



**DEPARTMENT OF EMPLOYMENT
and SOCIAL SERVICES
COUNTY OF BUTTE**

P.O. Box 1649
Oroville, CA 95965
Phone (530) 538-7572
Fax (530) 534-5745

Cathy Grams
Director and Public Guardian/Public Administrator

Revised 2/13/14

***Butte County Rates effective 7-1-12 7-1-13**

Age Group		California Basic Rate (CBR)	
0-4		\$640	\$657
5-8		\$693	\$711
9-11		\$729	\$748
12-14		\$763	\$783
15-18		\$799	\$820
Level 1 (mild)	Level 2 (Moderate)	Level 3 (Severe)	Level 4 (Extraordinary Care)
B + \$202	B + \$360	B + \$721	B + \$991

INFANT SUPPLEMENT

Children who are in receipt of Kin-GAP and Non Related Legal Guardian benefits are also entitled to receive the infant supplement. The following chart provides the increases to the Infant Supplement by placement type.

Infant Supplement Effective January 1, 2008 (remains same 7/1/13)		
Placement Type:	Group Home	Foster Family Home/Foster Family Agency
Rate:	\$890	\$411

Butte County Initial/Annual Clothing Allowance \$177

*FFA & Group Home rates effective 7-1-2013

FFA RATES		GROUP HOME RATES	
0-4	\$1714	Level	Rate
5-8	\$1789	1	\$2282
9-11	\$1844	2	\$2851
12-14	\$1911	3	\$3419
15-19	\$1977	4	\$3986
		5	\$4550
		6	\$5121
		7	\$5689
		8	\$6259
		9	\$6825
		10	\$7394
		11	\$7959
		12	\$8529
		13	\$9104
		14	\$9669

Intensive Treatment Foster Care Programs

Service Levels	<u>Level 1</u>	<u>Level II</u>	<u>Level III</u>
Rate:	\$5,637	\$4,854	\$4,090

Foster Care Eligibility Contacts		
<u>Oroville</u>		
Mary Pugh	Foster Care Supervisor	530-538-5150
Stacy Frank	Foster Care EESS (Lead)	530-538-5039
Brain Miles	Foster Care/AAP/Kin Gap	530-538-5073
Amber Brousseau	Foster Care/AAP/Kin Gap	530-538-5072
Rachel Deleon	Foster Care/AAP/Kin Gap	530-538-5077
Mehgan Casilla	Foster Care/AAP/Kin Gap	530-538-5080
Shannon Greer	Foster Care/AAP/Kin Gap	530-538-5075
Donna Nicholson Fritts	Licensing Worker	530-538-7755
Butte County Adoptions		530 538-5119
Childrens Services-Reception		530 538-7883

BUTTE COUNTY SPECIALIZED CARE RATE STRUCTURE

Level 1: MILD Can be readily controlled with specialized intervention		Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention		Level 3: SEVERE Requires almost continuous specialized Intervention	
Age Group:	California Base Rate (CBR)		Specialized Care Rates:		
	<u>Eff 7-1-12</u>	<u>Eff 7-1-13</u>			
0-4	\$640	\$657	Level 1: CBR + \$202		
5-8	\$693	\$711	Level 2: CBR + \$360		
9-11	\$729	\$748	* Level 3: CBR + \$721		
12-14	\$763	\$783	Level 4: CBR + \$991		
15-18	\$799	\$820	(Level 4 not used in 1st year)		
			Effective: January 01, 2008.		
			SCR-is added to the basic rate. * Emergency rate +basic rate is 1 st 29 days only.		

Dual Agency Rates

Birth up to 3 years.....\$ 967.00
3 years and older.....\$2162.00

THP+FC: The rates for THP+FC housing models are as follows. Paid monthly. Fiscal year 2013-2014.

- 1. Single Site Housing- \$,2871**
- 2. Remote Site- \$2,871**
- 3. Host Family model- \$2,284**

***Transitional Housing Rate \$2375**

7/1/13 Kin-GAP/NRLG- basic rate for guardianships established prior to May 1, 2011

<u>AGE</u> Rate	<u>Birth-4</u> \$481	<u>5-8</u> \$522	<u>9-11</u> \$559	<u>12-14</u> \$617	<u>15-20</u> \$675
--------------------	-------------------------	---------------------	----------------------	-----------------------	-----------------------

CARETAKER TRAINING REQUIREMENTS:

Level 1: 20 hours

To qualify as a Level 1 foster parent, 20 hours of foster parent education pertaining to the age of the children to be placed will be required, in addition to the 12 hours of pre-service instruction required for licensure.

Level 2: 40 hours

Level 3: 40 hours

To qualify for placement Levels 2 and 3, 40 hours of foster parent education pertaining to the age of the children to be placed will be required, in addition to the 12 hours of pre-service instruction required for licensure.

Foster parents/relatives wishing to care for children birth to 60 months at levels 2 and 3 are required to take the Options for Recovery training offered by Butte County

Those wishing to care for special needs children ages 60 months to 18 years at Levels 2 and 3 will be required to complete the 34 hour training offered through the Butte College Kinship and Foster Care Education Program entitled, "Rebuilding Children's Lives, a Blueprint for Treatment Foster Parents", plus an additional 6 hours of study based on the specific needs of the children in their care. Additional curriculum from "The Parent Project" will be incorporated into the training for foster homes wishing to prepare themselves to accept Probation wards at Levels 2 and 3.

Level 4: 40 hours + required specialized training

A minimum of twenty (20) hours per year of on-going continuing education will be required of all foster parents receiving Specialized Care Rates, Levels 1 through 4.

