



Many children available for adoption through foster care have identified special needs that may include physical, mental, emotional, or developmental disabilities. Some children require specific services to address these needs. This document will help you define the characteristics of a child who meets mild, moderate, or severe level of needs, and will identify services for each level of need.

*\*\*\*Please note: Not all children will display needs described in this document. This document is meant to provide examples of behaviors you may see in a child with an identified level of need. Potential adoptive families should utilize this document to determine their ability to parent a child with mild, moderate, or severe level of needs. For questions regarding a specific child's level of needs or behaviors, please ask your AKK Family Specialist by emailing [customercare@adoptkaskids.org](mailto:customercare@adoptkaskids.org).*

*\*\*\*Definition of terms can be found at the end of this document.\*\*\**

<b>MILD LEVEL OF CARE</b> A child needing basic services can respond to limit-setting or other interventions	
Area of Functioning	Problems in Functioning
<b>Behavioral</b>	<ul style="list-style-type: none"> <li>• Non-compliant or inappropriate behavior resulting in the need for adult intervention and structuring youth's activities to avoid predictable difficulties.</li> <li>• Occasionally disobeys rules and expectations with no harm to others or property, but more than other youth.</li> <li>• Acts out in response to stress, but episodes of acting out are brief and manageable, may include being upset or throwing temper tantrum if immediate resolve is not given, can be easily annoyed by others and responds more strongly than other children, may seem anxious, fearful or sad.</li> <li>• Occasionally lying and hyperactive behaviors are a possibility but are generally capable of being redirected.</li> <li>• Food issues include food hoarding and extreme pickiness due to the diet they were previously given.</li> </ul>
<b>Social &amp; Emotional</b>	<ul style="list-style-type: none"> <li>• May become upset easier than other children and may have more trigger response to stimuli, may throw tantrums but is redirect able.</li> <li>• Easily annoyed by others and responds more strongly than other children, maybe quick tempered.</li> <li>• May have some difficulties in peer interactions or in making friends due to negative behavior (e.g. teasing, ridiculing, picking on others).</li> <li>• Impulsivity that leads to poor relations with peers.</li> <li>• May exhibit anxious, fearful, or sad feelings with some related symptoms present (e.g. nightmares, stomachaches).</li> <li>• May have low self-esteem.</li> <li>• Diagnosis could include PTSD, generalized anxiety disorder, situational depression, adjustment disorder, ADHD, and can include parental history of mental health disorders.</li> </ul>
<b>Educational</b>	<ul style="list-style-type: none"> <li>• Non-compliant or inappropriate behavior results in teachers bringing attention to problems or structuring activities to avoid predictable difficulties.</li> <li>• Issues arising at school include behaviors related to poor attention or high activity level but are not disruptive to classroom.</li> <li>• School productivity is less than expected for abilities due to failure to execute assignments correctly, complete work, hand in work on time, etc.</li> <li>• Child may receive accommodations in the classroom but do not rise to the need of a formal accommodations through an <a href="#">IEP or 504 plan</a>.</li> </ul>
<b>Medical &amp; Developmental</b>	<ul style="list-style-type: none"> <li>• A child with intellectual or developmental disabilities whose characteristics include minor difficulties with conceptual, social, and practical adaptive skills. This could include minor issues with motor skills, delays in meeting milestones.</li> <li>• A child may have minor medical conditions that are treatable with routine care and medications such as asthma, heart murmur, acid reflux, etc</li> </ul>

## MODERATE LEVEL OF CARE

A child needing moderate services has problems in one or more areas of functioning

