|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| minimal risk of harm 1  I. Risk of Harm | Low risk of harm  2 | Moderate risk of harm 3 | Serious risk of harm 4 | Extreme risk of harm 5 |
| a. No indication of current suicidal or homicidal thoughts with no significant distress, and no history of suicidal or homicidal ideation,  b. No indication or report of physically or sexually aggressive impulses. | a. Past history of fleeting suicidal or homicidal thoughts with no current ideation, plan or intention and no significant distress.  b. Mild suicidal ideation with no intent or conscious plan and with no past history.  c. Indication or report of occasional impulsivity, and/or some physically or sexually aggressive impulses with minimal consequences for self or others.  d. Substance use without significant endangerment of self or others.  e. Infrequent, brief lapses in the ability to care for self and/or use environment for safety.  f. Some risk for victimization, abuse, or neglect.  g. Other: | a. Significant current suicidal or homicidal ideation with some intent and plan, with the ability of the child or adolescent and her/her family to contract for safety and carry out a safety plan. Child or adolescent expresses some aversion to carrying out such behavior..  b. No active suicidal/homicidal ideation, but extreme distress and /or a history of suicidal/homicidal behavior.  c. Indication or report of episodic impulsivity, or physically or sexually aggressive impulses that are moderately endangering to self or others (e.g. status offenses, impulsive acts while intoxicated; self-mutilation; running away from home or facility with voluntary return; fire setting; violence toward animals; affiliation with dangerous peer group).  d. Binge or excessive use of alcohol or other drugs resulting in potentially harmful behaviors.  e. Episodic inability to care for self and/or maintain physical safety in developmentally appropriate ways.  F. Serious or extreme risk for victimization, abuse, or neglect.  g. Other:  . | a. Current suicidal or homicidal ideation with either clear expressed intentions and/or past history of carrying out such behavior. Child or adolescent has expressed ambivalence about carrying out the safety plan and/or his/her family’s ability to carry out the safety plan is compromised.  b. Indication or report of significant impulsivity and/or physical or sexual aggression, with poor judgment and insight, that is/are significantly endangering to self rt others (property destruction; repetitive fire setting or violence toward animals).  c. Indication of consistent deficits in ability to care for self and/or use environment for safety.  d. Recent pattern of excessive substance use resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use.  e. Clear and persistent inability, given developmental abilities, to maintain physical safety and/or use environment for safety.  f. Other:  **\*a score of 4 indicates Medically Monitored Residential Services** | a. Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior; without expressed ambivalence or significant barriers to doing so, or with a history of serious past attempts which are not of a chronic, impulsive or consistent nature, or in presence of command hallucinations of delusions which threaten to override usual impulse control.  b. Indication or report of repeated behavior, including physical or sexual aggression, that is clearly injurious to self o others (e.g., fire setting with intent of serious property destruction or harm to others or self, planned violence with other perpetrators) with history, plan or intent, and no insight and judgement (forcible and violent, repetitive sexual acts against others),  c. Relentless engaging in acutely self-endangering behaviors.  d. A pattern of nearly constant and uncontrolled use of alcohol or, other drugs, resulting in behavior that is clearly endangering.  e. Other:  **\*a score of 5 indicates 24 hour secure medical care** |

