MENTAL HEALTH SCREENING PROCESS AND PLACEMENT PROTOCOL

GUIDING PRINCIPLE

To ensure that consumers under the age of eighteen are properly screened for eligibility and to assist in determining the needed level of service intensity for an individual child and family.

OVERVIEW

It is a commitment of the Department of Mental Health and Substance Abuse that all child-adolescent consumers seeking mental health services with the Child-Adolescent Division undergo screening and Intake Assessment. Staff shall utilize the Child Adolescent Needs and Strengths (CANS) and the Child Adolescent Services Intensity Instrument (CASII), of the American Academy of Child and Adolescent Psychiatry and American Association of Community Psychiatrist (AACAP) in the mental health screening process.

PROTOCOL

The utilization of CANS and CASII is conducted by the Child and Adolescent Services Division (CASD) and I Famagu'on-ta (IF) staff who have been trained in the use of these assessment tools.

CANS:

The CANS is designed to guide service planning, support decision making and manage information in a complex environment. Information should be integrated from all available sources to obtain the best assessment of strengths and needs.

Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it may lead you down a different pathway in terms of planning actions.

2. Each item uses a 4 ("0-3") level rating system. The levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.

3. Before establishing the action levels, cultural and developmental factors must be considered.

4. Ratings should describe the child, not the child in services. If an intervention is present that is masking a need, but must stay in place, that is factored into the rating and would result in the rating of an "actionable" item need (i.e. "2" or "3").

5. The ratings are generally "agnostic as to etiology" (are unknown as to the cause). In other words, this is a descriptive tool. It is about the "what" not the "why". CANS describe what is happening with the child and family, but does not seek to assign a cause for a behavior or situation. Only two items, Adjustment to Trauma and Social Behavior, have any cause-effect judgments.

6. A 30 day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child or youth's present circumstances. However, the action levels can be used to override the 30 day rating period.

Action Levels for Need Items-Scoring:

"0" No Evidence- This rating indicates there is no need to believe that a particular need exists. It does not state that the need categorically does not exist; it merely indicates that based on current assessment information there is no reason to address this need.

"1" Watchful Waiting/Prevention-This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse.

"2" Action Needed-This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

"3" Immediate/Intensive Action Needed-This level indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

CASII:
The CASII dimensional rating operationalizes the factors clinicians would consider in determining the most appropriate level of service intensity, placement, continued stay, and outcomes in the treatment of children and adolescents. Each dimension has a five point rating scale, from least to most severe. For each of the five possible ratings within each dimension, a set of anchor points are provided. Only one anchor point needs to be met for that rating to be selected. Therefore, for each dimension the highest rating in at least one of the anchor points met is the rating for that dimension. However, it is the responsibility of the clinician to consider the cultural set for the patient and family and decide on a rating that is appropriate to the clinical situation.

Levels of Service Intensity:

Level 0: Basic services. This is a basic package of prevention and health maintenance services that are available to everyone in the population being served, whether or not they need mental health

care.

Level 1: Recovery Maintenance and Health Management. This level of service is usually reserved for those stepping down from higher levels of service intensity that need minimal system involvement to maintain their current level of function or need brief intervention to return to their previous level of functioning.

Level 2: Outpatient Services. This level of service intensity most closely resembles traditional outpatient services, though they may be delivered in a number of community settings.

Level 3: Intensive Outpatient Services. It is at this level that services begin to become more complex and more coordinated. The use of case management begins at this level. The use of child and family teams to develop Individualized Service (Wraparound) Plans also begins, using mostly informal community supports such as church or self-help groups and Big Brothers/Big Sisters. This level requires more frequent contact between providers of care and the youth and his/her family as the severity of disturbance increases.

Level 4: Intensive Integrated Service without 24-hour Psychiatric Monitoring. This level best describes the increased intensity of services necessary for the child or adolescent with multiple needs who requires more extensive collaboration between the increased number of providers and agencies. A more elaborate Wraparound plan is also required, using an increased number of services and supports. Additional supports may include respite, homemaking services or paid mentors. In more traditional systems, this level of service is often provided in a day treatment or partial hospitalization setting. Active case management is essential at this level.

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 be provided in foster care and even family homes if the level of community services and supports achieved through a Wraparound process is sufficiently intense and comprehensive. In either case, a complex array of services should be in place around the child and a higher level of care coordination is needed in order to manage the child's multiple needs.

Level 6: Secure, 24-hour Services with Psychiatric Management. Traditionally, these services have been provided in inpatient psychiatric settings or highly-programmed residential facilities. However, if safety and medical needs can be met through highly

intensive community services and supports achieve through a Wraparound process, this level can be provided in a community setting. Case management remains essential to make sure that the time each child spends at this level of care is held to the minimum required for optimal care and that the transition to lower levels of care are smooth.

- Results of the screening shall be shared with the consumer and his/her guardian.
- Should consumer have health insurance coverage, a referral will be made to his/her primary physician for continued care.
- If consumer has no health insurance coverage he/she shall be determined eligible for DMHSA services.
- Based on consumer's willingness to work on the Dimensions rated "severe or extreme an initial individualized treatment plan shall be established;
- Or referrals made to other mental health related programs or services in the community or to services not available at mental health.
- Should consumer accept treatment services, DMHSA's admission/intake policy and procedure shall be followed.
- The Care/Wrap Coordinator/Social Worker/Registered Nurse (C/WC/SW/RN) will utilize the CASII in assessing consumers to determine the level of care and services that consumers need.
- C/WC/SW/RN will work collaboratively and cooperatively with other child serving agencies in coordinating services to children, youth and families.

APPROVED:

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