Child and Adolescent Service Intensity Instrument (CASII) Overview for Anthem Connecticut Members

The CASII was created and field tested by the American Academy of Child and Adolescent Psychiatry (AACAP). It was designed to provide a valid and reliable way to determine the intensity of services that a child or adolescent, between the ages of 6 and 18 years, should have to adequately address their behavioral health (mental health, substance abuse, and/or developmental) needs. It is based on a set of values and principles called “System of Care” that emphasizes the importance of family-driven, youth-guided care that is community based, culturally competent, based on strengths and emphasizing care coordination, prevention and early intervention, support for transitions, and measurement of outcomes to guide care. The CASII emphasizes the ability to provide multi-modal supports and services to children, adolescents and their families that are based in the community, to avoid having to place the child out of the home, whenever possible.

The CASII was developed to be a common sense tool to assist providers and patients and their families in evaluating treatment needs, however, AACAP strongly recommends that users of the instrument be trained in its administration and interpretation to retain its validity and reliability features.

The CASII has been in use in many states and in other countries for over 10 years. As required by Connecticut state law, the CASII is used to determine eligibility for services supported by insurance for children and adolescents who are covered by Anthem Blue Cross and Blue Shield.

The CASII systematically assess health and mental health issues of youth across 6 dimensions:

- **Risk of Harm**, meaning the likelihood that the child or adolescent will be harmed by others or the risk of the youth harming him or herself or others
- **Functional Status**, meaning how well the child or adolescent is able to fulfill responsibilities, interact with others, and demonstrate self-care in an age-appropriate fashion
- **Co-Occurrence of Developmental, Medical, Substance Abuse and Psychiatric Conditions**, to identify challenges in these areas that may impact treatment needs.
- **Recovery Environment**, that identifies environmental factors that impact the child or adolescent’s efforts to recover from their challenges and achieve their goals, including both stressors and supports.
- **Resiliency and/or Response to Services**, meaning how the child or adolescent responds to stresses and/or to services offered.
- **Involvement in Services**, meaning the ability of the child or adolescent and the caretakers of the youth to engage and stay connected to services offered, separate from how helpful the services actually are. The involvement in services is measured for both the youth and the youth’s parents or main caregivers.
Each of these dimensions is rated as being in one of five possible categories by specific descriptions, or “anchor points” that support a reliable rating:

- Optimal
- Adequate
- Limited
- Minimal
- Absent

Finally, after going through the instrument and rating the category that describes each dimension, these ratings are combined to determine an overall level of service intensity that is needed, across 6 levels:

- **Level 0**: Basic Services for Prevention and Maintenance. These are services that every child should have access to, such as primary care health maintenance.
- **Level 1**: Recovery Maintenance and Health Management. These services are sufficient to support a youth whose challenges have been largely resolved and are limited in frequency.
- **Level 2**: Outpatient Services. These are services typically provided in mental health professional offices or clinic settings generally once or twice a week.
- **Level 3**: Intensive Outpatient Services. These are services that occur multiple times a week and may include community-based services and supports such as peer to peer support.
- **Level 4**: Intensive Integrated Services Without 24-Hour Psychiatric Monitoring. These are services typically provided in conjunction with multiple agencies (such as education, child welfare, or probation) for children living in their homes or in placements such as foster care, shelters, or transitional housing. Care coordination, also known as wraparound service planning, that often includes parent partners to facilitate a family-driven process is essential at this level.
- **Level 5**: Non-Secure, 24-Hour Services With Psychiatric Monitoring. These are intensive services that occur within a setting such as a residential care facility or community-based setting such as a therapeutic foster home.
- **Level 6**: Secure, 24-Hour Services with Psychiatric Management. These are the most intensive level of services that frequently are the most restrictive, e.g., residential treatment center or psychiatric hospital. Level 6 services may also be provided in community settings, as long as the required intensity of services and the safety of the youth can be assured.

The CASII provides specific guidance for the meaning of each level of service intensity for the types of services offered in 4 different settings:

- **Clinical Services**, such as psychotherapies or medications
- **Support Services**, such as care coordination, 12-step programs, etc.
- **Crisis Stabilization and Prevention Services**, such as access to 24-hour emergency assessment and outreach services.
- **Care Environment**, including the location where services should be provided including in-home therapies, or whether transportation needs to be made available to access community-based services.
The examples of each of these four categories are only representative. Within each level of service intensity, multiple examples of each of these four categories are offered to provide options for individualized, community-based strength-based care.

The CASII uses multi-disciplinary and multi-informant perspectives on children and adolescents (and their families) and is designed to be used by a variety of mental health professionals and care planning teams. Although the CASII may be used for initial service intensity decisions, it may also be used at all stages of intervention to monitor progress and reassess the level of service intensity needed. The CASII can be applied to activities such as service planning, outcomes monitoring and program development.

There are a number of things that the CASII is not designed to do.
- It does not prescribe program design, but rather the type and intensity of resources that are needed for particular levels of service intensity.
- It does not prescribe specific treatments and it does not take the place of the clinical judgment of the mental health professionals working the child and family or the knowledge that the child and parents have of their family, community and culture.

If you have questions regarding the use of the CASII that this summary does not answer, you can ask your child’s provider who has access to more detailed and technical information, and/or staff at Anthem Blue Cross and Blue Shield, available at 800-934-0331.

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