II. Functional Status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Minimal Impairment 1 | Mild  Impairment 2 | Moderate  Impairment 3 | Serious Impairment 4 | Severe Impairment 5 |
| a. Consistent functioning appropriate to age and developmental level in school behavior and/or academic achievement, relationships with peers, adults, and family, and self-care/hygiene/control of bodily functions. b. No more than transient impairment in functioning following exposure to an identifiable stressor with consistent and normative vegetative status.  c. Other: | a. Evidence of minor deterioration, or episodic failure to achieve expected levels of functioning, in relationships with peers, adults, and/or family (e.g., defiance, provocative behavior, lying/cheating/not sharing, or avoidance/lack of follow through); school behavior and/or academic achievement (difficulty turning in homework, occasional attendance problems), or biologic functions (feeding or elimination problems) but with adequate functioning in at least some areas and/or ability to respond to redirection/intervention.  b. Sporadic episodes during which some aspects of self-care/hygiene/control of bodily functions ae compromised.  c. Demonstrates significant improvement in function following a period of deterioration.  d. Other: | a. Conflicted, withdrawn or otherwise troubled in relationships with peers, adults, and/or family, but without episodes of physical aggression.  b. Self-care/hygiene deteriorates below usual or expected standards on a frequent basis.  c. Significant disturbances in vegetative activities, such as sleeping, eating habits, activity level, or sexual interest), that do not pose a serious threat to health.  d. School behavior has deteriorated to the point that in-school suspension has occurred and the child is at risk for placement in an alternate school or expulsion due to their disruptive behavior. Absenteeism may be frequent. The child is repeating their grade.  e. Chronic and/or variably severe deficits in interpersonal relationships; ability to engage in socially constructive activities, and ability to maintain responsibilities.  f. Recent gains and/or stabilization in functioning have been achieved while participating in treatment in a structured, protected, and/or enriched setting.  g. Other: | a. Serious deterioration of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive or abusive behaviors.  b. Significant withdrawal and avoidance of almost all social interaction.  c. Consistent failure to achieve self-care/hygiene at levels appropriate to age and/or developmental level.  d. Serious disturbances in vegetative status such as weight change, disrupted sleep or fatigue, and feeding or elimination, which threaten physical functioning.  e. Inability to perform adequately even in a specialized school setting due to disruptive or aggressive behavior. School attendance may be sporadic. The child or adolescent has multiple academic failures.  f. Other:  **\*a score of 4 indicates Medically Monitored Residential Services** | a. Extreme deterioration in interactions with peers, adults, and/or family that may include chaotic communication or assaultive behaviors with little or no provocation, minimal control over impulses that may result in abusive behaviors.  b. Complete withdrawal from all social interactions  c. Complete neglect of and inability to attend to self-care/hygiene/control of biological functions with associated impairment in physical status.  d. Extreme disruption in vegetative function causing serious compromise of health and well-being.  e. Nearly complete inability to maintain any appropriate school behavior and/or academic achievement given age and developmental level.  f. Other:  **\*a score of 5 indicates 24 hour secure medically managed care** |

III. Co-occurrence of Conditions: developmental, Medical, Substance use, and Psychiatric

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No Co-Occurrence  1 | Minor Co-Occurrence 2 | Significant Co-Occurrence 3 | Major Co-Occurrence  4 | Severe Co-Occurrence  5 |
| a. No evidence of medical illness, substances use disorders, or psychiatric disturbances apart from the presenting disorder.  b. Past medical, substance use, developmental, or psychiatric conditions are stable and pose no threat to the child or adolescent’s current functioning or presenting problem.  c. Other: | a. Minimal developmental delay or disorder is present that has no impact on the presenting problem and for which the child or adolescent has achieved satisfactory adaptation and/or compensation.  b. Self-limited medical problems are present that are not immediately threatening or debilitating and have no impact on the presenting problem and are not affected by it.  c. Occasional, self-limited episodes of substance use are present that show no pattern of escalation with no indication of adverse effect on functioning or the presenting problem.  d. Transient, occasional, stress-related psychiatric symptoms are present that have no discernible impact on the presenting problem.  e. Other: | a. Developmental disability is present that may adversely affect the presenting problem, and/or may require significant augmentation or alteration of treatment for presenting problem or co-morbid condition, or adversely affects the presenting problem.  b. Medical conditions are present requiring significant medical monitoring 9e.g. diabetes or asthma).  c. Medical conditions are present that may adversely affect, or be adversely affected by, the presenting problem.  d. Substance abuse is present, with significant adverse effect on functioning and the presenting problem.  e. Recent substance use that has significant impact on the presenting problem and that has been arrested due to use of a highly structured or protected setting or through other external means.  f. Psychiatric signs and symptoms are present and persist in the absence of stress, are moderately debilitating, and adversely affect the presenting problem.  g. Other: | a. Medical conditions are present or have a high likelihood of developing that may require intensive, although not constant, medical monitoring (e.g., insulin-dependent diabetes, hemophilia).  b. Medical conditions are present that will adversely affect or be affected by, the presenting disorder.  c. Uncontrolled substance use is present that poses a serious threat to health if unabated and impedes recover from presenting problem.  d. Developmental delay or condition is present that will adversely affect the course, treatment, or outcome of the presenting condition.  e. Psychiatric symptoms are present that clearly impair functioning, persist in the absence of stressors, and seriously impair recover from the present problem.  f. Other:  **\*a score of 4 indicates Medically Monitored Residential Services** | a. Significant medical condition is present that is poorly controlled and/or potentially life threatening in the absence of close medical management (e.g., severe alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).  b. Medical condition acutely or chronically worsens or is worsened by the presenting problem.  c. Substance dependence is present, with inability to control use, intense withdrawal symptoms and extreme negative impact on the presenting disorder.  d. Developmental disorder is present that seriously complicates, or is seriously compromised by, the presenting condition.  e. Acute or severe psychiatric symptoms are present that seriously impair functioning, and/or prevent voluntary participation in treatment for the presenting problem, or otherwise prevent recovery from the presenting problem.  f. Other:  **\*a score of 5 indicates 24 hour secure medically managed care** |

