

## Children's Mental Health Bureau

1/16/2023

### What is the CALOCUS-CASII?

The American Academy of Child and Adolescent Psychiatry (AACAP) and the American Association for Community Psychiatry (AAP) have unified the Child and Adolescent Level of Care Utilization System (CALOCUS) and the Child and Adolescent Service Intensity Instrument (CASII) into a single instrument, the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) for ages 6-18. Moving forward, AAP and AACAP will continue development, improvement, and joint distribution of CALOCUS-CASII and its associated training materials, with the goal of delineating and continually improving the evidence-based standard for assessment of service intensity needs by providers and payers.

The CALOCUS-CASII (CASII) is a standardized assessment tool that provides determination of the appropriate intensity of services needed by a child or adolescent and their family, and guides provision of ongoing service planning and treatment outcome monitoring in all clinical and community-based settings.

The CASII is developmentally informed and developed on the foundation of a System of Care approach -- embracing individualized service planning, supporting the use of intensive care coordination or wraparound planning teams, and providing a broad service array. The CASII recognizes that the use of home and community-based services and natural supports can provide increased service intensity instead of relying just on "bricks and mortar" to achieve higher levels of service intensity.

The CASII is applicable to children living in a variety of settings including those within a community with their parents or extended family, those in foster care, and to children in institutional settings. The CASII assesses the service intensity needs of children and adolescents presenting with psychiatric, substance use, medical and/or developmental concerns. It incorporates holistic information on the child within the context of his/her family and community by assessing service intensity needed across 6 Dimensions including:

- Risk of Harm
- Functional Status
- Co-Occurring Conditions
- Recovery Environment
- Resilience/Response to Services
- Involvement in Services

The CASII links the results of a clinical assessment with a defined level of service intensity using a clinically derived and empirically tested algorithm. It is user-friendly, culturally informed, and supports active participation by child and family. The CASII can be used at all stages of intervention and is designed for use in all child-serving systems, including behavioral health, physical health, education, child welfare, juvenile justice, substance use, and developmental to facilitate integrated attention to the child's needs. It is independent of diagnosis, promotes effective communication between providers and systems, and informs clinicians' engagement with the child, family, and community.

Information on CALOCUS-CASII adapted from:

[https://www.aacap.org/AACAP/Member\\_Resources/Practice\\_Information/CALOCUS\\_CASII.aspx](https://www.aacap.org/AACAP/Member_Resources/Practice_Information/CALOCUS_CASII.aspx)

## What does the CASII do?

- It assists providers in creating comprehensive, strength-based, individualized, and coordinated service/treatment plans for children 6-18 years of age.
- It can be used to evaluate children and adolescents presenting with mental health challenges as well as those with medical, substance use, and developmental co-occurring disorders.
- It supports active participation by child and family.
- It can be used as a metric to measure and monitor progress in treatment.
- It can help assess the effectiveness of a program or intervention at a systems level.
- It provides a common language for different providers to address the needs of a child and their family.

## What doesn't the CASII do?

- It does not provide a clinical diagnosis for a child or family.
- It does not prescribe a specific plan or setting.
- It does not replace a comprehensive clinical evaluation or judgement.

## Current Montana Utilization of the CASII

### Targeted Case Management – Youth with SED

#### **Service Requirements:**

#### 37.87.823 TARGETED CASE MANAGEMENT SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, PROVIDER REQUIREMENTS

(5) Case management plans for youth with SED must be completed within the first 21 days of admission to targeted case management services and updated at least every 90 days or whenever there is a significant change to the youth's condition. The case management plan must:

- (a) use the standardized assessment tool approved by the department to determine the appropriate level of service intensity needed by the youth and the youth's family or caregivers;
- (b) incorporate standardized assessment tool findings into the plan;
- (c) support continued benefits from TCM reflected in youth service planning;
- (d) reflect the least restrictive and appropriate level of care;
- (e) identify the strengths of the youth and the youth's family or caregivers;
- (f) include a crisis response plan;
- (g) include a plan for each youth age 16 1/2 and older to transition to adult mental health services; and
- (h) include a discharge and transition plan from targeted case management services.

## Home Support Services

#### **Medical Necessity:**

Children's Mental Health Bureau Medicaid Services Provider Manual Adopted in ARM 37.87.903

In addition to other criteria, such as SED diagnosis, Youth six and older must have a moderate environmental stress in recovery environments as indicated by CASII Dimension IV.A. level 3 or higher and/or moderate functional impairment as indicated by CASII Dimension II level 3 or higher.

#### **Service Requirements:**

Children's Mental Health Bureau Medicaid Services Provider Manual Adopted in ARM 37.87.903

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(8) Administer and document the CASII or ECSII in each individualized treatment plan and 90-day treatment plan review. The treatment plan will include anchor points identified in the CASII or ECSII as areas of treatment focus.

#### Comprehensive School and Community Treatment

##### **Medical Necessity:**

Children's Mental Health Bureau Medicaid Services Provider Manual Adopted in ARM 37.87.903

In addition to other criteria, such as SED diagnosis, Youth six and older must have a moderate environmental stress in recovery environments as indicated by CASII Dimension IV.A. level 3 or higher and/or moderate functional impairment as indicated by CASII Dimension II level 3 or higher.

##### **Service Requirements:**

Children's Mental Health Bureau Medicaid Services Provider Manual Adopted in ARM 37.87.903

Effective August 1, 2022, the provider must administer and document the CASII or ECSII in each individualized treatment plan and 90-day treatment plan review. The treatment plan will include anchor points identified in the CASII or ECSII as areas of treatment focus.

#### Family First – Qualified Residential Treatment Facilities

One requirement of the Family First Prevention Services Act is implementation of an independent functional assessment when a child in the child welfare system receives congregate care. Child and Family Services Division adopted the CASII as the functional assessment tool.

#### Next Steps on CALOCUS-CASII

We are currently working with the University of Montana Center for Children, Families, and Workforce Development to further our work with the CASII to track and improve outcomes.

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