Area of Functioning	Problems in Functioning
<b>Behavioral</b>	<ul style="list-style-type: none"> <li>• Behaviors are more frequent and typically causes problems for self or others - such as fighting, verbal aggression, cussing/vulgar language, disrespectful, disobeys authority, deliberately and persistently annoying to others, intentionally doing acts to get back at others, having poor judgement or impulse control that results in risky activities, enuresis and encopresis.</li> <li>• May have been sexually inappropriate behaviors such as inappropriate touching with peers, acts towards self - such as masturbation, exposing oneself to the level that the child needs to be monitored by adults.</li> <li>• May exhibit behaviors towards animals.</li> <li>• Frequent or unpredictable physical aggression.</li> <li>• Occasional runaway behaviors or elopement from triggers.</li> <li>• More significant food issues including food hoarding in need of adult intervention.</li> <li>• Teenagers occasional use of drugs and alcohol.</li> <li>• History of multiple placements may include ER placements, group home, <a href="#">YRC</a>, <a href="#">QRTP</a> settings.</li> </ul>
<b>Social &amp; Emotional</b>	<ul style="list-style-type: none"> <li>• Changes in moods that can be intense and abrupt, may require special accommodations because of worries or anxieties, more extensive responses to trauma triggers.</li> <li>• Self-injurious actions either accidental or non-accidental, suicidal ideation, this could include superficial cutting, head banging, picking at skin and hair.</li> <li>• Could include eating disorders including food hoarding.</li> <li>• Persistent problems/difficulties in relating to peers due to antagonizing behaviors (e.g. threats, shoves, bullying).</li> <li>• May need help stabilizing support such as <a href="#">acute care screens/crisis services</a> and short term hospitalizations.</li> <li>• Due to the trauma, a child may have difficulties in attaching to caregivers. This could include a range of attachment issues including overly attaching and reactive attachment issues.</li> <li>• Diagnosis could include PTSD, oppositional defiant disorder, disruptive behavior disorder, conduct disorder, major depressive disorder, bipolar disorder, disruptive mood dysregulation disorder, borderline personality disorders</li> </ul>
<b>Educational</b>	<ul style="list-style-type: none"> <li>• Will have additional educational supports to help them be successful. This can include both academic and behavioral supports through an <a href="#">IEP or 504 plans</a>.</li> <li>• Child may have struggles at school that interrupt their educational learning- can include physically acting out, elopement from rooms, trigger responses from stimuli.</li> <li>• May need one on one support to help them be successful.</li> <li>• May need additional educational supports/accommodations to help them be successful as they could be multiple grades behind academically.</li> <li>• Parents may receive phone calls from school due to the child's behavioral needs and may be required to pick up the child from school.</li> </ul>
<b>Medical &amp; Developmental</b>	<ul style="list-style-type: none"> <li>• Moderate to substantial difficulties with conceptual, social, and practical adaptive skills to include daily living and self-care.</li> <li>• Occasional exacerbations or intermittent interventions in relation to the diagnosed medical condition.</li> <li>• Limited daily living and self-care skills.</li> <li>• Ambulatory with assistance.</li> <li>• Daily access to on-call, skilled caregivers with demonstrated competence.</li> <li>• Diagnosis could include spectrum of autism disorders, fetal alcohol disorders, and seizure disorders.</li> <li>• Speech disorders needing support services in place and include gross motor skill delays needing interventions.</li> </ul>



## SEVERE LEVEL OF CARE

A child needing intense services has severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others

Area of Functioning	Problems in Functioning
<b>Behavioral</b>	<ul style="list-style-type: none"><li>• Non-compliant or inappropriate behavior resulting in the need for adult intervention and structuring youth's activities to avoid predictable difficulties, may need constant supervision.</li><li>• Disobeys rules and expectations with harm to others or property.</li><li>• Extreme physical aggression that causes harm.</li><li>• Recurring major self-injurious actions to include serious suicide attempts.</li><li>• Other difficulties that present a critical risk of harm to self or others.</li><li>• Severely impaired reality testing, communication skills, cognitive, affect, or personal hygiene.</li><li>• Chronic runaway behaviors including being absent for an extended period of time.</li><li>• Deliberately cruel to animals.</li><li>• Sexualized behaviors towards self and others that are severe enough to require constant supervision.</li><li>• Involvement with the legal system due to physical aggression, property damage, stealing, sexual behaviors.</li><li>• Teenage addiction to drugs and alcohol that interrupts daily functioning and could include legal issues and treatment.</li></ul>
<b>Social &amp; Emotional</b>	<ul style="list-style-type: none"><li>• Impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others.</li><li>• Need of safety to plan to ensure child's safety due to behavioral, emotional, and suicidal, and self-destructive acts.</li><li>• Diagnosis could include schizophrenia, personality disorders, psychosis, and diagnosis mentioned at moderate level with more intense and frequent episodes</li></ul>
<b>Educational</b>	<ul style="list-style-type: none"><li>• Frequent suspension or expulsion from school or placement in an alternative setting such as a behavioral school.</li><li>• Chronic truancy.</li><li>• Disruptive behavior cannot be managed with supportive services through an <a href="#">IEP or 504 plan</a>.</li><li>• Failing all or most classes.</li></ul>
<b>Medical &amp; Developmental</b>	<ul style="list-style-type: none"><li>• A consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.</li><li>• A child with primary medical that presents an imminent and critical medical risk.</li><li>• Frequent acute exacerbations and chronic, intensive interventions in relation to the diagnosed medical condition.</li><li>• Inability to perform daily living or self-care skills.</li><li>• 24-hour on-site, medical supervision to sustain life support.</li><li>• A child with a terminal illness.</li><li>• Seizure disorders are not controlled through medical interventions.</li></ul>

**SERVICES PROVIDED BASED ON LEVEL OF CARE**

SERVICES AVAILABLE	MILD	MODERATE	SEVERE
Individual Therapy	X	X	X
Medication Management	X	X	X
Additional therapy services including speech, occupational, and physical	X	X	X
<u>SED Waiver supports</u>		X	X
Educational supports through an <u>Individualized Education Plan (IEP) or 504 plan</u> but remain in the general education classroom.	X	X	X
Education supports through an <u>Individualized Education Plan (IEP) or 504 plan</u> and serviced outside of a traditional school at an alternative school			X
<u>IDD Waiver</u>		X	X
<u>Behavioral Interventionist</u>		X	X
<u>Acute hospitalization screens or PRTF placements</u>		X	X
Placement history may include group homes, <u>YRC</u> , <u>QRTP</u> , and secure care		X	X
A team of medical specialists to provide specific diagnosis to guide ongoing treatment		X	X