IV. Recovery Environment: Environmental Stress

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Absent 1 | Mild 2 | Moderate 3 | Serious 4 | Severe 5 |
| a. Absence of significant or enduring difficulties in environment and life circumstances not expected to change significantly.  b. Absence of recent transitions or losses of consequences (e.g., no change in school, residence, or marital status of parents, or no birth/death of family member).  c. Material needs are met without significant cause for concern that they may diminish in the near future, with no significant threats to safety or health.  d. Living environment is conducive to normative growth, development, and recovery.  e. Role expectations are normative and congruent with child’s or adolescent’s age, capacities, and/or developmental level.  f. Other: | a. Significant normative transitions requiring adjustment, such as change in household members, or new school or teacher.  b. Minor interpersonal loss or conflict, such as peer relationship ending due to change in residence or school, or illness or death of distant extended family member that has moderate effect on child and family.  c. Transient but significant illness or injury (e.g., pneumonia, brokenbone0  d. Somewhat inadequate material resources or threat of loss of resources due to parental underemployment, separation, or other factor.  e. Expectations for performance at home or school that create discomfort.  f. Potential for exposure to substance use exists.  g. Other: | a. Disruption of family/social milieu (e.g., move to significantly different living situation, absence or addition of parent or other primary care take, serious legal or school difficulties, serious drop in capacity of parent or usual primary care taker due to physical, psychiatric, substance abuse, or other problem with expectation of return to previous functioning).  b. interpersonal or material loss that has significant impact on child and family.  c. Serious illness or injury for prolonged period, unremitting pain, or other disabling condition.  e in neighborhood or community, or sustained harassment by peers or others.  e. Exposure to substance abuse and its effects.  f. Role expectations that exceed child or adolescent’s capacity given age, status, and developmental level.  g. Other: | a. Seriously disruption of family or social milieu to illness, death, divorce, or separation of parent and child or adolescent; severe conflict; torment and/or physical/sexual abuse or maltreatment.  b. Threat of severe disruption in life circumstances, including threat of imminent incarceration, lack of permanent residence, or immersion I alien and hostile culture.  c. Inability to meet needs for physical and/or material well-being.  d. Exposure to endangering criminal activities in family and/or neighborhood.  e. Difficulty avoiding substance use and it effects.  f. Other: | a. Traumatic or enduring and highly disturbing circumstances, such as 1) violence, sexual abuse or illegal activity in the home or community, 2) the child or adolescent is witness to or a victim of a natural disaster, 3) the sudden or unexpected death of a loved one, 4) unexpected or unwanted pregnancy.  b. Political or racial persecution, immigration, social isolation, language barriers, and/or illegal alien status.  c. Incarceration, foster home placement or replacement, inadequate residence, and/or extreme poverty or constant threat of such.  d. Severe pain, injury, or disability, or imminent threat of death due to severe illness or injury.  e. Other: |

