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CASII User's Manual
September, 2018 -- Version 4.1
Child and Adolescent Service Intensity Instrument
American Academy of Child and Adolescent Psychiatry

Level 5: Non-Secure, 24-Hour Services With Psychiatric Monitoring.

Traditionally, this level of care has been provided in group homes or other unlocked residential facilities. It may, however, be provided in intensive foster care and even family homes if the level of community services and supports achieved through a Wraparound planning process is sufficiently intense and comprehensive. In either case, an intensive array of services should be in place around the child, and a higher level of care coordination and family support is needed in order to address the child, and frequently the family's, multiple needs. Psychiatric services are provided to support clinical assessment, evaluate clinical response and manage psychotropic medication interventions, when indicated.

LEVEL FIVE. NON-SECURE, 24-HOUR SERVICES WITH
PSYCHIATRIC MONITORING

The essential element in this level of service intensity is the maintenance of an environment in which the therapeutic needs of the child or adolescent and family can be addressed intensively. This level of service intensity traditionally has been provided in non-hospital settings such as residential care or therapeutic foster homes. Equivalent services have been provided in juvenile justice settings and could be provided in homeless and/or domestic violence shelters or other community settings.

The continued use of Wraparound services is essential at a Level Five service intensity. Use of Wraparound may make it possible to provide Level Five services in a child or adolescent's home, if adequate resources can be provided in order to ensure a safe and intensive treatment environment in the less restrictive setting. If so, the Crisis Plan must be quite detailed and access to needed "back-up" services must be immediate. The Wraparound/Child and Family Team Process must also be used when a child/adolescent is nearing discharge from a more traditional site for Level Five services; a complex array of services and a very detailed crisis plan will be needed to ensure a successful re-integration into their family and community.

Ideally, the step-down plan represents a modification of the comprehensive Level Five service plan, providing continuity of care and sustaining the gains made. This is facilitated by the same service team following the child/youth across different levels of service intensity. This means that the child/youth's community-based wraparound team should remain involved if the child or youth requires out of home placement. If no community-based wraparound team exists, a primary goal of the out of home placement should be to support the family to create such a team that can then assume Individualized Service Planning and care coordination support after transition to a lower level of service intensity (Building Bridges document reference).

1. **CLINICAL SERVICES.** The same intensity of clinical programming must be provided whether children or adolescents are in residential settings, or in a community setting with an intense Wraparound Plan. The primary clinician should review the child or adolescent's progress daily and coordinate with other members of the treatment team as needed. Child Psychiatrists or Nurse Practitioners are integral members of the service team and may serve in care management roles when coordination with other physicians and/or institutions is needed. More frequent contact for adjustment of the child or adolescent's medication regimen may be needed. Family and individual therapy services are almost always needed at this level of services intensity. Access to counselors with specialized knowledge, such as those with expertise in substance abuse or autism spectrum disorders may be essential. Many of the children and adolescents at this level of service intensity will have co-occurring medical conditions, requiring that the primary care physician be an integral member of the treatment team. The Treatment Team also often includes Family Support Partners (the job title for parents with "lived experience" raising a child with mental health challenges who now work within the System of Care varies from state to state) as well as Peer Mentors for adolescents when needed.

The goal of services for children or adolescents in out-of-home or residential placements is a timely return to their family and community. Therefore, clinician participation in transition planning is essential.

2. **SUPPORT SERVICES.** Care coordination is integral to care at Level Five regardless of which component of the system of care is the lead service provider. Children and adolescents in Level Five programs should receive adequate supervision for activities of daily living. Supervised off-campus passes with residential staff may be needed to help the adolescent learn how to safely re-integrate into community living. Those children or adolescents receiving services as part of an intensive Wraparound Plan may require a trained escort when attending needed appointments or recreational activities in the community. Families may need even more intensive support for problems with housing, childcare, finances, legal, and job or school problems. These services should be integrated into the child or adolescent's individualized service plan.
3. **CRISIS STABILIZATION AND PREVENTION SERVICES.** Although this is not necessarily the case, children and adolescents at Level Five may require higher levels of care for brief periods to manage crises and maintain safety. Services may include face-to-face contact with a child psychiatrist or nurse practitioner, either in the crisis facility or as part of an intensive community intervention.

More restrictive care may be needed temporarily because the team cannot safely manage acute exacerbations in the child or adolescent's risk of harm status or sudden deteriorations in functioning. Re-evaluation using the CASII may yield a composite score supporting admission level six.

4. **CARE ENVIRONMENT.** When care at level five is provided institutionally, living space must be provided that offers reasonable protection and safety given the

developmental status of the child or adolescent. Staffing and interpersonal engagement are the primary methods of providing security. Staffing patterns should be adequate to accommodate episodes of aggressive and/or endangering behavior of moderate duration (e.g., sufficient staff should be available to both monitor a safe room and maintain supervision of the other children or adolescents).

Placement Criteria

Children and adolescents with scores in the range of 23-27 generally may begin services at, or may be transitioned into, Level Five services. Placement at Level Five indicates that the child or adolescent either does not need more intensive services, or has successfully completed services at a more intensive level and primarily needs assistance in maintaining gains. Consideration for Level Five services should include the age, size, and degree of cooperation of the child or adolescent, and the family and community resources available.