional

Child requires use of medical equipment or devices multiple times per week

Child with severe condition, including but not limited to, aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, burns on more than 10% of body.

7a. How often are you supporting the child's visits and/or participation in community and cultural activities important to his/her cultural and communal identity? This includes transporting and staying at the visits/activities. (Check ALL boxes that apply)

Supporting the child's visits with his/her family, siblings and others 1 2 3 4 5 times per week

Supporting child's attending community and/or cultural activities 1 2 3 4 5 times per week

Mentoring/coaching birth parents implementing family visitation plans 2 4 6 8 10 hours per week

Participating in permanency related services with birth/ADOPTIVE/OTHER - 1 2 3

ADDITIONAL COMMENTS, CONCERNS AND/OR SUPPORTS YOU PROVIDE:

WOULD YOU LIKE TRAINING OR OTHER SUPPORT IN ANY OF THE AREAS NOTED ABOVE? YES NO

Please list those topic(s):

Resource Parent Signature: _____ Printed Name: _____ Date: _____

Social Worker/Probation Officer Signature: _____ Printed Name: _____ Date: _____

LOC Protocol Tool Scoring Forms

- There are two scoring sheets:
 - The county placing agency social/probation worker first completes the manual scoring sheet
 - Then they fill out the digital scoring sheet to ensure they “leveled” up correctly
 - (Double-checking on this procedure)

Manual LOC Scoring Sheet

Level of Care (LOC) Manual Scoring Sheet

Child/Youth Info			Last LOC (if applicable)		Case Carrying Worker		Today's Date
Name		Age	Score		Name		
ID			Date		Email		

Instructions: (Section A-E)

- **Section A:** If the child/youth requires a 60-day intensive rate based on Static Criteria, complete Section A. If not, check "No" then complete all other sections.
- **Section B:** Enter score from each domain then total the score.
- **Section C:** Check if either of the leveling up was applied.
- **Section D:** Type/print the level of care rate and check Yes or No for the leveling up.
- **Section E:** Check which resources were used to inform the decision.
- **Section F:** Instructions for SW/PO and Foster Care Eligibility staff.

A. Does the child require immediate placement based on Static Criteria?

Yes No

Check which criteria apply then skip Section B to Section C and enter "Intensive (ISFC)/60 Days"

- Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators
 Aggressive and Assaultive
 Animal Cruelty
 Commercial Sexual Exploitation of Children (CSEC)
 Eating Disorder
 Fire Setting
 Gang Activity
 Habitual Truancy
 Psychiatric Hospitalization(s)
 Runaway
 Severe Mental Health Issues - including Suicidal Ideation and/or Self Harm
 Substance Use/Abuse
 Three or more placements due to the child's behavior

B.

Domain	Score
Physical	
Behavioral/Emotional	
Educational	
Health	
Permanency/Family Services	
Total Score	

LOC Legend

5 to 18	Basic
19 to 20	LOC 2
21 to 22	LOC 3
23 to 24	LOC 4
25 or more	Intensive (ISFC)

C. Leveling Up Guide:

- If child total score is less than 21, but scores 5 or more in behavioral or health domains, child will be moved up a level.
 If child total score is less than 23, but scores 6 or more in behavioral or health domains, child will be moved up a level.

D.

Level of Care Rate	Leveling Up Applied
	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Resources Used to Inform the Decision:

- Child and Adolescent Needs and Strengths (CANS)
 Specialized Care Increment (SCI)
 Child and Family Team (CFT)
 Education Records
 Treatment Outcome Package (TOP)
 Case Plan
 Medical Records
 Mental Health Records
 Other _____ (i.e., Court Orders, Resource Family Tool, etc.)

F. SW/PO Instructions: Provide original score sheet to Foster Care Eligibility staff. Retain a copy of this form and all supporting documents in the child's case file. Foster Care Eligibility Staff Instructions: Provide copy of Notice of Action (NOA) to the Resource Parent.

SW/PO Signature: _____

Rate Effective Date: _____

Digital LOC Scoring Sheet

Level of Care (LOC) Digital Scoring Sheet

Child/Youth Info				Last LOC (if applicable)		Case Carrying Worker		Today's Date
Name		Age		Score		Name		
ID				Date		Email		

Instructions: (Section A-E)

- **Section A:** If the child/youth requires a 60-day intensive rate based on the Static Criteria, complete Section A. **If not**, check "No" then complete all other sections.
- **Section B:** Enter score from each domain then click enter to total the score.
- **Section C:** The level of care rate will populate in Section C.
- **Section D:** Check which resources were used to inform the decision.
- **Section E:** Instructions for SW/PO and Foster Care Eligibility staff.