IV. Recovery Environment: Environmental Support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Optimal 1 | Adequate 2 | Limited 3 | Minimal 4 | None 5 |
| A Family and ordinary resources are adequate to address child or adolescent’s developmental and material needs.  b. Continuity of active, engaged primary, care takes, with a warm caring relationship with at least one primary care taker.  c. Other: | a. Continuity of family or primary care takers is only occasionally disrupted, and/or relationships with family or primary care takers are only occasionally inconsistent.  b. Family/primary care takers are willing and able to participate in treatment if requested to do so and have capacity to effect needed changes.  c. Special needs are addressed through successful involvement in systems of care (e.g., low level special education, tutoring, and speech therapy).  d. Community resources are sufficient to address child or adolescent’s developmental and material needs.  e. Other: | a. Family has limited ability to respond appropriately to child or adolescent’s developmental needs and/or problems, or is ambivalent toward meeting these needs or addressing these problems.  b. Community resources only partially compensate for unmet material and emotional needs and/or child or adolescent has limited or inconsistent access to network.  c. Family or primary care takers demonstrate only partial ability to make necessary changes during the course of treatment.  d. Other:  . | a. Family or primary care taker is seriously limited in ability to provide for the child or adolescent’s developmental, material, and emotional needs.  b. Few community supports and/or serious limitations in access to sources of support so that material, health, and/or emotional needs are mostly unmet.  c. Family and other primary care takers display limited ability to participate in treatment and/or service plan (e.g., unwilling, inaccessible, cultural dissonance).  d. Other: | a. Family and/or other primary care takers are completely unable to meet the child or adolescent’s developmental, material, and/or emotional needs.  b. Community has deteriorated so that it is unsafe and/or hostile to the needs of children and adolescents for education, recreation, constructive peer relations, and mentoring from unrelated adults.  c. Lack of liaison and cooperation between child-servicing agencies.  d. inability of family or other primary care takers to make changes or participate in treatment.  e. lack of even minimal attachments to benevolent other, or multiple attachments to abusive, violent, and/or threatening others.  f. Other: |

V. Resiliency and/or Response to Services

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Resiliency and/or Response to Services 1 | Significant Resiliency and/or Response to Services 2 | | Moderate or Equivocal Resiliency and/or Response to Services 3 | Poor Resiliency and/or Response to Services 4 | | Negligible Resiliency and/or Response to Services 5 |
| a. Child/youth has demonstrated significant and consistent capacity to maintain development in the face of normal challenges, or to readily resume normal development following extraordinary challenges.  b. Prior experience indicates that efforts in most types of services have been helpful in controlling the presenting problem in a relatively short period of time.  c. There has been successful management of extended recovery with few and limited periods of relapse even in unstructured environments or without frequent services.  d. Able to transition successfully and accept changes in routing without support; optimal flexibility.  e. Other: | a. Child/youth has demonstrated average ability to deal with stressors  and maintain developmental progress.  b. previous experience with services has been successful in controlling symptoms but more lengthy intervention is required.  c. Significant ability to manage recovery has been demonstrated for extended periods, but has required structured settings or ongoing care and/or peer support.  d. Recovery has been managed for short periods of time with limited support or structure.  e. Able to transition successfully and accept changes in routine with minimal support.  f. Other: | a. Child/youth has demonstrated an inconsistent or equivocal capacity to dealt with stressors and maintain normal development.  b. previous experience with services at low level of intensity has not been successful in relief of symptoms or optimal control of symptoms.  c. Recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings.  d. Developmental pressures and life changes have created temporary stress.  e. Able to transition successfully and accept change in routine most of the time with a moderate intensity of support.  f. Other: | | | a. Child/youth has demonstrated frequent evidence of innate vulnerability under stress and difficulty resuming progress toward expected developmental level.  b. Previous services have not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated interventions.  c. Attempts to maintain whatever gains that can be attained in intensive services have limited success, even for limited time periods or in structured settings.  d. Developmental pressures and life changes have created episodes of turmoil or sustained distress.  e. Transitions with change in routine are difficult even with a high degree of support.  f. Others. | a. Child/youth has demonstrated significant and consistent evidence of innate vulnerability under stress, with lack of any resumption of progress toward expected developmental level.  b. Past response to services has been quite minimal, even when treated at high levels of service intensity for extended periods of time.  c. Symptoms are persistent and functional ability shows no significant improvement despite receiving services.  d. Developmental pressures are life changes have created sustained turmoil and/or developmental regression.  e. Unable to transition or accept changes in routine successfully despite intensive support.  f. Other: |