SCR Caretakers will also be required to attend bimonthly family support group meetings

COUNTY OF BUTTE
 DEPARTMENT OF EMPLOYMENT AND SOCIAL SERVICES



CATHI GRAMS
Director and Public Guardian/Public Administrator
 P.O. Box 1649, Oroville, CA 95965
 PHONE: (530) 538-7572 FAX: (530) 534-5745

Child's Name: DOB: Age: Sex: M F Date of Plan:

Specialized Care Rate Appraisal/Needs and Services Plan
 (CCR Title 22, Div.6, Chapter 9.5 § 89468 — WIC § 16010.4(e)(9) — Division 31-405.1(l)(r) — Policy and Procedure CSD 05-01 & CSD 06-05)

Type of Plan: Admission Reassessment (Level 2 and above require reassessment every 6 months)
General Claim (expenses incurred due to necessary, short-term interventions)

Directions:

Licensing regulations require that an appraisal of needs and services be completed for children in foster care to identify individual needs and develop a service plan for meeting those needs. If a child is accepted for placement, the social worker responsible for placement shall jointly develop a needs and services plan in consultation with the foster parent. **The law requires that the referring agency inform the licensee of any dangerous tendencies of the foster child.**

1. Please identify health and behavior concerns, **if any**, and appropriate intervention levels.
2. Considering all health and/or behavior concerns and required visits, decide which, if any, specialized care rate level is appropriate.
3. **For each concern you have identified below, describe symptoms and history on reverse and complete a Plan for Service.**

Level 1 (Mild): supervision.	Can be readily managed with special intervention and/or limited supervision.
Level 2 (Moderate): and/or supervision.	Difficult to manage, but will respond to sustained specialized intervention
Level 3 (Severe):	Requires almost continuous specialized intervention and/or supervision.
Level 4 (Extraordinary): Program Manager required.	Children who would otherwise be institutionalized. Consultation with

Health Concerns:	Level 1	Level 2	Level 3	Level 4	Behavior Concerns:	Level 1	Level 2	Level 3	Level 4
Feeding difficulties	1	2	3	4	Aggression towards others (verbal/physical)	1	2	3	4
Respiratory difficulties	1	2	3	4	Self-destructive	1	2	3	4
Elimination difficulties	1	2	3	4	Destruction of property	1	2	3	4
Congenital physical defects	1	2	3	4	Deceitfulness or theft	1	2	3	4
Developmental delays	1	2	3	4	ADD or ADHD	1	2	3	4
Specialized equipment needed	1	2	3	4	Sexually active	1	2	3	4

Medication monitoring required	1	2	3	4	Substance use/abuse	1	2	3	4		
Infectious disease	1	2	3	4	Academic challenges	1	2	3	4		
Pre-natal exposure to drugs/alcohol	1	2	3	4	Attachment disorder	1	2	3	4		
Diabetes	1	2	3	4	Juvenile justice involvement	1	2	3	4		
Other:	1	2	3	4	2 or more placement changes in the year	1	2	3	4		
Visits (with relatives)	_____	2-3/wk.	3-5/wk.	6+/wk	N/A	Other:	_____	1	2	3	4
Total Mileage (monthly)		200-500	500+	N/A	Visits (with doctors/therapists)	_____	3-5/mo.	6-8/mo.	N/A		

Family Visit Schedule: (Indicate days of week and times visits are to occur and who is responsible for transportation.)

Service Plan : <input type="checkbox"/> Basic Rate Only	<input type="checkbox"/> Specialized Level of Care: 1 2 3 4 (circle one)
---	--

Describe Concern and Provide History	Describe Intervention That Is Required	Person(s) Responsible and Timeframe

Some examples of possible interventions:

Assistance with feeding (describe)	Occupational therapy	Insulin injection/monitoring	Mental health counseling
Assistance with toileting (describe)	Speech therapy	Academic tutoring	Drug/alcohol treatment
Assistance with ambulation (describe)	Physical therapy	Peer/Adult Mentoring	Anger Management Instruction
Administration of medications (when/how)	Description of specialized equipment	Independent living skills instruction	Assistance with sports/hobbies
Broncho-pulmonary devices or therapy	Universal precautions required	Social skills instruction	Participation in clubs/organizations

I/we believe this foster child is compatible with the facility program and with other clients in the facility and that I/we can provide the required services as specified above.

Dated: _____ Licensee/Caretaker: _____

I have reviewed and agree with the above assessment and believe the licensee(s) can provide the needed services for this foster child.

Dated: _____ Social Worker: _____ Social Work Supervisor: _____
 Program Manager: _____

Additional Concerns/Interventions/Responsibilities

Describe Concern and Provide History	Describe Intervention That Is Required	Person(s) Responsible and Timeframe

<input type="checkbox"/> Short-term interventions (expenses to be reimbursed using Butte County General Claim form)	<input type="checkbox"/> Transportation to school <input type="checkbox"/> Medical/Dental/Behavioral interventions <input type="checkbox"/> Extraordinary Visitation expenses	
---	---	--

Some examples of possible interventions:

Assistance with feeding (describe)	Occupational therapy	Insulin injection/monitoring	Mental health counseling
Assistance with toileting (describe)	Speech therapy	Academic tutoring	Drug/alcohol treatment
Assistance with ambulation (describe)	Physical therapy	Peer/Adult Mentoring	Anger Management Instruction
Administration of medications (when/how)	Description of specialized equipment	Independent living skills instruction	Assistance with sports/hobbies
Broncho-pulmonary devices or therapy	Universal precautions required	Social skills instruction	Participation in clubs/organizations

Specialized Care Rate Appraisal/Needs and Services Plan

(CCR Title 22, Div.6, Chapter 9.5 § 89468 — WIC § 16010.4(e)(9) — Division 31-405.1(l)(r) — Policy and Procedure CSD 05-01 & CSD 06-05)

Type of Plan: Admission Reassessment (Level 2 and above require reassessment every 6 months)

General Claim (expenses incurred due to necessary, short-term interventions)

Directions:

Licensing regulations require that an appraisal of needs and services be completed for children in foster care to identify individual needs and develop a service plan for meeting those needs. If a child is accepted for placement, the social worker responsible for placement shall jointly develop a needs and services plan in consultation with the foster parent. **The law requires that the referring agency inform the licensee of any dangerous tendencies of the foster child.**

1. Please identify health and behavior concerns, if any, and appropriate intervention levels.
2. Considering all health and/or behavior concerns and required visits, decide which, if any, specialized care rate level is appropriate.
3. **For each concern you have identified below, describe symptoms and history on reverse and complete a Plan for Service.**

- Level 1 (Mild): Can be readily managed with special intervention and/or limited supervision.
- Level 2 (Moderate): Difficult to manage, but will respond to sustained specialized intervention and/or supervision.
- Level 3 (Severe): Requires almost continuous specialized intervention and/or supervision.
- Level 4 (Extraordinary): Children who would otherwise be institutionalized. Consultation with Program Manager required.

Health Concerns:	Level 1	Level 2	Level 3	Level 4	Behavior Concerns:	Level 1	Level 2	Level 3	Level 4
Feeding difficulties	1	2	3	4	Aggression towards others (verbal/physical)	1	2	3	4
Respiratory difficulties	1	2	3	4	Self-destructive	1	2	3	4
Elimination difficulties	1	2	3	4	Destruction of property	1	2	3	4
Congenital physical defects	1	2	3	4	Deceitfulness or theft	1	2	3	4
Developmental delays	1	2	3	4	ADD or ADHD	1	2	3	4
Specialized equipment needed	1	2	3	4	Sexually active	1	2	3	4
Medication monitoring required	1	2	3	4	Substance use/abuse	1	2	3	4
Infectious disease	1	2	3	4	Academic challenges	1	2	3	4
Pre-natal exposure to drugs/alcohol	1	2	3	4	Attachment disorder	1	2	3	4
Diabetes	1	2	3	4	Juvenile justice involvement	1	2	3	4
Other: _____	1	2	3	4	2 or more placement changes in the year	1	2	3	4
Visits (with relatives) _____	2-3/wk.	3-5/wk.	6+/wk	N/A	Other: _____	1	2	3	4
Total Mileage (monthly) _____		200-500	500+	N/A	Visits (with doctors/therapists) _____	3-5/mo.	6-8/mo.	N/A	

Family Visit Schedule: (Indicate days of week and times visits are to occur and who is responsible for transportation.)

Service Plan : Basic Rate Only | Specialized Level of Care: 1 2 3 4 (circle one)

Describe Concern and Provide History	Describe Intervention That Is Required	Person(s) Responsible and Timeframe

Some examples of possible interventions:

Assistance with feeding (describe)	Occupational therapy	Insulin injection/monitoring	Mental health counseling
Assistance with toileting (describe)	Speech therapy	Academic tutoring	Drug/alcohol treatment
Assistance with ambulation (describe)	Physical therapy	Peer/Adult Mentoring	Anger Management Instruction
Administration of medications (when/how)	Description of specializations	Independent living skills instruction	Assistance with sports/hobbies
Broncho-pulmonary devices or therapy	Universal precautions required	Social skills instruction	Participation in clubs/organizations

I/we believe this foster child is compatible with the facility program and with other clients in the facility and that I/we can provide the required services as specified above.

Dated: _____ Licensee/Caretaker: _____

I have reviewed and agree with the above assessment and believe the licensee(s) can provide the needed services for this foster child.

Dated: _____ Social Worker: _____ Social Work Supervisor: _____ Program Manager: _____

Additional Concerns/Interventions/Responsibilities

Describe Concern and Provide History	Describe Intervention That Is Required	Person(s) Responsible and Timeframe
<input type="checkbox"/> Short-term interventions (expenses to be reimbursed using Butte County General Claim form)	<input type="checkbox"/> Transportation to school <input type="checkbox"/> Medical/Dental/Behavioral interventions <input type="checkbox"/> Extraordinary Visitation expenses	

Some examples of possible interventions:

Assistance with feeding (describe)	Occupational therapy	Insulin injection/monitoring	Mental health counseling
Assistance with toileting (describe)	Speech therapy	Academic tutoring	Drug/alcohol treatment
Assistance with ambulation (describe)	Physical therapy	Peer/Adult Mentoring	Anger Management Instruction
Administration of medications (when/how)	Description of specialized equipment	Independent living skills instruction	Assistance with sports/hobbies
Broncho-pulmonary devices or therapy	Universal precautions required	Social skills instruction	Participation in clubs/organizations