HELPFUL DEFINITIONS	
TERM	DEFINITION
<b><u>Individualized Education Plan (IEP)</u></b>	<ul style="list-style-type: none"> <li>The official documentation of special education services provided for a child and a meeting where these services are determined.</li> <li>To establish measurable annual goals for the child; and to state the special education and related services and supplementary aids and services that the public agency will provide to, or on behalf of, the child. When constructing an appropriate educational program for a child with a disability, the IEP team broadly considers the child's involvement and participation in three main areas of school life: general education curriculum, extracurricular activities, and nonacademic activities.</li> </ul>
<b><u>504 Plan</u></b>	<ul style="list-style-type: none"> <li>504 plans are formal plans that schools develop to give kids with disabilities the support they need. That covers any condition that limits daily activities in a major way. This typically addresses behavioral needs and supports.</li> </ul>
<b>Acute Hospitalization Screen and Hospitalizations</b>	<ul style="list-style-type: none"> <li>A hospitalization screen is sought when a child is in crisis to include mental health and behavioral concerns. These are typically completed by the local community mental health providers or through the local emergency departments.</li> <li>If the child does not meet criteria for acute hospitalization, they will be sent home with a discharge <a href="#">safety plan</a> to address the needs present during the screen.</li> <li>If the child meets criteria, arrangements will be made to send the child to acute hospitalization to help stabilize the child. Stays are often brief and focus on stabilizing the child to return safely to the community.</li> </ul>
<b>Youth Residential Centers (YRCs)</b>	<ul style="list-style-type: none"> <li>Mostly referred to as group homes</li> <li>YRC is a type of live-in, out-of-home care placement in which staff are trained to work with children and youth whose specific needs are best addressed in a highly structured environment. These placements are time limited and offer a higher level of structure and supervision than can be provided in a family-like setting.</li> </ul>
<b><u>Qualified Residential Treatment Program (QRTPs)</u></b>	<ul style="list-style-type: none"> <li>Qualified Residential Treatment Programs (QRTP) provide out-of-home placements for children in DCF custody and have a trauma-informed treatment model is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances.</li> <li>This is more of a comprehensive treatment program for children who are not able to remain in a family like setting or a YRC setting.</li> <li>These children have access 24/7 to registered clinical staff. Most services are provided on-site.</li> </ul>
<b><u>Psychiatric Residential Treatment Facilities (PRTFs)</u></b>	<ul style="list-style-type: none"> <li>PRTFs provide out-of-home residential psychiatric treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. Provides youth with intensive clinical services in a home-like environment with 24-hour supervision and support from our trained clinicians and staff. Youth learn emotion regulation and coping skills and receive opportunities to practice their new skills</li> </ul>



HELPFUL DEFINITIONS CONTINUED	
TERM	DEFINITION
<b>Secure Care</b>	<ul style="list-style-type: none"><li>Facility for juveniles judged chronic runaways and need a locked facility to ensure their safety.</li></ul>
<b><u>SED Waivers</u></b>	<ul style="list-style-type: none"><li>Provides children with some mental health conditions, special intensive support to help them remain in their homes and communities. The term “serious emotional disturbance” refers to a diagnosed mental health condition that substantially disrupts a child’s ability to function socially, academically, and/or emotionally. Parents and children are actively involved in planning for all services.</li></ul>
<b><u>IDD waiver</u></b>	<ul style="list-style-type: none"><li>The Intellectual/Developmental Disability (IDD) waiver serves individuals aged 5 and older who meet the definition of intellectual disability, having a developmental disability or are eligible for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). Those with a developmental disability may be eligible if it was present before age 22 and have a substantial limitation in 3 or more areas of life functioning.</li></ul>
<b>Safety Plan</b>	<ul style="list-style-type: none"><li>A safety plan is a written agreement that the child’s case worker develops with the family that clearly describes the safety services that will be used to manage threats to a child’s safety. Safety services assist families to engage in actions or activities that may logically eliminate or mitigate threats to the child’s safety. These activities must be planned realistically so that they are feasible and sustainable for the family over time. The safety plan will clearly outline what these actions and activities are, who is responsible for undertaking them, and under what conditions they will take place. It is designed to control threats to the child’s safety using the least intrusive means possible.</li></ul>
<b>Behavioral Interventionist</b>	<ul style="list-style-type: none"><li>The Behavioral Interventionists work in the home, relieving the caregivers, and working one-on-one with the youth helping provide stability. Services include working on neuro- developmental activities, assisting in re-wiring the neuropathways in the brain, breaking the cycle of children continually living in flight, fight or freeze mode. Direct care staff use role-modeling, coaching, redirection, to develop self-regulation, de-escalation techniques, and developing independence in daily living activities</li></ul>