

Oregon Health Authority
Addictions and Mental Health Division
Outcomes and Impact of Level of Service Intensity Appraisals
December 21, 2010

**Outcomes and Impact of Level of Service Intensity (LOSI) Appraisals:
Findings from a population of children who were appraised in 2008**

The Level of Service Intensity process was instituted with the Children's System Change Initiative to standardize the determination of the level of a child's mental health service and support needs. Additional factors weighing in the process include:

- exceeding usual and customary services in outpatient settings,
- multiple agency involvement, history of one or more out of home placements,
- at significant risk of out of home placement,
- frequent or imminent admission to acute inpatient psychiatric hospitalization or other intensive treatment services,
- caregiver stress,
- school disruption due to mental health symptomatology,
- and elevating or significant risk of harm to self or others.

The Child and Adolescent Service Intensity Instrument (CASII) is used as an objective instrument within this process. The CASII measures important functional areas within six domains and results in a composite score. The CASII does not identify a specific level or type of service but provides recommendations on an array of services and supports that may be beneficial to the child and their family.

This report is the second report of level of service intensity since the commencement of the LOSI process. A prior report was released in 2007.

Summary:

This report describes data on 1,140 children who received at least one level of service intensity appraisal in calendar year 2008. The vast majority of the children received their LOSI appraisal within a week of referral.

The 1,140 children were enrolled with a Mental Health Organization (MHO) for an average of 78% of the year prior to their referral for LOSI appraisal, and an enrollment average of 87% of the year following their referral for LOSI appraisal. The fraction of children deemed in need of the Intensive

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Service Array (ISA) varied greatly from one MHO to the next. This is presumably a function of the process used to refer children for LOSI appraisal and not an indicator of an MHO's performance.

The children (61% male) in this sample were 75% white, 16% Hispanic (regardless of race), 5% African-American/Black, and 4.4% Native American. The sample included very few children of Asian or Pacific Islander heritage.

The focus of the report is on the number and types of mental health services delivered in the year prior to the LOSI appraisal vs. the number and types of mental health services delivered in the year following the LOSI appraisal.

- Children received, regardless of level of need, more and more diverse outpatient services following the LOSI appraisal than before the appraisal.
- The types of outpatient services delivered to children varied as a function of the children's identified level of service intensity. As is appropriate and would be expected, children with high LOSI scores were much more likely to receive psychiatric day treatment services and psychiatric residential services following the LOSI appraisal than before the appraisal.
- Most children experienced fewer acute care hospitalizations and crisis services following the appraisal than before the appraisal, suggesting that the increased care coordination and mental health services following the appraisal may have prevented some emergent mental health situations.
- The modal LOSI score for this sample of children was 4. This was somewhat surprising, as the modal CASII score for this group of children was only 14. This may indicate an increasing use of the additional factors in conjunction with the CASII score.

Caveats applying to this data:

- The Level of Service Intensity Determination process was instituted in 2005 and is based on use of the CASII (Child and Adolescent Service Intensity Instrument) which is used for children ages 6 and above. Use of the Early Childhood Service Intensity Instrument (ECSII), for ages 0-5, was initiated in 2010 and a future report will incorporate data from both instruments. This report, using 2008 data, only reflects the CASII.

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- Data do not reflect children who are not enrolled in MHOs (fee for service).
- Neither the LOSI process nor the CASII are intended to be a measure of MHO performance.
- Encounter codes for services reflected in this report are used differently from provider to provider and may result in some variance of data reporting.
- Psychiatric Day Treatment and Psychiatric Residential Treatment services are encountered based on a daily rate inclusive of individual therapy, family therapy, group therapy, and other services. A drop in the reporting of these services at higher levels of care does not necessarily mean they are not being provided.
- As noted in the report, the Level of Service Intensity process is conducted in a varying manner across multiple counties and even between MHOs. This impacts the children being reported on as ISA eligible and in some cases, impacts which children receive a CASII appraisal.