VI. Involvement in Services: Child or Adolescent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Optimal 1 | Adequate 2 | Limited 3 | Minimal 4 | Absent 5 |
| a. Quickly forms a trusting and respectful positive therapeutic relationship with clinicians and other care providers.  b. Able to define problems(s) and accepts others’ definition of the problem(s), and consequences.  c. Accepts age appropriate responsibility for behavior that causes and/or exacerbates primary problem.  d. Cooperates and actively participates in services.  e. Other: | a. Able to develop a trusting positive relationship with clinicians and other care providers.  b. Unable to define the problem a developmentally appropriate, but accepts others’ definition of the problem and its consequences.  c. Accepts limited age-appropriate responsibility for behavior.  d. Passively cooperate in services.  e. Others: | a. Ambivalent, avoidant, or distrustful relationship with clinicians and other care providers.  b. Acknowledges existence of problem, but has trouble accepting limited age appropriate responsibility for development, perpetuation, or consequences of the problem.  c. Minimizes or rationalizes problem behavior and consequences.  d. unable to accept others’ definition of the problem and its consequences.  e. Frequently misses or is late for treatment appointments and/or does not follow the service plan.  f. Other: | a. A difficult and unproductive relationship with clinician and other care providers.  b. Accepts no age appropriate responsibility role in development, perpetuation, or consequences of the problem.  c. Frequently disrupts assessment and services.  d. Other: | a. Unable to form therapeutic working relationship with clinicians or other care providers due to severe withdrawal, psychosis, or other profound disturbance in relatedness.  b. unaware of problem or its consequences.  c. unable to communicate with clinician due to severe cognitive delay or speech/language impairment.  d. Other: |

VI. Involvement in Services: Parent and/or Primary Care taker

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Optimal 1 | Adequate 2 | Limited 3 | Minimal 4 | Absent 5 |
| a. Quickly and actively engages in a trusting and positive therapeutic with clinicians and other service providers.  b. Sensitive and aware of the child’s or adolescent’s needs and strengths as they pertain to the presenting problem.  c. Sensitive and aware of the child’s or adolescents problems and how they can contribute to their child’s recovery.  d. Active and enthusiastic participation in services.  e. Other: | a. Develops positive therapeutic relationship with clinicians and other primary care takers.  b. Explores the problem and accepts others’ definition of the problem.  c. Works collaboratively with clinicians and other primary care takes in development of service plan.  d. Cooperates with service plan, with behavior change and good follow through on interventions  e. Others: | a. Inconsistent and/or avoidant relationship with clinicians and other care providers.  b. Defines problem but has difficulty creating a shared definition of development, perpetuation, or consequences of the problem.  c. Unable to collaborate in development of service plan.  d. unable to participate consistently in service plan, with inconsistent follow through.  e. Other: | a. A difficult and unproductive relationship with clinician and other care providers.  b. Unable to reach shared definition of the development, perpetuation, or consequences of problem.  c. Able to accept child or adolescent’s need to change, but unable or unwilling to consider the need for any change in other family members.  d. Engages in behaviors that are inconsistent with the service plan.  e. Other: | a. No awareness of problem.  b. Not physically available.  c. Refuses to accept child or adolescent, or other family members’ need to change.  d. Unable to form relationship with clinician or other care provider due to significant cognitive difficulties, psychosis, intoxication, or major mental illness or impairment.  e. Other: |

**Scoring Grid**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Client Score | Level 0  Basic Service for Prevention and Maintenance | Level 1  Recovery Maintenance health management | Level 2  Out Patient Services | Level 3  Intensive OutPatient Services with | Level 4  Intensive Integrated Services Without 24 Hour Psychiatric Monitoring | Level 5  Non-secure 24 hour Psychiatric Management | Level 6  Secure 24 hour Psychiatric Management |
| I. Risk of Harm |  |  | 2 or less | 2 or less | 3 or less | 3 or less | 4 required admission | 5 required admission |
| II. Functional status |  |  | 2 or less | 2 or less | 3 or less | 3 or less | 4 required admission\* | 5 required admission |
| III. Co-Occurrence |  |  | 2 or less | 2 or less | 3or less | 3 or less | 4 required admission\* | 5 required admission |
| IV. Recovery Environmental Stress |  |  | Sum of Level of Stress and Sum of Level | Sum of Level of Stress and Sum of Level | Sum of Level of Stress and Sum of Level | 3 or 4 | 4 or more | 4 or more |
| Recovery Environmental Support |  |  | of Support is Equal to 4 or less | of Support is Equal to 5 or less | of Support is Equal to 5 or less | 3 or less | 4 or more | 4 or more |
| V. Resiliency and Response to Services |  |  | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more | 4 or more |
| VI. Involvement in Services: Child or Adolescent |  | Use the higher | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more | 4 or more |
| Involvement in Services: Parent and/or Primary Care taker |  | of these two subscales- do not use both scores) | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more | 4 or more |
| Composite Rating |  | 7 to 9 | 10 to 13 | 14 to 16 | 17 to 19 | 20 to 22 | 23 to 27 | 28 or more |
| **Level of Care Indicated** |  |  |  |  |  |  |  |  |

