AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

The American Association for Community Psychiatry (AACP) &
The American Academy of Child and Adolescent Psychiatry (AACAP)

Level of Care Utilization System Suite of Instruments

Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII)

Guide for Patients, Families, and Providers

Introduction

The Child and Adolescent Service Intensity/Level of Care Utilization System (CALOCUS-CASII) provides reliable and valid comprehensive guidance in developing treatment plans and monitoring progress over time for children ages 6 to 18 years with behavioral health and/or substance use concerns. The CALOCUS-CASII makes a recommendation regarding the level of service intensity that a child or adolescent with emotional and behavioral and/or substance use concerns and their family need, based on a multidimensional approach that is embedded a System of Care philosophy. This instrument is part of the LOCUS family of tools and was developed jointly by the American Association of Community Psychiatrists (AACP) and the American Academy of Child and Adolescent Psychiatry (AACAP) as a downward extension of the Level of Care Utilization System (LOCUS) for adults age 18 and older. Assessment of the service intensity needs of young children, ages birth to 5 years, is accomplished by use of the Early Childhood Service Intensity Instrument (ECSII), developed by AACAP.

As with the other tools in the LOCUS family of tools, an important feature of the CALOCUS-CASII is that it does not require a formal clinical diagnosis to be scored. This lends itself to use by child serving systems beyond medicine, psychiatry and substance use, including child welfare, juvenile justice and education. The tool provides a common language to help define and monitor service needs across child serving agencies and between families, providers, and funders/insurance companies, supporting continuity and coordination of care.

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.

Who are the American Association for Community Psychiatry (AACP) and the American Academy of Child and Adolescent Psychiatry (AACAP)?

AACP and AACAP are independent, professional organizations of community general and child psychiatrists and other community psychiatric professionals who are committed to promoting health, recovery, and resilience in people, families, and communities.

How does the CALOCUS-CASII work?

The CALOCUS-CASII considers a youth and their family's needs holistically and asks questions that help the care team to consider all the factors that influence the youth's health and well-being and that are important to consider for treatment, or care planning. The CALOCUS-CASII assessment tool is completed by answering questions divided into six Dimensions that describe different aspects of a person and their illness. Questions in each of the six dimensions can have a score from 1 to 5 with respect to the level of severity or need in each category.

CALOCUS-CASII Dimensions

1. **Risk of Harm:** This Dimension considers a child or adolescent's potential to be harmed by others or cause significant harm to self or others.

2. **Functional Status:** This Dimension measures changes in the degree to which a child or adolescent is able to fulfill responsibilities for a given developmental level. This may include interactions with others in school, at home, in social interactions with peers, as well as changes in self-care.

3. **Co-Occurrence of Conditions:** Developmental, Medical, Substance Use and Psychiatric: This Dimension considers the different types of conditions across 4 domains that may be impacting a youth's life, and how the conditions interact with one another.

4. **Recovery Environment (Stress and Support in the Environment):** this Dimension considers factors in the environment that may contribute to the onset or maintenance of illness or disability as well as the factors that may support a child or adolescent's efforts to achieve or maintain recovery.

5. **Resiliency and Response to Services:** This Dimension aims to measure how well a child or adolescent copes with all types of adversity and uses treatment and/or natural and formal community supports.

6. **Engagement in Services:** This Dimension measures the child or adolescent's, as well as the parent and/or primary caretaker's, recognition and acceptance of their condition and their engagement in services.

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.

Each CALOCUS-CASII Dimension is scored to determine the level of need based on a comprehensive clinical assessment. There are five increasing levels of care, or Service Intensity Levels for each Dimension, ranging from minimal to extreme. The score for the Service Intensity level for each Dimension is obtained by noting the highest Service Intensity Level in which one or more of the anchor points, or examples, provided for that level can be endorsed as true. All of the Dimension scores are then added to determine a final recommended service intensity level that may be further modified by application of an algorithm that takes into account anchor points that require increased or maximal service intensity, independent of scores in other Dimensions. An example of such independent criteria in determining overall Service Intensity Score would be for a youth who is acutely suicidal with a plan and other risk factors for completion. The youth would automatically be scored at the highest overall level of service intensity, without regard to his scores on other Dimensions.

In general, the three lowest Service Intensity Levels represent more routine outpatient or community-based services, the next two levels represent more intensive outpatient or community-based services, and the two highest levels represent services typically provided in residential and inpatient/hospital-based settings, although with sufficient in home and community supports level 5 and, at least in theory, level 6 could be provided in the community. Within each Service Intensity Level, there will be an array of different services and supports that can be selected and combined according to individual and family needs and preferences to help the youth regain their best developmental trajectory. In this way, the care team or other provider can create a treatment, or care plan that is uniquely suited to the youth and family. If services indicated at a recommended Service Intensity Level are not available, the instrument stipulates that available services from the next highest level of service intensity must be used instead.

When the CALOCUS-CASII is completed and one of the Service Intensity Levels/Levels of Care is recommended, youth living with behavioral health conditions, their families, care teams and insurance providers or other funders have a common understanding not only of the types of services but also the intensity of services that will be "right sized" to the needs of the youth and family at a given point in time, with the expectation that the CALOCUS-CASII score will change over time and support indicated adjustments to the treatment plan.