Butte County Specialized Care Rates – Health Formulary

Special Health Care Needs for Children

Birth to 18 years

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	MILD	MODERATE	SEVERE
FEEDING	<input type="checkbox"/> Some choking, occasional special handling needed <input type="checkbox"/> Takes 31-40 minutes to feed <input type="checkbox"/> Every 4 hours with night feeding <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food prep <input type="checkbox"/>	<input type="checkbox"/> Chokes or gags easily, frequent special handling needed <input type="checkbox"/> Takes 41-50 minutes to feed <input type="checkbox"/> Every 3 hours with night feeding <input type="checkbox"/> Vomits at least twice daily or requires medication for vomiting <input type="checkbox"/>	<input type="checkbox"/> Requires feedings by N/G, GTT, JT and/or pump <input type="checkbox"/> Takes 51+ minutes to feed <input type="checkbox"/> Every 2 hours with night feedings <input type="checkbox"/> Same as Level 2 and affecting adequate weight gain <input type="checkbox"/> Enteral feeding tube, total percentage of feeding <input type="checkbox"/>
SPECIALIZED EQUIPMENT	<input type="checkbox"/> Apnea monitor, splints, casts, braces or positioning equipment <input type="checkbox"/>	<input type="checkbox"/> Aspiration, suctioning, or Mist Tent <input type="checkbox"/>	<input type="checkbox"/> Oxygen, Broviac Catheter, Tracheostomy <input type="checkbox"/> IV Therapy <input type="checkbox"/> Ventilator <input type="checkbox"/> Radio Respiratory Monitor <input type="checkbox"/>
RESPIRATORY PROBLEMS	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections <input type="checkbox"/> Asthma (symptomatic requiring daily medications)	<input type="checkbox"/> Asthma (symptomatic, requiring 3 or more medications on a daily basis) <input type="checkbox"/> Use of Pulmonaid on a daily basis	<input type="checkbox"/> Frequent bouts of pneumonia or other lung disease requiring periodic hospitalization and followed by specialized care center (ie., Pulmonologist at UCD, Sutter) <input type="checkbox"/> BPD <input type="checkbox"/>
ELIMINATION	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation, occasional suppository <input type="checkbox"/>	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea, runny stools or constipated and needs daily bowel program <input type="checkbox"/>	<input type="checkbox"/> Has vesicotomy, ureterostomy, ileal conduit <input type="checkbox"/> Colostomy, ileostomy <input type="checkbox"/> Urinary catheterization <input type="checkbox"/>
INFECTIOUS DISEASE	<input type="checkbox"/> Known or suspected, but usual hygiene measure adequate <input type="checkbox"/> Increased risk for contracting but able to go out to medical appointments, etc. <input type="checkbox"/> Recurrent infestations with lice/scabies, requiring repeated treatment	<input type="checkbox"/> Known or suspected and requiring specialized handling of all body fluids (ie, Hep C, Immune Deficiency)	<input type="checkbox"/> Great risk for contracting – specialized handling of food, contacts, toys, etc., is needed <input type="checkbox"/> Immune Deficiency problems requiring frequent medical interventions/hospitalizations, etc <input type="checkbox"/>
CONGENITAL OR HEREDITARY DEFECTS, & CHRONIC MEDICAL CONDITIONS REQUIRING SPECIALIZED CARE.	N/A	<input type="checkbox"/> Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed <input type="checkbox"/> High SIDS risk <input type="checkbox"/> Diabetic requiring Insulin injections	<input type="checkbox"/> Born with major congenital defects that are life-threatening. Constant care and supervision needed, surgery pending or post-surgical care. <input type="checkbox"/> Diabetic with out of control blood sugars, requiring frequent ER visits &/or hospitalizations.

Butte County Specialized Care Rates – Expanded Factor Analysis

Special Health Care Needs for Children

Birth to 18 years

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	MILD	MODERATE	SEVERE
BURNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specialized Txmt Plan <input type="checkbox"/>
SEIZURES EPILEPSY	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> At least weekly <input type="checkbox"/> Loss on consciousness less than 10 minutes, no apnea <input type="checkbox"/>	<input type="checkbox"/> At least daily <input type="checkbox"/> Loss of consciousness more than 10 minutes, with apnea, or medical treatment needed to stop <input type="checkbox"/>
SLEEP PATTERN (11 p.m. – 6 a.m.)	<input type="checkbox"/> Under 6 months of age and up 4 times a night <input type="checkbox"/> Over 6 months of age and up 2 times a night <input type="checkbox"/>	<input type="checkbox"/> Under 6 months of age and up 5 times a night <input type="checkbox"/> Over 6 months of age and up 3 times a night <input type="checkbox"/>	<input type="checkbox"/> Under 6 months of age and up 6 times a night or more <input type="checkbox"/> Over 6 months of age and up 4 times a night or more <input type="checkbox"/>
MUSCLE TONE	<input type="checkbox"/> Impacts on care and/or some developmental delay, need to monitor <input type="checkbox"/>	<input type="checkbox"/> Requires special handling, follow up with therapy recommendations at home <input type="checkbox"/>	<input type="checkbox"/> Same as Level 2 <u>and</u> requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES	<input type="checkbox"/> Average of 2-3 per week.	<input type="checkbox"/> 4 appointments per week – no emergencies. <input type="checkbox"/> 2+ appointments per week plus Frequent emergencies in addition to above	<input type="checkbox"/> Daily treatment required (Comment on anticipated duration.)
ENURESIS (FOR 4 TO 18 YEARS ONLY)	<input type="checkbox"/> Enuresis 1-2X per week <input type="checkbox"/> Nightly loss of control <input type="checkbox"/> Daytime loss of control	<input type="checkbox"/>	<input type="checkbox"/>
ENCOPRESIS (FOR 4 TO 18 YEARS ONLY)	<input type="checkbox"/>	<input type="checkbox"/> Encopresis at least weekly. Extra laundry & cleaning.	<input type="checkbox"/> Pattern of smearing feces
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention

Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention

Level 3: SEVERE Requires almost continuous specialized intervention

Concern	Ages	Level 1 and Level 2
<p>299.80 ASPERGER'S DISORDER</p>	<p>6 and older</p>	<p>Qualitative impairment in social interaction as manifested by at least two of the following:</p> <ol style="list-style-type: none"> (1) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expressions, body postures and gestures to regulate social interaction (2) failure to develop peer relationships appropriate to developmental level (3) a lack of spontaneous seeking to share enjoyment, interests or achievements with other people (e.g., by a lack of showing, bringing or positioning out objects of interest to other people) (4) lack of social or emotional reciprocity <p>Restricted repetitive and stereotyped patterns of behavior, interests and activities as manifested by at least one of the following:</p> <ol style="list-style-type: none"> (1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus (2) apparently inflexible adherence to specific, nonfunctional routines or rituals (3) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting or complex whole-body movements) (4) persistent preoccupation with parts of objects <p>The disturbance causes clinical significant impairment in social, occupational or other important areas of functioning.</p> <p>There is no clinically significant general delay in language (e.g., single words used by age two years, communicative phrases used by age three years).</p> <p>There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood.</p> <p>Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.</p>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Level 1
307.0 STUTTERING	3 and older	Disturbance in the normal fluency and time patterning of speech (inappropriate for the individual's age), characterized by frequent occurrences of one or more of the following: <ol style="list-style-type: none"> (1) sound and syllable repetitions (2) sound prolongations (3) interjections (4) broken words (e.g., pauses within a word) (5) audible or silent blocking (filled or unfilled pauses in speech) (6) circumlocutions (word substitutions to avoid problematic words) (7) words produced with an excess of physical tension (8) monosyllabic whole-word repetitions (e.g., "I-I-I see him")
307.52 PICA	3 and older	Persistent eating of nonnutritive substances for a period of at least one month. The eating of nonnutritive substances is inappropriate to the developmental level. The eating behavior is not part of a culturally-sanctioned practice.
315.00 READING DISORDER	6 and older	Reading achievement, as measured by individually administered standardized tests of reading accuracy or comprehension, is substantially below that expected given the person's chronological age, measured intelligence and age-appropriate education.
315.1 MATHEMATICS DISORDER	6 and older	Mathematical ability, as measured by individually administered standardized tests, is substantially below that expected given the person's chronological age, measured intelligence and age-appropriate education.
315.2 DISORDER OF WRITTEN EXPRESSION	6 and older	Writing skills, as measured by individually administered standardized tests (or functional assessments of writing skills), are substantially below those expected given the person's chronological age, measured intelligence and age-appropriate education.
315.39 PHONOLOGICAL DISORDER	6 and older	Failure to use developmentally expected speech sounds that are appropriate for age and dialect (e.g., errors in sound production, use, representation, or organization such as, but not limited to, substitutions of one sound for another [use of /t/ for target /k/ sound] or omissions of sounds such as final consonants).
315.4 DEVELOPMENTAL COORDINATION DISORDER	6 and older	Performance in daily activities that require motor coordination is substantially below that expected given the person's chronological age and measured intelligence. This may be manifested by marked delays in achieving motor milestones (e.g., walking, crawling, sitting), dropping things, "clumsiness," poor performance in sports or poor handwriting

