Child and Adolescent Service Intensity Instrument (CASII)
Frequently Asked Questions

1. **Q: What is the REAL purpose behind the CASII and what is the motivation behind implementation now?**

   A: The purpose and motivation behind the implementation of the CASII is to utilize objective, quantifiable criteria for determination of service intensity in providing guidance for assignment of case managers to children identified with "high or complex needs" in a consistent manner on a statewide basis. The use of this tool will also provide data to Child & Family Teams (CFTs) to better inform service planning that is individualized to each child and family's needs.

2. **Q: Post assessment, what does the number signify?**

   A: The composite score directly correlates to a level of service intensity that describes a graded continuum of treatment responses. At each level of service intensity, the CASII User's Manual provides examples to illustrate a broad range of programming options that allow for variations in practice patterns and resources among communities, as well as with different agencies within the system of care. The level of service intensity criteria provides general recommendations that can be used across a variety of care environments and are met in numerous ways by whomever can best provide the support or intervention (i.e. provider, informal support, community program).

3. **Q: How does the CASII dovetail with the System of Care, Arizona Vision and 12 Principles?**

   A: The use of the CASII supports the goal of implementing a children's statewide service delivery system in accordance with the Arizona 12 Principles and Child & Family Team practice as contained in the Arizona Department of Health Services (ADHS) and Arizona Healthcare Cost Containment System (AHCCCS) TXIX Children's System of Care Plan. The CASII helps identify in a quantifiable manner those children who have complex behavioral health needs and will need a dedicated case manager. This data will assist ADHS in establishing case manager expansion goals in conjunction with each Tribal and Regional Behavioral Health Authority (T/RBHA) for every Geographic Service Area. Additionally, based on each child's score, the CASII describes the service intensity of care needed rather than placement, so that "services will be tailored to the child & family, provided in the most appropriate setting, in a timely fashion and in accordance with best practices while respecting the child & family's cultural heritage" (Arizona Vision). The CASII then becomes another tool that can be utilized by CFTs to identify strengths and needs and then implement the services and supports to meet those needs.

4. **Q: What angle can we take to engage staff to find this as a useful/practical tool (both in the training itself and post training for implementation)?**

   A: The CASII is a useful tool because it translates information from the child, family and other CFT members into a number that reflects service intensity and can quantify clinical data. The tool is non-diagnostically driven and looks at each child's condition to identify who presents with high/complex needs requiring the assignment of a case manager. The process of using the tool to evaluate a child's situation can help focus attention on interventions that target specific areas when a team is feeling stuck or overwhelmed. The CASII is a system that is flexible and adaptable, describes an array of services and level of service intensity rather than a specific treatment setting or program.

5. **Q: Can we cease training at this time and resume preparation for the initial implementation of the CASII closer to the July 1st target date?**

   A: ADHS recommends that ongoing training of the CASII continue so that trained and certified behavioral health service providers can begin utilizing the tool prior to the July 1st implementation date in order to support timely identification of service intensity for each child and the potential need of a dedicated case manager.

6. **Q: Will all Functional Outcome Measures (FOM) data continue to be required when the CASII goes into effect?**

   A: Functional Outcome Measures data will continue to be required until such time that ADHS identifies other elements, acceptable to AHCCCS, that can provide accurate data on outcome measures.

7. **Q: Will there be data fields in the Client Information System (CIS) for both CASII and FOM data?**

   A: The composite score and date of the CASII administration shall be entered into the Client Information System. Refer to the answer in question #6 regarding CIS data fields for the FOM data.

8. **Q: If the CASII is tied to assignment of a dedicated case manager, how will that be tracked in the CIS?**

   A: Case Management tracking is overseen by the ADHS Children's System of Care Planning and Development Division. A Case Manager field in CIS is being developed which will allow ADHS to see if case managers are assigned to children/adolescents who receive a designation of CASII Level Four, Five or Six of service intensity and will assist ADHS in tracking case load sizes.

9. **Q: Will there be a process to log "exceptions"? Is there a specific tracking mechanism that is being looked at?**

   A: ADHS has no specific ongoing tracking mechanisms for logging exceptions. However, through audit processes, documentation will be reviewed to assess individual case situations. Therefore, it is suggested that any exceptions be clearly documented and clinically supported in the child's medical record.

10. **Q: Will caseload size be tracked as well as the mix on each case manager's caseload?**

    A: Yes, the case manager inventory asks for the total caseload and then how many children/adolescents with high needs are on the caseload. It also asks how many adults are part of the total caseload. It is the intent of the ADHS Children's System of Care Planning and Development Division to keep asking for this inventory every two months so that changes over time can be observed and progress noted toward the goal of a 1:15 ratio for children/adolescents with high needs.