\*unless sum of level of stress and level of support equals 2

**Level of Care Summary**

Level 0. Basic Services-Prevention and Health maintenance- These are the basic services everyone should have available

* Prevention services
* Crisis services
* Most services are provided in the community- non clinical.
* **Score 0 to 9**

Level 1 Recovery Maintenance and Health Management

* Services may be provided in the community or the place of residence.
* Clinical Services: up to two hours per month, and usually not less than one hour every three months
* Service types: individual or group supportive therapy
* Client’s stepping down to this level may have routine case management and medication therapy
* Support services are natural supports in the community
* **Score 10 to 13** and sum of Level of Stress and Level of Support is 4 or less.

Level 2 Low Intensity Community Based Services

* Services may be provided in the community or place of residence
* Clinical Services: up to two hours per week but usually not less than one hour every two weeks
* Service types: individual, group, and family therapy- Case management is NOT required at this level
* Support service are generally natural supports in the community
* Medication and other therapies should be made available as needed
* **Score 14 to 16** and sum of Level of Stress and Level of Support is 5 or less. The Treatment and Recovery History is best at a 2 or less and the Engagement and Recovery Status is best at 2 or less.

Level 3 Intensive Out-Patient Therapy Services.

* Services may be provided in the community or place of residence
* Clinical Services: up to three days per week and about two to three hours per day
* Service Types: individual, group, family therapy, rehabilitative services (CSA), case management
* Medication and other forms of therapy should be available if needed
* Support services are recommended with case management to help develop care team and access supports
* **Score 17 to 19** and sum of Level of Stress and Level of Support is 5 or less. The Treatment Recovery History score is best at a 2 and Engagement recovery status is best at 3 or less.

Level 4 Intensive Integrated Services without 24 hour monitoring

* Services may be provided in a clinic or by wrapping services around the client in the community
* Clinical Services: available to client and family at times that meet their needs, evenings and weekends as many days per week as needed.
* Service types: medication services (self/family-administered), individual, group, and family therapy, wrap around/ skills based services (CSA, OT, etc.), case management services, school based, Individual Service Plan
* Crisis Stabilization Services
* **Score 20 to 22**. In some cases a rating of 4 or more in the Stress level score could be manage if the Support Scale is a 1.

Level 5 Non-secure 24 hour Services with Psychiatric Management

* Services are provided in a residential community setting- non hospital, residential treatment center or therapeutic foster care.
* Clinical Services: Psychiatric care available 24 hours day
* Service types: onsite nursing care for medication therapy as needed, individual, group, and family therapy available seven days a week, rehabilitative services, supervision of daily activities
* **Score 23 to 27**. A rating of 4 for Risk of Harm, Functional Status, or Co-morbidity qualifies for this level of care even if combined score is lower. This level is indicated if the client has a rating of a 3 or higher on one of the following scales: Self Harm, Functional Status, Co-morbidity AND a rating of a 3 or higher in the Treatment Recovery history or the Engagement and Recovery Status.

Level 6 Secure 24 hour Medically Managed In-patient Care

* Services are traditionally provided in a hospital setting that is locked and secure
* Clinical Services: Services are available 24 hours a day, seven days a week
* Service types: Psychiatric, medical, nursing, individual, group and family therapy, medication therapy, support to carry out activities of daily living, crisis care such as seclusion or restraint
* **Score 28 or more**. A rating of 5 for Risk of Harm, Functional Status or Co-Morbidity qualifies for this level of care even if combined score is lower.

Please understand that this is an assessment for determining services for the Seriously Emotionally Disturbed client. Clients may seek treatment for life transition and other problems that do not register a significant score. These clients are still eligible for traditional out-patient therapy of individual or family therapy one hour a week, each week or less. These scores are guidelines. Please use your clinical judgement when the scores do not match your professional opinion regarding the intensity of services and level of care.

**Reason for Deviation from CASII derived level of care recommendations:**

\_\_\_ Services or supports for recommended level of care are not available

\_\_\_ Financial resources are not available to access services or supports at derived level of care

\_\_\_ Support Team (parent, child, guardian, case mange, etc.) decision to use alternates level of care

\_\_\_ Other (explain):