Determining Levels of Care

There are a total of seven different Levels of Care described in the CALOCUS-CASII that differ according to:

- The Level of security and need for staff support in the treatment setting to protect the safety of the persons served
- The types of clinical, or formal services provided
- The types of nonclinical, or informal supports provided (e.g. housing, financial support, care coordination, peer supports, etc.)
- The frequency with which services and supports are provided.

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.

- The focus of services, e.g. the child, family, community, system of care

In general, the three lowest Levels of Care represent more routine outpatient or community-based services, the next two levels represent more intensive outpatient or community-based services, and the two highest levels represent services typically provided in residential and inpatient/hospital-based settings, although with sufficient in home and community supports level 5 and theoretically even level 6 may be provided in the community. Within each Service Intensity Level, or Level of Care, there should be an array of different services that can be selected and combined according to individual needs to help the person achieve recovery. In this way, the care team can create a treatment plan that is uniquely suited to the child or adolescent and their family. When the CALOCUS-CASII is completed, and a Service Intensity Level is recommended, individuals living with behavioral health conditions, their families, care teams and insurance providers have a common understanding the strengths and needs of the youth and the youth's caregiving environment that can inform an individualized treatment, or care plan.

Within each Service Intensity Level, supports and services are identified in four domains: Clinical Services; Support Services; Crisis Stabilization and Preventive Services; and Care Environment.

CALOCUS-CASII Service Intensity Levels:

At all service intensity levels, professionals providing services should be appropriately licensed and certified. In addition, any support services may be provided by appropriately trained and/or certified paraprofessionals, including certified family and peer specialists. Community resources as faith-based organizations, Boys and Girls Clubs, etc. also provide important support for prevention and maintenance of recovery. In addition, there should be an expectation that individuals utilizing these services will often have complex needs, that these services should be welcoming to individuals (and caregivers) who have multiple conditions, and designed to provide co- occurring/complexity capable services.

LEVEL ZERO: BASIC SERVICES - Prevention and Health Maintenance

Basic Services are designed to prevent the onset of illness and/or to limit the magnitude of morbidity associated with individual family or social risk factors, developmental delays, and existing emotional disorders in various stages of improvement or remission. This level of service intensity should be universally available to everyone in the community without obtaining a prior authorization from insurers.

LEVEL ONE: Recovery Maintenance and Health Management

Level One services are designed to provide initial steps to limit the magnitude of morbidity associated with individual family and/or community risk and protective factors. .Level One services typically provide follow-up care to reinforce family strengths and family connections

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.

with natural supports. Those appropriate for Level One services may either be substantially recovered from an emotional disorder or other problem, or their problems are sufficiently manageable within their families, such that the problems are no longer threatening to expected growth and development. This is a "step down" level of care, or service intensity, designed to prevent or mitigate future episodes of illness or deterioration of function. Treatment and service needs do not require supervision or frequent contact when community support plans are in place.

LEVEL TWO: Low Intensity Community-Based Services

This Service Intensity Level includes mental health services for children, adolescents, and families living in the community. Level Two services frequently are provided in mental health and/or substance use disorder clinics or clinicians' offices that most resemble traditional "outpatient" services. However, services also may be provided within a Medical Home as part of an integrated behavioral health program, juvenile justice facility, school, social service agency, or other community settings. Children and adolescents appropriate for Level Two services generally do not require the extensive systems coordination and care coordination of the higher levels of care, since their families are able to use community supports with minimal assistance. The degree of individualization of services at Level Two also may not be as extensive as at higher levels of service intensity but continuity of care will still be important.

Some payers may require that these services be authorized, but close oversight should not be needed. Reviews should not be required more often than every four months.

LEVEL THREE: High Intensity Community-Based Services

Level 3 services are generally appropriate for children and adolescents who need more intensive outpatient treatment and who are living either with their families or in alternative families or group facilities in the community. The family's strengths allow many, but not all, of the child's needs to be met through natural supports. Treatment may be needed several times per week, with daily supervision of the child or adolescent provided by the family or facility staff. Targeted or limited care coordination may also be needed at this level of service intensity, services may be provided in a mental health clinic or a clinician's office, but often are provided in other components of the system of care with mental health consultation, including a school or primary care, Medical Home setting.

Minimal utilization review should be required for this level of service and reviews should not be required more often than every two weeks for persons with acute conditions and every two months for those with more slowly evolving conditions. Professionals providing services should be appropriately licensed and certified.

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.

LEVEL FOUR: Medically Monitored Community Based Services: Intensive Integrated Services Without 24-hour Psychiatric Monitoring

Level Four refers to services provided to children and adolescents capable of living in the community with support, either in their family, or in placements such as group homes, foster care, homeless or domestic violence shelters, or transitional housing. To be eligible for Level Four services, a child or adolescent's service needs will require the involvement of multiple service elements or interventions within the system of care (i.e. medical, behavioral health, education, substance use, developmental disabilities, and/or probation), both for the child/adolescent as well as for their families/caregivers. These children and adolescents, therefore, need intensive, clinically-informed and integrated care coordination for multi-system and multidisciplinary interventions. Optimally, an individualized service plan is developed by a wraparound or other team-based planning process that includes a dedicated care coordinator, and when desired by the parents or youth, a family partner and/or youth peer mentor. Services in this level of care include partial hospitalization, intensive day treatment, treatment foster care, and home-based care such as in home family and behavioral therapy or youth mobile crisis intervention. A detailed Crisis, or Safety Plan and transition planning for discharge to a lower level of service intensity should be part of the plan of care.

