

Placement Level of Care: Behavioral Issues, Children Under 5 Years Old

Is the child too young to attend school (under age 5)?

No →

• If the child is age 5 - 8, go to page 4.

• If the child is age 9 or older, go to page 6.

Yes
↓

Are any of the following characteristics true for this child? (For each of the asterisked behaviors below, the child must have a pattern of the behavior, meaning that the child has engaged in the behavior on several occasions, or, in the case of animal cruelty or firesetting, has engaged in the behavior when he or she has had access to doing so on more than one occasion.)

- Caregiver has been told that child would have to leave childcare program unless behavior changes or outside intervention is provided.
- Childcare program has asked child to leave.
- Child has a pattern of damaging property outside the home.*
- Child has a pattern of playing with fire.*
- Child has a pattern of animal cruelty.*
- Child has a pattern of deliberately injuring or attempting to injure other children or adults with fists or other objects.*
- Child has a pattern of threatening or bullying other children.*

- Child has a pattern of making inappropriate sexual gestures to an adult or another child.*
- Child has a pattern of talking about dying or of deliberately injuring self.*
- Child has been diagnosed and/ or treated for behavioral problems.
- Child has a pattern of **more than two** of the following behaviors, which are more pronounced than in most children entering foster care:
 - Too bossy, argumentative with, or picks on children own age or younger;
 - Pouts, sulks, or cries a lot, or seems sad much of the time;
 - Overly clingy with caregiver;
 - Too withdrawn or timid to play well with other children;
 - Mostly plays alone, seems anxious, worried or fearful a lot of the time, or is overly worried about making mistakes;
 - Has frequent nightmares or sleeping problems; or
 - Seems to feel sick a lot (headaches, stomachaches, other pains) with no fever or other apparent cause.

No →

Child should be placed with a relative or in a regular foster care setting, unless there are health or developmental issues that require additional support.
Go to page 10.

Yes
↓

Placement Level of Care: Behavioral Issues, Children Under 5 Years Old

Child should be placed with a relative and provided extra in-home supports. If no relative is available, place in specialized foster care at level 2, with specially trained foster parents, reimbursed at rates higher than the standard, to meet the child's behavioral needs. If you answered "yes" to more than two of the asterisked (*) behaviors in the above

list, the child should be placed in a level 3 setting to meet his or her behavioral needs. Go to page 10 to address child's health and developmental issues, however, children under age 5 should generally be placed in a foster home no higher than a level 4 therapeutic setting.

Placement Level of Care: Behavioral Issues, Children Ages 5 - 8

Is the child age 5 through 8?

No

If the child is younger than age 5, see page 2,
or if the child is older than age 8, see page 6.

Yes

Within the last year:

- Does the child have disruptive behaviors at school or behavior problems at school, which require regular intervention (at least monthly) by school administrators or counselors, or does the child's behavior require placement in a special education class?
- Does the child have poor impulse control that interferes with functioning?
- Does the child get in frequent fights, get picked on by peers, seem unable to form meaningful relationships, seem socially isolated?
- Does the child have an explosive temper that is difficult to calm?
- Does the child have physically aggressive, assaultive or bullying behaviors towards peers, younger children, or adults?
- Has the child made sexual gestures towards others?
- Does the child seem sad, depressed, or have any self-injurious behaviors or thoughts? Has the child spoken of death or dying?
- Does the child have odd or bizarre behaviors or thoughts, or has the child been diagnosed with a thought disorder?
- Has the child set a fire or played with matches even though he or she understands the danger?
- Has the child hurt or injured or tried to hurt an animal or been cruel toward animals?
- Does the child seem obsessed with guns, explosives, or other destructive devices or themes?
- Is the child a discipline problem with unacceptable behaviors a constant problem?

