

Department of Human Services
Addictions and Mental Health Division

Level of Service Intensity Determination Process
Policy One
Revised November 20, 2009

The purpose of this policy is to establish a process to determine the intensity of service needs for children and adolescents with emotional, behavioral, and developmental challenges and to identify children and adolescents who would benefit the most from intensive service coordination planning. The Level of Service Intensity Determination Process provides a uniform and common framework to identify service intensity needs that can be used to inform service planning. This process is rooted in Systems of Care philosophy recognizing the importance of family, school and community, and seeking to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs and strengths.

Children and adolescents with multiple complex problems usually require the services of multiple components within the system of care. The success of intensive service coordination planning is dependent upon the ability of child-serving entities to communicate, cooperate, collaborate, and integrate their respective services and supports. These entities include mental health, social services, child welfare, juvenile justice, physical health, education, substance abuse, vocational rehabilitation, developmental disabilities, and other formal, informal and natural supports.

The Level of Service Intensity Determination Process describes a level of service intensity, which can be achieved through a variety of approaches in a system of care. It is not meant to prescribe the *specific* services needed, and is not intended to specify specific treatment programs such as hospital or residential levels of care. The array of services used to achieve a specific level of service intensity will be arrived at in collaboration with family members and involving other child-serving providers, and will be individualized to the unique needs, beliefs, and strengths of the child and family.

The Addictions and Mental Health Division (AMH), the Community Mental Health Programs (CMHPs), and the Mental Health Organizations (MHOs) will implement this policy as follows:

- The Level of Service Intensity Determination Process will be used to identify individual child and family service intensity needs and determine who would benefit from the Integrated Services Array (ISA).
- The Level of Service Intensity Determination Process will be clearly communicated to family members, legal guardians, and all community providers and stakeholders.
- Referrals will be accepted from multiple sources, including families, child welfare, schools, juvenile justice, local agencies, health care providers, and other formal, informal, and natural supports.

Referral for a Level of Service Intensity Determination will include:

- 1) A Mental Health Assessment or updated assessment current within the last 60 days, and
- 2) a written request for the determination including consent by the family or legal guardian and signed release of information (ROI) as needed.

A Level of Service Intensity Determination will include:

- Administration of the Early Childhood Service Intensity Instrument (ECSII) for children birth through five years old or the Child and Adolescent Service Intensity Instrument (CASII) for children ages six and above, and
- Consideration of risk factors that may be associated with need for intensive services, including but not limited to the following for all children:
 - exceeding usual and customary services in an outpatient setting,
 - multiple agency involvement,
 - significant risk of out-of-home placement,
 - history of one or more out-of-home placements,
 - frequent or imminent admission to acute inpatient psychiatric hospitalizations or other intensive treatment services,
 - significant caregiver stress,
 - school or child care disruption due to mental health symptomatology,
 - elevating or significant risk of harm to self or others.
 - factors that should receive *extra* emphasis in young children age birth to five:
 - history of abuse or neglect,
 - conditions interfering with parenting such as poverty, substance abuse, mental health needs, and domestic violence,
 - significant relationship disturbance between parent(s) and

- child showing significant risk factors for more serious emotional/behavioral challenges (e.g. problems with social relatedness, significant difficulty with affective/behavioral self-regulation, multiple developmental delays)

Level of Service Intensity Determinations will be made within 3 working days of receipt of a completed referral. Commencement of services will be based on determined needs and within timelines specified in the MHO agreement and administrative rules.

The identification of children and youth who would benefit from the ISA will be informed by the level of service intensity indicated by the ECSII or CASII composite score and additional risk factors. Children and youth with the most serious mental health needs will be prioritized for the ISA in order to maximize the benefit of available resources. ECSII & CASII composite scores result in a recommended level of service intensity. Each level describes a combination of service variables that could potentially meet the level of service intensity need. The need for active case management increases at the higher levels and service options are dependent upon the service array available in the local system of care.

Children and youth who would benefit from the ISA will be referred to and be offered care coordination and Child and Family Team meetings from Intensive Community-Based Treatment and Support Services (ICTS) providers. Child and Family Teams will identify when more intensive services may be appropriate. Selected intensive services may be useful to prevent higher levels of impairment and resulting need for out-of-home services.

A primary DSM mental health diagnosis from above the funded line on the prioritized list from the Oregon Health Plan must be included and addressed by the treatment/service plan. See <http://www.oregon.gov/OHPPR/HSC/index.shtml> for the most recent list and for treatment guidelines for children birth through five years old.

MHOs and CMHPs will submit data to AMH from Level of Service Intensity Determinations and ECSII and CASII screenings. AMH will analyze the data and distribute the results for the purpose of quality assurance and improvement. ECSII, CASII and Level of Service Intensity Determination data will be periodically reviewed by the Children's System Advisory Committee with resulting recommendations being made to the MHOs and CMHPs.