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Level 1, Level 2 and Level 3
309.21 SEPARATION ANXIETY DISORDER	3 and older	<p>Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:</p> <ol style="list-style-type: none"> (1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated (2) persistent and excessive worry about losing, or about possible harm befalling, major attachment figures (3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped) (4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation (5) persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings (6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home (7) repeated nightmares involving the theme of separation (8) repeated complaints of physical symptoms (such as headaches, stomach aches, nausea or vomiting) when separation from major attachment figures occurs or is anticipated <p>The duration of the disturbance is at least four weeks.</p>
312.8 CONDUCT DISORDER (Continues on next page)	6 and older	<p>A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past six months:</p> <p>Aggression to people and animals</p> <ol style="list-style-type: none"> (1) often bullies, threatens or intimidates others (2) often initiates physical fights (3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun) (4) has been physically cruel to people (5) has been physically cruel to animals (6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery) (7) has forced someone into sexual activity <p>Destruction of property</p> <ol style="list-style-type: none"> (8) has deliberately engaged in fire setting with the intention of causing serious damage (9) has deliberately destroyed others' property (other than by fire setting) <p>Deceitfulness or theft</p> <ol style="list-style-type: none"> (10) has broken into someone else's house, building or car (11) often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others) (12) has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Level 1, Level 2 and Level 3
312.8 CONDUCT DISORDER (Continued from previous page)	6 and older	<p>Serious violation of rules</p> <ul style="list-style-type: none"> (13) often stays out at night despite parental prohibitions, beginning before age 13 years (14) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period) (15) is often truant from school, beginning before age 13 years <p>The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.</p> <p>If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.</p> <p style="text-align: center;"><i>Specify type based on age at onset:</i></p> <p>Childhood-Onset Type: onset of at least one criterion characteristic of Conduct Disorder prior to age 10 years</p> <p>Adolescent-Onset Type: absence of any criteria characteristic of Conduct Disorder prior to age 10 years</p> <p style="text-align: center;"><i>Specify severity:</i></p> <p>Level I (Mild): Minor has had limited contact with law enforcement. Removal from the home is the result of inability of parents to provide stable and structured environment and appropriate supervision. Law violations are minor in nature, consisting of mostly property crimes or non-violent offenses. Minor has some difficulty following rules, may have truancy issues and other delinquent behaviors, may be in an alternative school program, and may have experimented with drugs and alcohol.</p> <p>Level II (Moderate): Criminal behavior is more severe. Crimes may include violent offenses and minor weapons offenses. May have gang affiliation, numerous law violations and violations of probation. Is in need of close supervision with consistent rules and structure. Exhibits defiance of rules and resistance to authority. Truancy and school behavior may be serious issues. May need special tutoring and may be enrolled in alternative education. Minor may exhibit some sexually inappropriate behavior. May have a mild dependency on drugs or alcohol.</p> <p>Level III (Severe): Minor has had numerous contacts with law enforcement and the Juvenile Justice System, or the nature of the criminal offenses is severe. These could include assaultive behavior with the use of weapons, extensive gang involvement, sexual assault, drug sales or manufacturing, fire starting, animal cruelty, child molestation, or a combination of offenses. Minor requires constant supervision with strict structure and firm limits. May be addicted to drugs and/or alcohol. Sexually inappropriate behavior may be severe and require limiting access to other children. Minor may be in alternative education program.</p>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Level 2 and Level 3
299.00 AUTISTIC DISORDER	Birth to 3 years	<p>A total of six (or more) items from (1), (2) and (3) with at least two from (1) and one each from (2) and (3):</p> <ul style="list-style-type: none"> (1) qualitative impairment in social interaction as manifested by at least two of the following: <ul style="list-style-type: none"> (a) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interaction (b) failure to develop peer relationships appropriate to developmental level (c) a lack of spontaneous seeking to share enjoyment, interests or achievements with other people (e.g., by a lack of showing, bringing or pointing out objects of interest) (d) lack of social or emotional reciprocity (2) qualitative impairments in communication as manifested by at least one of the following: <ul style="list-style-type: none"> (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime) (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others (c) stereotyped and repetitive use of language or idiosyncratic language (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level (3) restricted repetitive and stereotyped patterns of behavior, interests and activities as manifested by at least one of the following: <ul style="list-style-type: none"> (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus (b) apparently inflexible adherence to specific, nonfunctional routines or rituals (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting or complex whole-body movements) (d) persistent preoccupation with parts of objects <p>Delays or abnormal functioning in at least of the following areas with onset prior to age three years: (1) social interaction; (2) language as used in social communication or (3) symbolic or imaginative play.</p> <p>The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.</p>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Level 2 and Level 3
307.3 STEREOTYPIC MOVEMENT DISORDER	3 and older	<p>Repetitive, seemingly driven and nonfunctional motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self biting, picking at skin or bodily orifices, hitting own body).</p> <p>The behavior markedly interferes with normal activities or results in self inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).</p>
307.0 ENCOPRESIS	3 and older	<p>Repeated passage of feces into inappropriate places (e.g., Clothing or floor) whether involuntary or intentional.</p> <p>At least one such event a month for at least three months.</p> <p>Chronological age is at least four years (or equivalent developmental level).</p> <p>The behavior is not due exclusively to the direct physiological effects of a substance (e.g., laxatives) or a general medical condition except through a mechanism involving constipation.</p>
307.6 ENURESIS	3 and older	<p>Repeated voiding of urine into bed or clothes (whether involuntary or intentional).</p> <p>The behavior is clinically significant as manifested by either a frequency of twice a week or at least three consecutive months or the presence of clinically significant distress or impairment in social, academic (occupational) or other important areas of functioning.</p> <p>Chronological age is at least five years (or equivalent developmental level).</p>
313.23 SELECTIVE MUTISM	3 and older	<p>Consistent failure to speak in specific social situations (in which there is an expectation for speaking e.g., at school) despite speaking in other situations.</p> <p>The disturbance interferes with educational or occupational achievement or with social communication.</p> <p>The duration of the disturbance is at least one month (not limited to the first month of school).</p> <p>The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation.</p> <p>The disturbance is not better accounted for by a Communication Disorder (e.g., Stuttering) and does not occur exclusively during the course of Pervasive Developmental disorder, Schizophrenia or other Psychotic Disorder.</p>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Level 2 and Level 3
307.53 RUMINATION DISORDER	Birth to 5 years	<p>Repeated regurgitation and rechewing of food for a period of at least one month following a period of normal functioning.</p> <p>The behavior is not due to an associated gastrointestinal or other general medical condition (e.g., esophageal reflux).</p> <p>The behavior does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa. If the symptoms occur exclusively during the course of Mental Retardation or a Pervasive Developmental Disorder, they are sufficiently severe to warrant independent clinical attention.</p>
307.59 FEEDING DISORDER OF INFANCY OR EARLY CHILDHOOD	Birth to 5 years	<p>Feeding disturbance as manifested by persistent failure to eat adequately with significant failure to gain weight or significant loss of weight over at least one month.</p> <p>The disturbance is not due to an associated gastrointestinal or other general medical condition (e.g., esophageal reflux).</p> <p>The disturbance is not better accounted for by another mental disorder (e.g., Rumination Disorder) or by lack of available food.</p>
299.10 CHILDHOOD DISINTEGRATIVE DISORDER	3 and older	<p>Apparently normal development for at least the first two years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play and adaptive behavior.</p> <p>Clinically significant loss of previously acquired skills (before age 10 years) in at least two of the following areas:</p> <ol style="list-style-type: none"> (1) expressive or receptive language (2) social skills or adaptive behavior (3) bowel or bladder control (4) play (5) motor skills <p>Abnormalities of functioning in at least two of the following areas:</p> <ol style="list-style-type: none"> (1) qualitative impairment in social interaction (e.g., impairment in nonverbal behaviors, failure to develop peer relationships, lack of social or emotional reciprocity) (2) qualitative impairments in communication (e.g., delay or lack of spoken language, inability to initiate or sustain a conversation, stereotyped and repetitive use of language, lack of varied make believe play) (3) restricted, repetitive and stereotyped patterns of behavior, interests and activities including motor stereotypes and mannerisms <p>The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.</p>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention

Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention

Level 3: SEVERE Requires almost continuous specialized intervention

Concern	Ages	Level 2 and Level 3
299.80 RETT'S DISORDER	3 and older	<p>All of the following:</p> <ol style="list-style-type: none"> (1) apparently normal prenatal and perinatal development (2) apparently normal psychomotor development through the first five months after birth (3) normal head circumference at birth <p>Onset of all of the following after the period of normal development:</p> <ol style="list-style-type: none"> (1) deceleration of head growth between the ages of five and 48 months (2) loss of previously acquired purposeful hand skills between ages five and 30 months with the subsequent development of stereotyped hand movements (e.g., hand wringing or hand washing) (3) loss of social engagement early in the course (although often social interaction develops later) (4) appearance of poorly coordinated gait or trunk movements (5) severely impaired expressive and receptive language development with severe psychomotor retardation
307.21 TRANSIENT TIC DISORDER	3 and older	<p>Single or multiple motor and/or vocal tics (i.e., sudden rapid, recurrent, nonrhythmic, stereotyped motor movements or vocalizations).</p> <p>The tics occur many times a day, nearly every day, for at least four weeks, but for no longer than 12 consecutive months.</p>
307.22 CHRONIC MOTOR OR VOCAL TIC DISORDER	3 and older	<p>Single or multiple motor or vocal tics (i.e., sudden, rapid, recurrent, nonrhythmic, stereotyped motor movements or vocalizations), but not both, have been present at some time during the illness.</p> <p>The tics occur many times a day, nearly every day or intermittently throughout a period of more than one year and during this period there was never a tic-free period of more than three consecutive months.</p>
307.23 TOURETTE'S DISORDER	3 and older	<p>Both multiple motor and one or more vocal tics have been present at some time during the illness, although not necessarily concurrently. (A tic is a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization.)</p> <p>The tics occur many times a day (usually in bouts) nearly every day or intermittently throughout a period of more than one year and during this period, there was never a tic-free period of more than three consecutive months.</p> <p>The disturbance caused marked distress or significant impairment in social, occupational or other important areas of functioning.</p> <p>The onset is before age 18.</p> <p>The disturbance is not due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g.,</p>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Huntington's disease or postviral encephalitis). Level 2 and Level 3
313.89 REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD	3 and older	<p>(A) Markedly disturbed and developmentally inappropriate social relatedness in most contexts beginning before age five as evidenced by either (1) or (2):</p> <p>(1) persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions as manifested by excessively inhibited, hypervigilant or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance and resistance to comforting or may exhibit frozen watchfulness).</p> <p>(2) Diffuse attachments as manifested by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures).</p> <p>(B) The disturbance in Criterion A is not accounted for solely by developmental delay (as in Mental Retardation) and does not meet the criteria for a Pervasive Developmental Disorder.</p> <p>(C) Pathogenic care as evidenced by at least one of the following:</p> <p>(1) persistent disregard of the child's basic physical needs</p> <p>(2) persistent disregard of the child's basic physical needs</p> <p>(3) repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care).</p> <p>(D) There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).</p>
315.31 MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	3 and older	<p>The scores obtained from a battery of standardized individually administered measures of both receptive and expressive language development are substantially below those obtained from standardized measures of nonverbal intellectual capacity. Symptoms include those for Expressive Language Disorder as well as difficulty understanding words, sentences or specific types of words, such as spatial terms.</p>
315.31 EXPRESSIVE LANGUAGE DISORDER	3 and older	<p>The disturbance may be manifested clinically by symptoms that include having a markedly limited vocabulary, making errors in tense or having difficulty recalling words or producing sentences with developmentally appropriate length or complexity.</p>

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE Is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

Concern	Ages	Level 2 and Level 3
313.81 OPPOSITIONAL DEFIANT	6 and older	<p>A pattern of negativistic, hostile and defiant behavior lasting at least six months during which four (or more) of the following are present:</p> <ul style="list-style-type: none"> (1) often loses temper (2) often argues with adults (3) often actively defies or refuses to comply with adults' requests or rules (4) often deliberately annoys people (5) often blames others for his or her mistakes or misbehavior (6) is often touchy or easily annoyed by others (7) is often angry and resentful (8) is often spiteful or vindictive
314.01 ATTENTION DEFICIT HYPERACTIVITY DISORDER (Continues on next page)	6 and older	<p>(A) Either (1) or (2):</p> <p>(1) six (or more) of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:</p> <p><i>Inattention</i></p> <ul style="list-style-type: none"> (a) often fails to give close attention to details or makes careless mistakes in school work, work or other activities (b) often has difficulty sustaining attention in tasks or play activities (c) often does not seem to listen when spoken to directly (d) often does not follow through on instructions and fails to finish school work, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions) (e) often has difficulty organizing tasks and activities (f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework) (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools) (h) is often easily distracted by extraneous stimuli (i) is often forgetful in daily activities <p>(2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:</p> <p><i>Hyperactivity</i></p> <ul style="list-style-type: none"> (a) often fidgets with hands or feet or squirms in seat (b) often leaves seat in classroom or in other situations in which remaining seated is expected (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness) (d) often has difficulty playing or engaging in leisure activities quietly (e) is often "on the go" or often acts as if "driven by a motor"

Butte County Specialized Care Rate – Behavior Formulary

Emotional and Behavioral Concerns in Children

Level 1: MILD Can be readily controlled with specialized intervention	Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention	Level 3: SEVERE Requires almost continuous specialized intervention
--	---	--

314.01 ATTENTION DEFICIT HYPERACTIVITY DISORDER (Continued from previous page)	6 and older	<ul style="list-style-type: none"> (f) often talks excessively <i>Impulsivity</i> (g) often blurts out answers before questions have been completed (h) often has difficulty awaiting turn (i) often interrupts or intrudes on others (e.g., butts into conversations or games) (B) Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age seven. (C) Some impairment from the symptoms is present in two or more settings (e.g., at school {or work} and at home). (D) There must be clear evidence of clinically significant impairment in social, academic or occupational functioning. (E) The symptoms do not occur exclusively during the course of Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder or a Personality Disorder).
---	-------------	---

BUTTE COUNTY SPECIALIZED CARE RATE STRUCTURE

On March 1, 2005 Butte County put into effect a specialized care rate for children with special needs who are placed in out-of-home care.

Level 1: MILD Can be readily controlled with specialized intervention		Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention		Level 3: SEVERE Requires almost continuous specialized intervention	
Old System:			New System:		
Age Group:	California Base Rate (CBR):		Specialized Care Rates:		
			Effective: 1/1//2008		
0 – 4	\$446		Level 1: CBR + \$202		
5 – 8	\$485		Level 2: CBR + \$360		
9 – 11	\$519		Level 3: CBR + \$721		
12 – 14	\$573		Level 4: CBR + \$991		
15 – 18	\$627		(Level 4 not currently available)		

THE CRITERIA FOR DETERMINING A SPECIALIZED CARE RATE

1. The child's special health and/or behavioral needs
2. The primary caretaker's completion of required training relating to the child's needs and the assessed SCR, or
3. Certification by the Licensing Worker that the primary caretaker's knowledge and experience is sufficient to meet the child's needs.