No

Place the child in regular foster care
unless there are health or develop-
mental issues that require additional
support. **Go to page 10.**

Yes

Placement Level of Care: Behavioral Issues, Children Ages 5 - 8

- Child should be placed with a relative and provided extra in-home supports.
- If no relative is available, place child in specialized level of foster care, with specially trained foster parents, reimbursed at higher than standard rates.
- Child should have a mental health evaluation and access to ongoing mental health, behavior modification, or other clinical or therapeutic services.
- If the child has more than four of above conditions, provide a two-level care supplement.
- Consider residential care only if the child has more than four of the above behaviors and the child's behavior is bizarre or totally out of control, and makes 24-hour awake supervision essential. (If 24-hour awake care is essential, it is preferable to have an aide added to a specialized foster home than to place the child in a residential setting.)
- Residential settings should only be used when the child's behavior is so difficult that it would be totally disruptive to a home setting.
- If there are medical or developmental issues that require additional support, go to page 10 to determine level of care, however children under age 9 should generally not be placed at a level higher than therapeutic foster care. They should not be placed in a residential setting unless their behavior is so bizarre or out of control that they would be totally disruptive to a family setting.

PLACEMENT LEVEL OF CARE

Placement Level of Care: Behavioral Issues, Children Ages 9 or Older

(Make a copy of the 2-page score sheet at the back of this guideline in order to tally the score for each child.)

For each of the 14 scales on the next three pages, select the single response that most closely describes this child. You may need to talk to the caregiver and the child's teachers in order to complete the form. If more than one response applies, select the response with the highest point value. After making a copy of the 2-page score sheet, circle the selected point value in Section 1 of the copy of the score sheet for each scale.

Points	1. School Adjustment
0	Child seems reasonably well adjusted in school, does not cause problems.
1	Occasional problems in accepting school rules or discipline and/or attendance problems.
2	Disruptive behaviors in school that require outside intervention; grades unsatisfactory.
3	School attendance is poor, grades are poor and near failing, constant worry for teachers and/or family or caregiver.
Points	2. Peer Relation
0	Child is relatively comfortable with peer group.
1	Child has some difficulty forming close relationships, but has peers to share activities.
2	Child has frequent fights and disruptive behaviors, complaints from others, or child seems picked on, or has few friends.
3	Child seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers.
Points	3. Acceptance of Adult Supervision
0	Child may need some reminders but is usually able to follow adult instructions, or has some difficulty accepting adult instructions, which creates some problems at home and at school.
1	Child has recurring problem of following adult instructions, has difficulty accepting responsibilities.
2	Child is a discipline problem with unacceptable behaviors a constant problem.
3	Child is out of control and openly defiant of adult instructions, in need of immediate intensive intervention.
Points	4. Anger Management
0	Child does not have any problems with anger tolerance or management.
1	Child may have occasional problems with behavioral outbursts, which do not affect functioning.
2	Child has occasional or frequent behavioral outbursts with destructive results that interfere with functioning.
3	Child has chaotic and poor control of anger toward self and others with frequency and intensity that needs attention.
5	Child's anger is totally out of control and needs immediate attention and intervention.
Points	5. Emotional Stability
0	No problems with moods and temperament.
1	Occasional emotional outbursts and mood swings.
2	Frequent emotional outbursts and mood swings.
3	Uncontrollable emotional outbursts and tantrums.

* These scales and the dimensions used are based heavily on the Lucas County Child/Family Functional Assessment Scale, Part A, developed for the Lucas County Mental Health Board, Lucas County, Ohio, 1998, as part of "The Protocols of Levels of Care for Children with Behavioral Health Needs," developed by the Metro Behavioral Health Care Network Technical Assistance Collaborative, March 1999.

Placement Level of Care: Behavioral Issues, Children Ages 9 or Older

Points 6: Harm to Others

- 0 Child does not appear to have aggressive tendencies toward others.
- 1 Child has been occasionally assaultive; no major injuries, minor property damage; problem of violence or aggressiveness toward others prior to 2 years ago.
- 2 Child has a history of assaultive behaviors within last 2 years; documented injuries to others and property; but no problems within last 6 months; risk of physical assault exists.
- 3 Child is in serious danger of harming others unless service intervention is provided; has not responded to help from others; frequent and persistent reports of aggressive or assaultive behaviors are a major concern.
- 5 Child is extremely violent, combative, and out of control; needs intensive intervention.

