

Governing Body: Mid-Valley Behavioral Care Network (MVBCN)		Pages: 3 Date: 03/30/2011
Subject: Integrated Services Array for Children and Adolescents	Prepared By: MVBCN Clinical Director	Approved By: Department of Human Services – Addictions and Mental Health Division

I. INTEGRATED SERVICES ARRAY FOR CHILDREN AND ADOLESCENTS

This policy describes access to the Integrated Services Array (ISA), a range of service components that are coordinated, comprehensive, and culturally competent. The ISA includes intensive and individualized home and community-based services for children and adolescents with severe mental or emotional disorders whose needs have not been adequately addressed in traditional settings. The ISA integrates inpatient, psychiatric residential and psychiatric day treatment and community-based care. These services are provided in a way to ensure that children and adolescents are served in the most natural environment possible and that the use of institutional care is minimized. The intensity, frequency, and blend of these services are based on the mental health needs of the child.

A. ADMISSION CRITERIA

- The child (up to age 18) must be enrolled in the Mid Valley Behavioral Care Network (MVBCN).
- The child must have a serious mental health need with a DSM mental health diagnosis on or above the funded line of Oregon Health Plan Prioritized List of Health Services. This Axis I diagnosis must be the focus of services and of the treatment plan. For children birth to 5, assessment is done in part by the Early Childhood Service Intensity Instrument (ECSII). The Needs Profile must document the need for ISA based on the clinical judgment of the mental health assessment, the ECSII score and other risk factors, including but not limited to:
 - (1) History of abuse or neglect;
 - (2) Conditions interfering with parenting such as poverty, substance abuse, mental health problems, and domestic violence, and
 - (3) Significant relationship disturbance between parent(s) and child.
- For children 6 to 18, assessment is done in part by the Child and Adolescent Service Intensity Instrument (CASII). The Needs Profile must document the need for ISA based on the clinical judgment of the mental health assessment, the CASII score and other risk factors, including but not limited to:
 - (1) Elevating or significant harm to self or others
 - (2) Frequent or imminent admission to acute inpatient psychiatric hospitalizations or other intensive treatment services;
 - (3) Significant risk of an out of home placement due to mental health symptomatology, or multiple out-of-home placements;
 - (4) Caregiver stress due to child's mental health symptomatology;
 - (5) School disruption due to mental health symptomatology;
 - (6) Exceeding usual and customary services in an outpatient setting (i.e. outpatient services previously provided have not been successful);
 - (7) Multiple agency involvement.

Original:	xxx	Revised:	10/01/2005	08/16/2007	03/14/2009	03/30/2011
-----------	-----	----------	------------	------------	------------	------------

B. REFERRAL AND DETERMINATION OF NEED

The process for determining the level of care needed is as follows:

1. Any concerned person may refer a child enrolled with Mid Valley Behavioral Care Network who is suspected of having significant mental health or emotional disorders. Referral sources may include families, allied agencies, schools, juvenile justice, the faith community, and health or behavioral health providers. The ISA determination process will clearly be communicated to families, guardians and community partners. The MVBCN will develop a regional brochure describing the referral and needs determination process as well as a referral form that is descriptive and provides key contact information. In addition, specific communication plans will be developed by sub-committees of the MVBCN's Regional Executive Oversight Committee in order to disseminate this information to distinct stakeholders such as families, the children's system of care, and the faith community and health providers.
2. When a referral is received for a child in DHS custody, the mental health program will fax the Consent to Screening form to the child's DHS caseworker on the day the referral is received. If the Consent is not returned within two days, the mental health program will contact the DHS supervisor for help in facilitating rapid access to screening.
3. Each county's Community Mental Health Program will designate staff to receive referrals and to assist in assembling the referral packet if the child appears to meet basic eligibility criteria for intensive mental health services.
4. A completed referral packet will include the following information:
 - Consent to screening signed by the parent/legal guardian
 - Current Mental Health Assessment completed or updated within the 60 days preceding the referral
 - Contact information for key informants with parent/legal guardian permission for telephone interviews with informants
5. Within 3 working days of receipt of the completed referral packet, the QMHP designated to provide Needs Determination will:
 - Complete a *Child and Adolescent Service Intensity Instrument (CASII)* or *Early Childhood Service Intensity Instrument (ECSII)* screening
 - Conduct telephone interviews with parents and other key informants familiar with the child's current situation and needs
 - Review the Mental Health Assessment
 - Complete a Needs ProfileRecommendation of the needed level of care and medically necessary services will be based on professional evaluation of the information listed above. Prioritization will be given to children with the most serious mental health needs.
6. The staff performing the Needs Determination will notify the parents/legal guardian by phone of the services recommended for their child (within 3 working days of receipt of the completed referral packet), and mail written confirmation.
7. If the recommendation is for CASII Level 4 or above, a Care Coordinator is assigned and the date of written parental notification is considered the date of the authorized request for ICTS services.
8. The Care Coordinator shall begin the wrap around process with the primary Child and Family Team (CFT) member(s) and initiate the Service Coordination Plan including any

necessary crisis prevention and intervention planning within 14 calendar days. The Service Coordination Plan is completed within 30 days from the Needs Determination decision.

C. MANAGING THE UTILIZATION OF INTENSIVE SERVICES

1. For the time period between level of need determination and implementation of the service plan the service provider shall continue to provide services consistent with the access standards given in the MHO Agreement.
2. The Child and Family Team is responsible for developing, monitoring and modifying the Service Coordination Plan to assure that the appropriate services are available to the child and family. Community-based and flexible services are arranged by the Care Coordinator; any Notices of Action related to these services fall within the responsibility of the CMHP.
3. Requests for higher levels of service (treatment foster care, day treatment, residential treatment) are reviewed by the local Care Coordination Committee for appropriateness prior to facilitation of the placement by the MVBCN Regional CSCI Coordinator. Any Notice of Action related to these services would be issued by the MVBCN.

D. CRITERIA FOR TRANSITION AND DISCHARGE FROM INTENSIVE SERVICES

1. Child/Youth no longer requires services at the CASII Level 4 or above.
 - Each child will have specific written criteria for transition or discharge from intensive services as part of their Service Coordination Plan
 - The Child and Family Team will monitor progress towards the individualized discharge criteria specified in the Service Coordination Plan and develop transition plans to be followed when those goals are met.
 - If the Child and Family Team is not able to come to an agreement regarding the transition plan, the Community Care Coordination Committee will assist in the resolution.
 - The following are common indicators of readiness for transition from intensive services (CASII level of care 4 or above):
 - The child can function in school and community and mental health needs can be met at a lower level of care.
 - Community and family/caregiver supports are in place prior to discharge and are adequate to maintain safe behavior and stability.
2. The family/guardian chooses not to participate in the CFT process.
 - The family has the right to withdraw their child from any services, and to refuse participation in a Child and Family Team.

Family means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, caregivers and other primary relations to the child whether by blood, adoption, legal or social relationship.