

**Office of Mental Health and Addiction Services  
Children's Mental Health System Change Initiative**

**Level of Service Intensity Determination  
Policy One  
September 22, 2004**

**It is the policy of the Office of Mental Health and Addiction Services' (OMHAS) to require the use of the Child and Adolescent Service Intensity Instrument in determining the level of a child's mental health service needs. OMHAS, the Community Mental Health Programs (CMHPs), and the Mental Health Organizations (MHOs) will implement this policy by following this procedure:**

1. The Child and Adolescent Service Intensity Instrument (CASII) (**for ages 6 and up**) will be used as the statewide Integrated Service Array (ISA) determination tool after a complete referral is made to the MHO. The completed referral will consist of a current (within the past 60 days) mental health assessment and a written request for a level of need determination.

**OMHAS will participate with the American Academy of Child Psychiatry in field-testing the Early Childhood Service Intensity Instrument and may adopt this instrument for ages 5 and younger once nationally normed.**

2. Criteria for entering the ISA will consist of:
  - A). CASII composite score > 19 (levels 4,5,6).
  - B). Primary DSM Axis I mental health diagnosis above the funded line on the prioritized list from the Oregon Health Plan. This diagnosis must be the focus of the treatment/service plan requiring ISA.

**OMHAS may adopt additional factors to consider in planning and prioritizing services. The additional factors include the following:**

- Exceeding usual and customary services in outpatient treatment
- Multiple system involvement

- Multiple out-of-home placements
  - Frequent (**or at risk of**) psychiatric hospitalizations
  - Caregiver stress
  - School disruption due to **mental health symptomology**
  - **Significant risk of out-of-home placement**
  - **Elevating or significant risk of harm to self and others.**
3. **In consideration of the child’s risk factors and available financial resources, the MHOs will initially prioritize children with the most serious mental health needs for the Integrated Service Array.**
  4. OMHAS will facilitate statewide training for Mental Health Organizations (MHO) on the CASII determination tool.
  5. The MHOs will implement a non-exclusionary practice for making ISA determinations and administration of the CASII. This will ensure all ISA determination requests are **processed using criteria adopted by OMHAS.**
  6. **The MHOs must encourage ISA referrals from multiple sources,** including families, child welfare, schools, juvenile justice, local agencies, the faith community and health care providers.
  7. The MHOs will submit CASII administration and ISA determination processes to OMHAS and the State Children’s Mental Health System Advisory Council for formal review and approval.
  8. The ISA determination process must be clearly communicated by the MHOs to family members, legal guardians and all community stakeholders.
  9. ISA determinations will be made **within 3 working days** of completed ISA referral. Commencement of ISA services will follow timelines specified in MHO contract (**emergent-24 hours, urgent-48-hours & non-emergent or routine-14 days**).
  10. OMHAS will collect CASII data from MHOs and analyze for quality assurance and improvement.

11. The MHOs in cooperation with family serving organizations will ensure that families are aware of the MHO due process rights, procedures, **and responsibilities**.

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