7: Firesetting

- 0 Child has no firesetting tendencies.
- 1 Child talks frequently about fires, but is not known to have been involved in firesetting; or was around when one fire began but involvement is unclear; or has history of firesetting more than 2 years ago.
- 2 Within the last 2 years, child seems to be around when fires (more than one) begin, although his or her direct involvement is unclear.
- 3 Within the last 2 years, child has been an active participant in firesetting that has put people or property at risk.
- 5 Child's firesetting behavior has recently (within last 6 months) put people or property at serious risk and is an immediate concern.

8: Animal Cruelty

- 0 Child is not known to have participated in or considered any cruelty toward animals.
- 1 Child has been suspected of cruelty toward animals in the past, but there have been no incidents in the last 2 years.
- 2 Child has been known to be cruel toward animals in the past, but there have been no incidents in the last 2 years.
- 3 Within the last 2 years, child seems to be around when others have been cruel toward animals, and is suspected of having been involved.
- 5 Within the last 2 years, child has intentionally and maliciously been cruel toward animals.

9: Criminal Activity

- 0 Child adheres to the laws and has no criminal activity.
- 1 Child has occasional run-ins with the law, but no pattern of criminal activity, or no activity with last 2 years.
- 1 Child has been adjudicated unruly within the last 2 years.
- 1 Child involved in isolated delinquent activity within last 2 years.
- 2 Child has had recurring involvement with the legal system, primarily crimes against property, or fighting with peers, no use of firearms.
- 4 Child has had recurring involvement with the legal system with increasing seriousness of offenses and history of incarcerations, may have had crimes against people, or crimes with firearms.

10: Gang Involvement

- 0 Child is not known to be involved with any gang activities.
- 1 Child hangs around a gang, seems to emulate the lifestyle, is a gang "wannabe," or tolerates the gang for protection of self or family, associates with some gang members, but is not believed to be a gang member.
- 2 Child is suspected of being a gang member, but doesn't admit to it, or is involved with a gang as a means of protection for self or family.
- 4 Child identifies with gang, wears gang colors or has gang tattoos, carries gang literature, is or may be involved in gang activities.

Placement Level of Care: Behavioral Issues, Children Ages 9 or Older

Points	11. Harm to Self
0	Child has no indication of self-harm.
1	Child has some depressive mood, may be some non-lethal self-injury, or suicidal ideation, but no history of any suicide attempt, no plans toward suicide.
2	Child has had suicide attempt during the last 3 years, but depression now under control.
3	Child has had suicide attempt during the last 3 years, and depression <u>not</u> under control; child is depressed but not suicidal.
4	Child has had suicide attempt during the last year, has been hospitalized before for attempts, another attempt possible.
5	Child has had suicide attempt during the last year; has definite plan for harming self; has been hospitalized before for attempts, another attempt possible.
6	Child is currently at risk of suicide; child has definite plan, another attempt likely, child needs intensive intervention.
	12. Cognitive Functioning
0	Child exercises age-appropriate thinking; no thought disorder reported, no delusions or hallucinations.
1	Child has had difficulty in thought process, but can still function in school and at home.
2	Child has diagnosable thought disorder, such as delusions or hallucinations, which affects functioning in school and at home, but seems manageable and mostly under control.
3	Child has serious thought disorder, which affects functioning in school and at home, and is not totally under control.
5	Child has serious thought disorder, which affects functioning in school and at home, and is not stable, or child is uncooperative about, or non-compliant with, taking psychotropic medications.
	13. Alcohol/Drug Use
0	There is no indication of any drug or alcohol use.
1	Child uses alcohol or drugs occasionally, but use does not interfere with daily activities.
2	Child binges on alcohol or drugs occasionally, but use usually does not interfere with daily activities.
3	Frequent drinking or drug use has resulted in disciplinary or judicial actions in the past; child has been treated and is in recovery.
5	Frequent drinking or drug use has resulted in disciplinary or judicial actions; child has not been treated or not treated successfully.
	14. Sexual Behaviors
0	Child has no inappropriate sexual behaviors.
1	Child behaves in a seductive manner inappropriate to age.
1	Child sexually acts out (e.g., frequent masturbation, exposing or frequent touching of genitals, etc.).
2	Child has been involved in prostitution.
2	Child is an "indicated" sexual perpetrator who has successfully completed treatment.
5	Child is an "indicated" sexual perpetrator who has not been treated, or not treated successfully.