A. Does the child require immediate placement based on Static Criteria? No

Check which criteria apply then skip Section B.

Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators
 Aggressive and Assaultive
 Animal Cruelty
 Commercial Sexual Exploitation of Children (CSEC)
 Eating Disorder
 Fire Setting
 Gang Activity
 Habitual Truancy
 Psychiatric Hospitalization(s)
 Runaway
 Severe Mental Health Issues - including Suicidal Ideation and/or Self Harm
 Substance Use/Abuse
 Three or more placements due to the child's behavior

B.

Domain	Score
Physical	
Behavioral/Emotional	
Educational	
Health	
Permanency/Family Services	
TOTAL SCORE	0

C.

Level of Care Rate
Basic

D. Resources Used to Inform the Decision:

Child and Adolescent Needs and Strengths (CANS)
 Specialized Care Increment (SCI)
 Child and Family Team (CFT)
 Education Records
 Treatment Outcome Package (TOP)
 Case Plan
 Medical Records
 Mental Health Records
 Other: _____ (i.e., Court Orders, Resource Family Tool, etc.)

- E. SW/PO Instructions:** Provide original score sheet to Foster Care Eligibility Staff. Retain a copy of this form and all supporting documents in the child's case file.
Foster Care Eligibility Staff Instructions: Provide copy of Notice of Action (NOA) to the Resource Parent.

SW/PO Signature: _____

Rate Effective Date: _____

Leveling Up

- If the total score is less than 21, but there is as score 5 or more in behavioral or health domains, the LOC is moved up a level
- If the total score is less than 23, but there is as score 6 or more in behavioral or health domains, the LOC is moved up a level

What Happens from December 1 – February 1?

- For all new/initial placements for children and youth who are placed in home-based family care on or after Dec. 1, 2017 – excluding ISFC placements – counties will pay FFAs and other caregivers the Phase II Basic Rate of \$2,139/month (\$923 stipend to the resource family).
- Counties will continue to pay the Basic Rate until the county caseworker for each child or youth placed on or after Dec. 1 has completed an LOC Rate Determination Protocol for that placement.
- Once an LOC Rate Determination Protocol is completed, counties are authorized to begin paying the LOC rate, based on that determination, on Feb. 1 and retroactive to the child or youth's placement date (December 1 or after).

Children/Youth Who Receive the Age Based Rate

- All FFA children and youth who are placed in home-based family care before December 1 will continue to receive the age-based rate unless there is a triggering event

Triggering Events

Moving from Age-Based Rates to Another FFA or County Home:

- Moving from an FFA home receiving an age-based rate to a different FFA
- Moving from an FFA home receiving an age-based rate to a relative/county home
- *(If the LOC rate determination had been completed and there are no changes to the child's needs, the prior LOC may be applied.)*

Transition from STRTP:

- Moving from a STRTP to a home based setting (Resource/Foster, ISFC, etc.)

Requested Changes from Caregivers:

- When a caregiver, youth or SW/PO in consultation with the CFT (if available), indicates a child/youth's needs have changed

Transition from ISFC/TFC:

- When a child/youth is receiving ISFC or TFC and is ending those services, the new LOC rate is effective the date the ISFC or TFC services end

How Will Retroactive Payments Work?

- The County will not front funds to the Resource Parent
- The Resource Parent and FFA will receive retroactive payments going back to the date of placement once the LOC Protocol Tool is completed
- If a child moves placements but is still in the child welfare system before the LOC Protocol Tool is completed with the initial family, it is unclear if the payment is retroactive back to the initial family
- If the child exits the child welfare system before the LOC Protocol Tool is completed, there is no mechanism to do a retroactive payment

Initial Foster Care Placement Rate, ISFC and No Annual LOC Requirement

The Basic Level Rate will be paid upon initial foster care placement unless the child meets an exception for an ISFC rate

There is no requirement for an annual LOC Protocol Tool Rate Determination unless there is a triggering event

Children/Youth Who Receive the Intensive Services Foster Care Rate

- All ITFC placements transfer automatically to the new ISFC Rate on December 1, 2017
- All counties, regardless if they ever had a DSS approved ITFC program or whether they ever had an MOU with your agency, can make new ISFC placements after December 1 with existing ITFC providers or with new ISFC providers
- **If your county is refusing new ISFC placements and you are an ITFC provider, please notify me