Payer oversight may be required for this level of service, but reviews should not be required more often than every four weeks.

LEVEL FIVE: Medically Monitored Intensive Integrated Services: Non-Secure, 24 hour Service with Psychiatric Monitoring

Level Five refers to treatment in which the essential element is the maintenance of a milieu in which the therapeutic needs of the child or adolescent and family can be addressed intensively. This level of care traditionally has been provided in non-hospital settings such as residential treatment facilities or therapeutic foster homes. Equivalent services have been provided in juvenile justice facilities and specialized community based residential schools, hospitals with designated step-down program units and could also be provided in homeless and/or domestic violence shelters or other community settings with sufficient clinical and informal supports. The involvement of a wraparound team is essential and may allow this level of care to be provided in the family's home if adequate resources are available. If so, the Crisis, or Safety Plan must be quite detailed and access to needed "back-up" services must be immediate. Ideally, the transition plan will provide continuity of care for both the child and the family, and integrate the child or adolescent's treatment experiences into their return to less restrictive settings.

Ideally, the step-down plan represents a modification of the Level 5 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 or adolescent's community-based wraparound team should remain involved if the child or adolescent requires out of home placement. If no community-based wraparound team exists, a

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.

primary goal of the out of home placement should be to support the family to help create such a team to support subsequent transition to a lower level of services intensity.

Payer authorization is often required for this level of service, but reviews should not be more often than every week for sub-acute intensive care settings such as respite or step down facilities, and no more than every three months for extended care services such as residential treatment facilities.

LEVEL SIX: Medically Managed Secure, Integrated Intensive Services: Secure, 24-Hour Services with Psychiatric Management

Level Six services are the most restrictive and the most intensive in the level of care continuum. Traditionally, Level Six services have been provided in a secure facility such as a hospital or locked residential program. This level of service intensity also may be provided through intensive application of mental health and medical services in a juvenile detention and/or educational facility, or even in the child's home provided that these settings are able to adhere to medical and psychiatric care standards needed at Level Six. Although high levels of restrictiveness are typically required for effective intervention at Level Six, every effort to reduce, as feasible, the duration and pervasiveness of restrictiveness is desirable to minimize its negative effects. Collaborative transition planning that maintains connections with wraparound planning services should be in place to promote a rapid and safe return to community-based services. It is essential that the community-based Wraparound team when present remain active when a child is in a residential treatment center or hospital setting. If no community-based wraparound team exists, a primary goal of the hospital placement should be to support the family to help create such a team to support subsequent transition to a lower level of services intensity.

Payer authorization is usually required for this level of service. Reviews of revised CALOCUS-CASII assessments should not be more often than every three days for acute intensive care settings such as inpatient psychiatric hospitals, and no more than every month for long term secure care services such state hospitals or community based locked facilities.

Who completes the CALOCUS-CASII and when is it used?

The CALOCUS-CASII assessment can be completed by a clinician or a mental health provider as part of routine clinical assessment. It may also be completed by a wraparound service planning team that includes both professional and family input. The AACP and AACAP designed the CALOCUS-CASII so that those in need of care can participate in defining their needs and in planning for the care that will best support them to recover. It may be done as part of an initial comprehensive assessment and is often useful at times of transitions, such as when considering admission or discharge from an inpatient psychiatric unit. It can also be used by insurance providers who wish to review whether someone is receiving the right intensity of care, and whether services are being used in a cost-efficient way.

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.

What happens if you or your care team disagree with what the CALOCUS-CASII recommends?

The CALOCUS-CASII is a tool that provides recommendations. It does not replace the clinical judgement of the members of a care team, or the wishes or preferences of a person in need of services. When there is disagreement about a recommended Service Intensity Level, the common language of the CALOCUS-CASII can help focus conversations about why different stakeholders (patients, their families, providers or payers) may have different opinions about which service intensity level/level of care is indicated at the time. Using an objective tool like the CALOCUS-CASII can help bring those different perspectives into alignment.

Conclusion:

We hope this brief description of the CALOCUS-CASII provides a basic understanding of how this assessment tool works and why it is useful for determining the type and intensity of treatment and service needs. The CALOCUS-CASII allows people seeking help to participate in decisions about the settings and circumstances of their care. For more information about the AACP, AACAP and CALOCUS-CASII tool, including how to obtain required training for the use of the tool, please visit https://www.calocus-casii.org. Your comments and questions are welcome.

© 2021 American Association for Community Psychiatry (AACP) &
American Academy of Child and Adolescent Psychiatry (AACAP)

THIS DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAW. You may photocopy and use this document in its original form only.