Placement Level of Care: Behavioral Issues, Children Ages 9 or Older

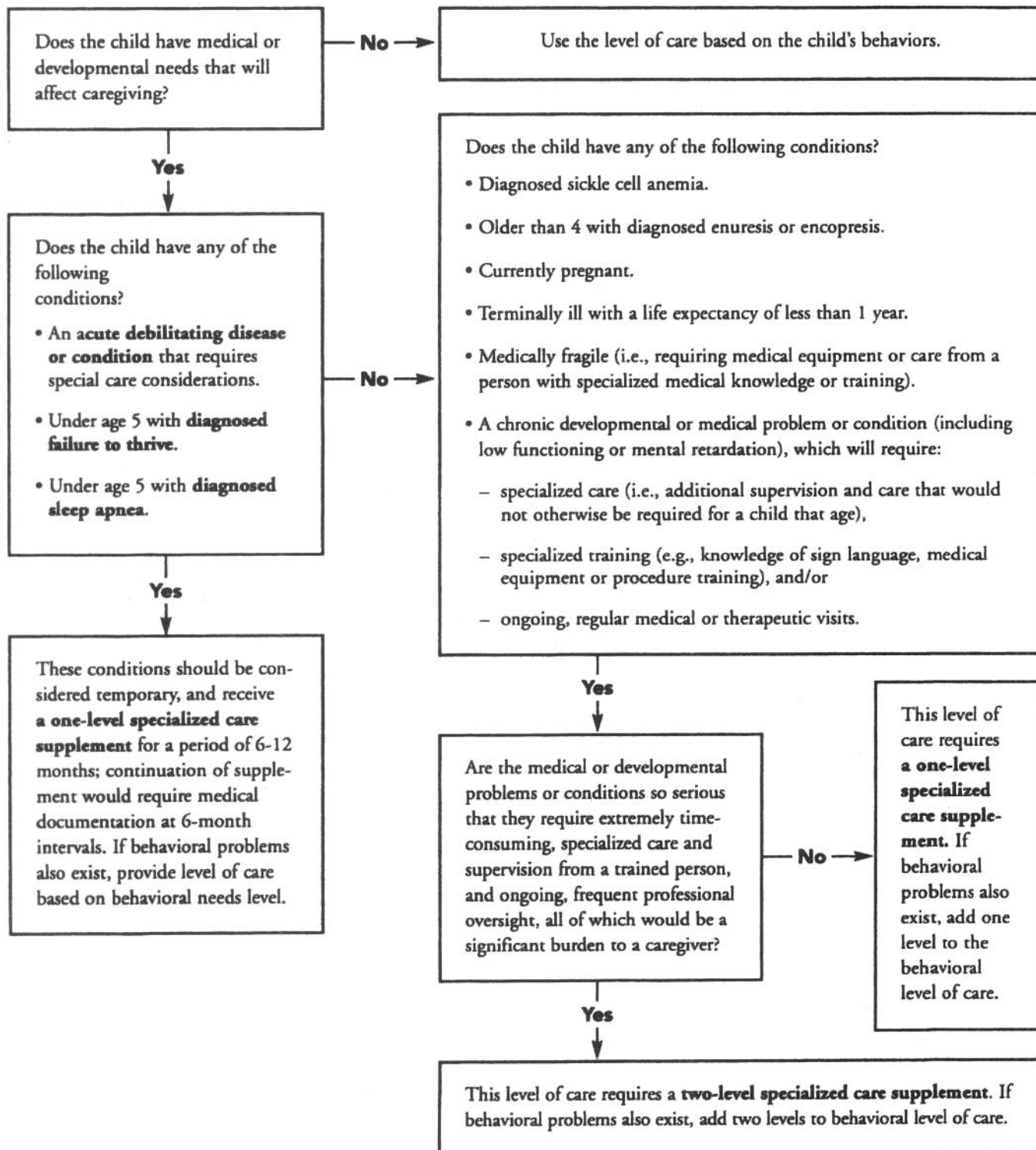
For each "yes" answer to the following questions, give the child one point in Section 2 of the copy of the score sheet:

- a) Has the child changed placements more than two times in the last year due to behavioral issues?
- b) Is the child in a special education class for behavior or emotional problems?
- c) Has the child been suspended more than four times in the last full school year?
- d) Is the child currently expelled from school?
- e) Does the child refuse to attend school?
- f) Is the child involved in a deviant or defiant lifestyle such as satanic groups, "Goths," or other type of group that physically sets itself apart from the mainstream and focuses on negative or deviant themes?
- g) Does the child seem obsessed with guns, explosives, or other destructive devices or themes?
- h) Has the child committed a crime that involved a gun, or involved injury to another person, or the intent to injure another person?
- i) Would the child's size or manner be physically intimidating to a foster parent?
- j) Has the child had serious and ongoing involvement with the juvenile court for delinquent, assaultive, or violent behaviors within the last 2 years? (Do not include unruly behaviors.)
- k) Has the child runaway more than twice in the last 6 months, to an unknown location for more than two nights at a time?
- l) Has the child been committed to a psychiatric hospital within the last 5 years?
- m) Does the child have a plan of reunification and has the child's primary family actively interfered with the child's treatment process within the last 12 months?
- n) Does the child have a plan of reunification and is the safety of the child, the foster family, or the caseworker at risk due to the birth parents' behavior or mental health problems?
- o) Is the child stepping down from a hospital or residential treatment level of care?
- p) Has the child been surrounded by an array of in-home or supportive mental health services that have effectively stabilized him or her, and have these services been in place for less than 1 year, or do you have evidence that a reduction in these services would cause the child to de-stabilize?

For each "yes" answer, write a "1" in Section 2 of the score sheet.

After completing score sheet go to **Next Page**

Placement Level of Care: Health and Development Issues



Placement Level of Care: Score Sheet for Behavioral Issues, Children Ages 9 or Older

Child's Name:

ID Number:

DOB:

Date:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)		
Section 1: Scales 1 - 14 (Circle the appropriate point value for each scale, or write DK in Row a.)															Section 2: Summary (Follow Instructions Below)			
1. School Adjustment 2. Peer Relations 3. Adult Supervision 4. Anger Management 5. Emotional Stability 6. Harm to Others 7. Firesetting 8. Animal Cruelty 9. Criminal Activity 10. Gang Involvement 11. Harm to Self 12. Cognitive Functioning 13. Alcohol/ Drug Use 14. Sexual Behaviors																		
(a)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Step 1: Count the circled numbers in each of rows b-g. (How many 1's, 2's, 3's, 4's, 5's, 6's?) Write each number in the corresponding row below.	Step 2: Multiply the numbers in column 16 by the numbers below, and write the number in the space.		
(b)	1	1	1	1	1	1	1	1	1	1	1	1	1	1			# of 1's =	X1 =
(c)	2	2	2	2	2	2	2	2	2	2	2	2	2	2			# of 2's =	X2 =
(d)	3	3	3	3	3	3	3	3	3	3	3	3	3	3			# of 3's =	X3 =
(e)									4	4	4						# of 4's =	X4 =
(f)				5			5	5	5		5	5	5	5			# of 5's =	X5 =
(g)											6				# of 6's =	X6 =		
Section 3: Questions a-p (Write a "1" for each "yes" answer, write a "0" for each "no" answer, and a "DK" if you don't know the answer in the corresponding columns below.)															Step 3: Add the total points in Column 17, lines b-g. Write the total in Box 5			
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	Step 4: Write the total number of "1"s for Questions a-p (Section 2) in Box 6	Box 6	
															Total Points (add Boxes 5 & 6)	Box 7		

You may make multiple copies of this page, and use one to score each child.