No Decrease in LOC 1-4 First Year

- According to DSS, an ACL will be issued soon explaining that if a child/youth is at LOC 2-4, and their behavior improves and they remain in the same caregiver's home, there will be no decrease in the level during for the initial year (does not apply to ISFC)
- This policy is aimed at stabilizing the child and family and supporting the continued efforts provided by the caregiver

FFA Treatment Rates

July 1, 2016-Jan. 1, 2017

	Age of Child				
	0-4	5-8	9-11	12-14	15-21
FFA Certified Family	\$707	\$765	\$805	\$843	\$883
Increment for the Child	189	189	189	189	189
Total Minimum Payment to Certified Resource Family	896	954	994	1,032	1,072
Social Work Services	340	340	340	340	340
Recruitment, Training, & Admin.	572	593	611	643	672
Amount available for FFA provider activities	\$912	\$933	\$951	\$983	\$1,012
Total FFA Treatment Rate	\$1,808	\$1,887	\$1,945	\$2,015	\$2,084

Phase 1: Temporary Interim Rates as of July 1, 2017 (Phase I was effective Jan. 1 +CNI for families)

	Age of Child				
	0-4	5-8	9-11	12-14	15-21
Total Minimum Payment to Certified Resource Family	\$923	\$983	\$1,025	\$1,064	\$1,106
Social Worker	340	340	340	340	340
Services and Support	156	156	156	156	156
Resource Family Approval	48	48	48	48	48
Administration	672	672	672	672	672
Amount available for FFA provider activities	\$1,216	\$1,216	\$1,216	\$1,216	\$1,216
Total Phase I Temporary Interim Rate	\$2,139	\$2,199	\$2,241	\$2,280	\$2,322

Phase 2: Interim Rates effective Dec. 1, 2017

	Level of Care			
	Basic Level	LOC 2	LOC 3	LOC 4
Total Minimum Payment to FFA-Approved Resource Family	\$923	\$1,027	\$1,131	\$1,235
Social Work	340	340	340	340
Social Services & Support	156	200	244	323
Resource Family Approval	48	48	48	48
Administration	672	672	672	672
Amount available for FFA provider activities	\$1,216	\$1,260	\$1,304	\$1,383
Total Phase 2 Interim Rate	\$2,139	\$2,287	\$2,435	\$2,618

Increase in amount for use by FFA between Treatment Rate and Phase 2 Interim Rate

		FFA Treatment Rate					
		Age levels	0-4	5-8	9-11	12-14	15-21
Phase 2: Interim Rate	LOCs	Amt. in rate for use by FFA	\$912	\$933	\$951	\$983	\$1,012
	Basic	\$1,216	304	283	265	233	204
	2	1,260	348	327	309	277	248
	3	1,304	392	371	353	321	292
	4	1,383	471	450	432	400	371
		Increase in amount for use by FFA					

ITFC rates effective July 1, 2016 vs. ISFC rates effective Dec. 1, 2017

		Level		
		1	2	3
ITFC	FFA-Cert./Approved ITFC Resource Family	\$2,410	\$2,410	\$2,410
	In-Home Support Counselor (IHSC) hours/month	81-114	47-80	<47
	Total amount available for ITFC provider activities	\$3,482	\$2,699	\$1,935
	Total Rate	\$5,892	\$5,109	\$4,345
ISFC	FFA-ISFC Family	\$2,410		
	Administrative Costs	\$3,482		
	Social Services and Support	\$200		
	Total amount available for ISFC provider activities	\$3,682		
	Total Rate	\$6,092		
	Increase in funding for ISFC provider activities compared to ITFC	\$200	\$983	\$1,747

Phase II Rate Implementation Concerns

- Could create disincentives to become Resource Parents for older foster youth
- Foster parents will need to wait for their retroactive payments for all new placements including those made after December 1

Critical unknowns

- How LOC will compare to CANS results
- Impact of CFTs
- Disposition of future contracts for court ordered family visitation
- Rates after Interim Rates
- Services Only Rate
- County determined SCI is available for FFA resource parents (NEW)
- COLA/CNI increase for FFAs
- Impact of ISFC
- Permanency funding
- Mental Health contracts

Next Steps

- Rates are interim: they need to be adjusted to achieve permanency for our children and youth
- Data needs to be collected to adjust/eliminate LOC Protocol Tool if it is flawed
- The FFA Rate needs a permanent Cost of Living Adjustment (COLA) or a periodic study of costs
- Permanency and court ordered supervised visitations with bio family are not in the FFA Rate – negotiate on a case-by-case basis, advocacy necessary