11. **Q: Since it appears that the CASII will be in place along with the FOMs, can the CASII be implemented in the same manner and frequency (i.e. following roll-out, beginning with new intakes and then with established clients at their next scheduled review of the FOMs which are now reviewed every six months)?**

    A: Initial implementation of the CASII for established clients would occur within the first six months after July 1, 2008, or earlier if indicated.

    The following guidelines for CASII completion are outlined in the CASII Practice Protocol:

    - All T/RBHA and Service Providers shall complete the CASII as part of the initial 45-day assessment period and every six months subsequently. A final CASII shall be completed as part of the disenrollment process from behavioral health services for the child/adolescent.

    The use of the CASII or completion of the FOMS is done any time the CFT believes a review is needed more frequently to reflect any significant internal or environmental changes in the child's life.

12. **Q: Is there an implementation timeframe for implementing a modified CASII for the birth to six population?**

    A: The CASII has undergone validity studies for use with persons age 6-18. Currently ADHS is focusing on implementation of this tool with all Title XIX and Title XXI children and adolescents between the ages of 6 through 17 enrolled in the T/RBHA system. The American Academy of Child and Adolescent Psychiatry (AACAP) is working on a modified CASII for children younger than six years of age. At this time there is no information when this would be available for use.

13. Q: How do agencies determine what type of 24-hour psychiatric monitoring is warranted?

A: Refer to the CASII User's Manual pages 46-47 and review the description for Level Five: Non-Secure, 24-hour services with psychiatric monitoring in the first paragraph, as well as #1. Clinical Services which outlines the types of therapeutic services including the psychiatric monitoring. Review these same sections for Level Six: Secure, 24-hour services with psychiatric management and Clinical Services on pages 48-49.

Use of the CASII helps agencies determine how a child ranks on six dimensions. The dimensions that produce higher scores which may have more weight for the need for 24-hour psychiatric monitoring or management could include Dimension I. Risk of Harm, II. Functional Status and III. Co-Occurrence of Conditions: Developmental, Medical, Substance Use and Psychiatric. The type of psychiatric monitoring/ management is as varied as the child's needs. For example, a child who is depressed and shows this through lethargic behavior, non-involvement with family members and friends, excessive sleeping and poor appetite who has talked about wanting to die but has no plan. This child's psychiatric oversight could include weekly appointments for monitoring of symptoms and medication management with additional daily phone contact by medical personnel (i.e. Physician Assistant, Nurse Practitioner, RN) with the caregiver and child for closer monitoring if the child has adequate supervision in his/her home or community setting.

The determination of what psychiatric monitoring is needed to ensure that each child's unique health and safety needs are met during situations where a child's symptoms or behavior become unsafe for the child, his/her family or community is made by the CFT. It is the expectation of ADHS that the CFT members with clinical experience provide guidance and that documentation supports the decisions and recommendations of the team.

14. Q: When a caretaker is a foster parent and the biological parents are also involved in the service planning, who is rated in Dimension VI?

A: Rate the biological parents in this situation because they are involved in the service planning process and likely have contact with the professionals involved. If the biological parents are distantly involved, this may be shown by the rating for this domain which will prompt the CFT to implement more intensive engagement activities with the parents.

If a child has recently been placed with a foster parent, rating the foster parent separately from the biological parent may provide the behavioral health provider with information on where support may be needed to assist with the foster parent's successful involvement in service planning processes and collaborative relationships for the length of time the child/adolescent remains in his/her care.

Refer to page 35 in the CASII User's Manual for the description of "parent and/or primary care taker involvement in services."

15. **Q: In the training for the CASII, it states that "crisis planning may not be necessary for children with low needs." Currently all children are required to have a crisis plan. Which process should the behavioral health service provider follow?**

    A: Per the CFT Practice Protocol Service Expectations: "When identified as a need, the behavioral health service provider facilitates crisis and/or safety planning when there are identified risks and/or safety concerns that threaten the stability of a child in his/her community setting. A Crisis Plan is required for all children with a CASII service intensity level of four and higher."

16. **Q: What if our CASII trainers leave the agency's employment?**

    A: Only persons who have attended a two-day training containing a "teach back" method are certified to train the CASII through the American Academy of Child and Adolescent Psychiatry (AACAP). These "master trainers" can then train other staff on the use and implementation of the CASII, as well as train new trainers by having them participate in two one-day training sessions that include a "teach back" component. Behavioral health agencies are encouraged to support interested staff in becoming "master trainers" to ensure there is an ongoing pool of qualified trainers of the CASII.

17. **Q: Are "master trainers" of the CASII required to be certified by the American Academy of Child and Adolescent Psychiatry (AACAP) and what are the certification criteria?**

    A: There are no specific certification criteria required for "master trainers" of the CASII by AACAP. In order to be considered "certified" or "authorized" to train the CASII a person will have completed a two-day training containing a "teach back" method that then authorizes them to train other staff on using and implementing the tool or allows them to train new "master trainers" by having those individuals participate in two, one-day training sessions that include a "teach back" component.