You may make multiple copies of this page, and use one to score each child.

1. How many total points did the child receive (box 7)? _____
2. How many 3's did the child receive (box 1)? _____ Maximum = 11; one or more = minimum level 3
3. How many 4's did the child receive (box 2)? _____ Maximum = 4; one or more = minimum level 4
4. How many 5's did the child receive (box 3)? _____ Maximum = 8; one or more = minimum level 5
5. How many 6's did the child receive (box 4)? _____ Maximum = 1; one or more = level 6

- This system is based on six levels, the lowest of which is foster care, the highest of which is highly therapeutic residential treatment or hospitalization, depending on the placement resources available to the agency.
- In general, levels 2 and 3 are specialized foster care levels, with level 3 considered more therapeutic; levels 4 and 5 are group care levels. Levels 2 and 3 may be combined into a single specialized foster care level, and levels 4 and 5 may be combined into a single residential level, depending on how levels and payments are structured in your agency. Further, it is possible to place children in foster homes with level 4 or 5 services, assuming the availability of appropriately trained foster parents, oversight, and/or passive hardware.
- Medical and developmental issues can increase the level needed by the child. Generally, medical level supplements added to behavioral factors do not require residential care unless behavioral factors warrant residential care, but medical level supplements may require additional supplements to foster parents for difficulty of care.

Using the information in questions 1-5 above, circle the child's behavioral level of care using the categories below.

Level 1:

- ◆ No "3's", "4's", "5's", or "6's" AND ◆ Total score of 6 or less.
Relative placement is best. If unavailable, child requires only basic foster care setting with minimum of special services. If child is physically large or older than 15, placement in regular foster care may be difficult. Child may be placed in non-therapeutic group care or semi-independent living (if 15 or older).

Level 2:

- ◆ No "3's", "4's", "5's", or "6's" AND ◆ Total score of 11 or less.
Relative placement is best, if support services can be provided to relative caregiver to address child's behaviors or special needs. Otherwise placement in a specialized foster care setting with foster parents who have been trained to deal with the child's behaviors, and who have support services available, including respite, to assist them. If child is physically large or older than 15, placement in specialized foster care may be difficult. Child may be placed in non-therapeutic group care or semi-independent living (if 15 or older).

Level 3:

- ◆ No "4's", "5's", or "6's" AND ◆ No more than 3 "3's" AND ◆ Total score of 15 or less.
Child requires a therapeutic foster care setting, with foster parents with clinical training and skills, who are supervised by clinicians at least weekly. Support services, including crisis intervention, respite, weekly consultation with clinicians, ongoing counseling for the child. Child does not require awake night supervision. If child is physically large or older than 15, placement in foster care setting may be difficult. Child may be placed in a therapeutic group environment if foster care not available (level 4).

Level 4:

- ◆ No "5's" or "6's" AND ◆ No more than 3 "4's" AND ◆ Total score of 20 or less.
Child requires 24-hour awake supervision in a group facility, or could be placed in a foster home with passive alarm systems to awaken parents if child leaves during sleep hours. Child requires behavior management interventions as part of the milieu, significant structure in activities, including recreation. Child may attend public schools.

Level 5:

- ◆ No "6's" AND ◆ No more than 3 "5's" AND ◆ Total score of 25 or less.
Child requires 24-hour awake supervision in a group facility, or foster home with professionally-trained foster parents, at least one of whom is a full-time foster parent, with clinical skills and training, and with passive alarm systems to awaken parents if child leaves during sleep hours. Child requires a highly therapeutic environment, behavior management, may require psychiatric interventions and medications, will require regular therapy. Child may need special schooling.

Level 6:

- ◆ Any "6's" OR ◆ More than 3 "5's" OR ◆ More than 25 total points
Child requires a highly therapeutic environment, with 24-hour awake supervision, which is a hospital level of care, or one step below a hospital level of care.

After determining behavioral level of care, go to page 10 of guidelines to determine physical/developmental supplements.