CARETAKER TRAINING REQUIREMENTS

Butte County Licensed FFH Foster Parents

- Foster parents who serve children ages Birth-5 years of age must complete:
 1. **Options for Recovery** training, 46 hours
 2. Pre-Service instruction, 15 hours
- Foster parents who serve children 6-17 years of age must complete:
 1. **Rebuilding Children's Lives** training, 30 hours
 2. An additional 10 hours of training such as **Attachment Parenting**
 3. Pre-Service instruction, 15 hours

All OFR children receive a Level I or greater Specialized Care Rate, which must be identified by the Social Worker on the SOC 158 form.

Every year following licensure, foster parents must complete 20 hours of training in one of many classes such as **Attachment Parenting, Love and Logic or Parenting Special Needs Youth** offered by the Butte College Foster / Kinship Care Program.

Relative and NREFM caretakers for children with special needs

Relative and NREFM caretakers who have children who need a Specialized Care Rate will be assessed by Licensing in cooperation with peer professionals on a case by case basis to determine caretaker competencies, issue a waiver of training or assign training to be completed as soon as possible within the year of receiving placement.

Butte County Rates

Age Group		Basic Rate (B)	
0-4		\$446	
5-8		\$485	
9-11		\$519	
12-14		\$573	
15-18		\$627	
Level 1 (mild)	Level 2 (Moderate)	Level 3 (severe)	Level 4 (extraordinary care)
B + \$202	B + \$360	B + \$721	B + \$991

If child(ren) are placed out of county or state..must pay their basic and special rates (check with FC Elig Worker to find out rates and if that county has a formula or spec requirements)

OPTIONS HOMES AUTOMATICALLY GET THE **Level I Rate**. (Option children are **ages 0-5**). Level 1 needs reassessment every 12 mos. **County Shelter homes** get the **Level III Rate**. **Level II and above** need to be justified with the completed SCR Appraisal of Needs and services, and reviewed and **approved by Supr and Program Manager**. (not needed for shelter home placements) **Level 2 and above** need reassessment every 6 mos.

INFANT SUPPLEMENT

Children who are in receipt of Kin-GAP benefits are also entitled to receive the infant supplement. The following chart provides the increases to the Infant Supplement by placement type.

Infant Supplement Effective January 1, 2008		
Placement Type:	Group Home	Foster Family Home/Faster Family Agency
Rate:	\$890	\$411

TRANSITIONAL HOUSING \$2375

Clothing Allowance \$177

Effective July 1, 2010

FFA RATES		GROUP HOME RATES	
0-4	1430	Level	Rate
5-8	1483	1	\$2118
9-11	1527	2	\$2646
12-14	1608	3	\$3174
15-19	1679	4	\$3700
		5	\$4224
		6	\$4754
		7	\$5281
		8	\$5809
		9	\$6335
		10	\$6863
		11	\$7388
		12	\$7917
		13	\$8450
		14	\$8974

Foster Care Eligibility Contacts

Oroville

Samanthia Porter	Supervisor	530-538-5150
Kathy Fleury	EESS (Lead)	530-538-5053
Thomas Warner		530-538-5073
Linda Lambert	Adoptions/SED	530-538-5078
Heather Castaneda		530-538-5080
Debbie Medica	KinGap/4M	530-538-5077
Shannon Greer		530-538-5075

Donna Fritts	Licensing Worker	530-538-7755
Adoptions		895-6143 or 895-4617 Fax: 895-6148

BUTTE COUNTY SPECIALIZED CARE RATE STRUCTURE

Level 1: MILD Can be readily controlled with specialized intervention		Level 2: MODERATE is difficult to control but will respond to sustained specialized intervention		Level 3: SEVERE Requires almost continuous specialized intervention	
Old System:			New System:		
Age Group:	California Base Rate (CBR):		Specialized Care Rates:		
0 – 4	\$446		Level 1: CBR + \$202		
5 – 8	\$485		Level 2: CBR + \$360		
9 – 11	\$519		Level 3: CBR + \$721		
12 – 14	\$573		Level 4: CBR + \$991		
15 – 18	\$627		(Level 4 not used in 1st year)		
Effective: January 01, 2008					

THE CRITERIA FOR DETERMINING A SPECIALIZED CARE RATE:

1. The child's special health and/or behavioral needs
2. The primary caretaker's completion of required training relating to the child's needs and the assessed SCR, or
3. Certification by the Licensing Worker that the primary caretaker's knowledge and experience is sufficient to meet the child's needs.

CARETAKER TRAINING REQUIREMENTS:

Level 1: 20 hours

To qualify as a Level 1 foster parent, 20 hours of foster parent education pertaining to the age of the children to be placed will be required, in addition to the 12 hours of pre-service instruction required for licensure.

Level 2: 40 hours

Level 3: 40 hours

To qualify for placement Levels 2 and 3, 40 hours of foster parent education pertaining to the age of the children to be placed will be required, in addition to the 12 hours of pre-service instruction required for licensure.

Foster parents/relatives wishing to care for children birth to 60 months at levels 2 and 3 are required to take the **Options for Recovery** training offered by Butte County

Those wishing to care for special needs children ages 60 months to 18 years at Levels 2 and 3 will be required to complete the 34 hour training offered through the Butte College Kinship and Foster Care Education Program entitled, **"Rebuilding Children's Lives, a Blueprint for Treatment Foster Parents"**, plus an additional 6 hours of study based on the specific needs of the children in their care. Additional curriculum from **"The Parent Project"** will be incorporated into the training for foster homes wishing to prepare themselves to accept Probation wards at Levels 2 and 3.

Level 4: 40 hours + required specialized training

A minimum of twenty (20) hours per year of on-going continuing education will be required of all foster parents receiving Specialized Care Rates, Levels 1 through 4.

SCR Caretakers will also be required to attend bimonthly family support group meetings