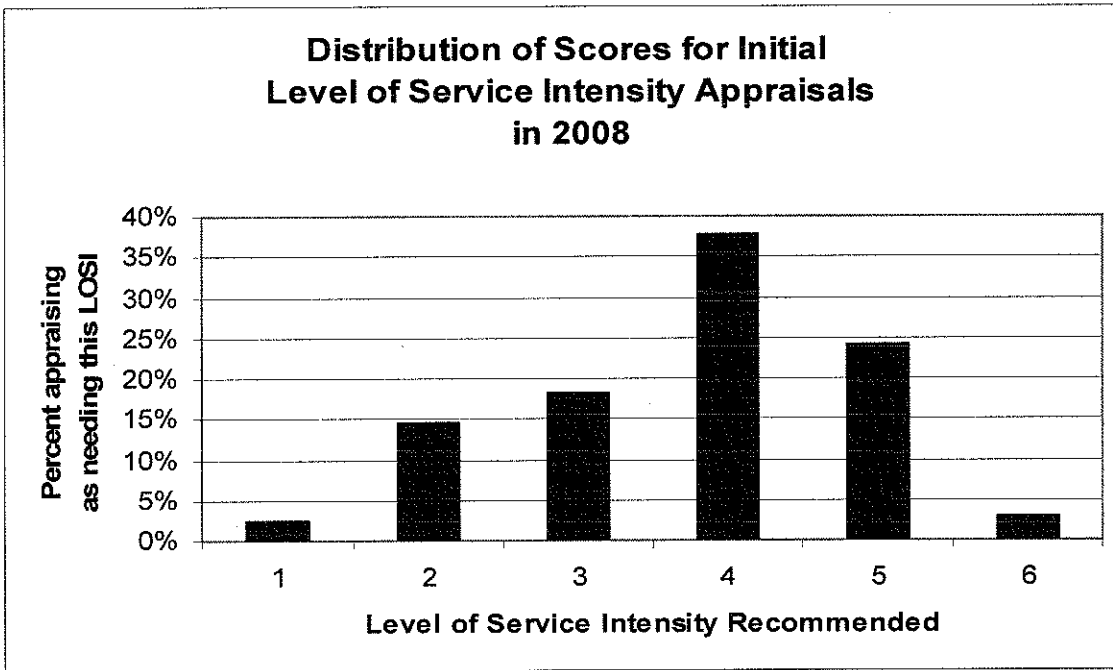
Next Steps/Recommendations

- Consider standardization of the manner in which the CASII and LOSI determination process are administered across the system.
- Clarify and further delineate use of encounter codes.
- Include children who are not enrolled in an MHO in future reports.
- AMH will begin to report data quarterly during 2010.

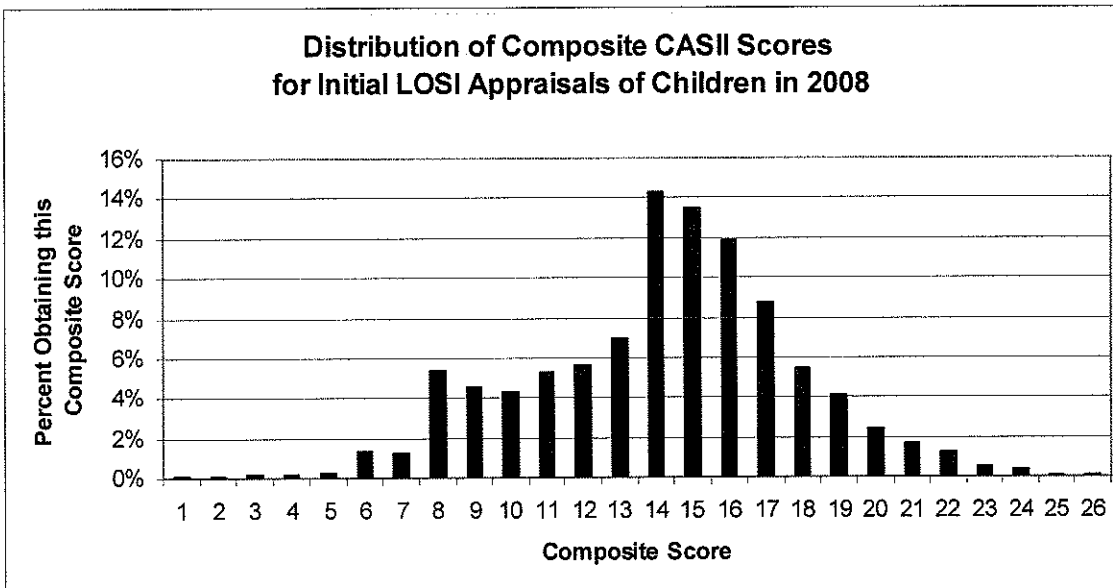
CASII Score and LOSI Recommended

- Of all 1,140 children appraised, including those not deemed in need of the ISA, 38% were recommended to a LOSI equal to 4 and an additional 24% were recommended to a LOSI equal to 5.

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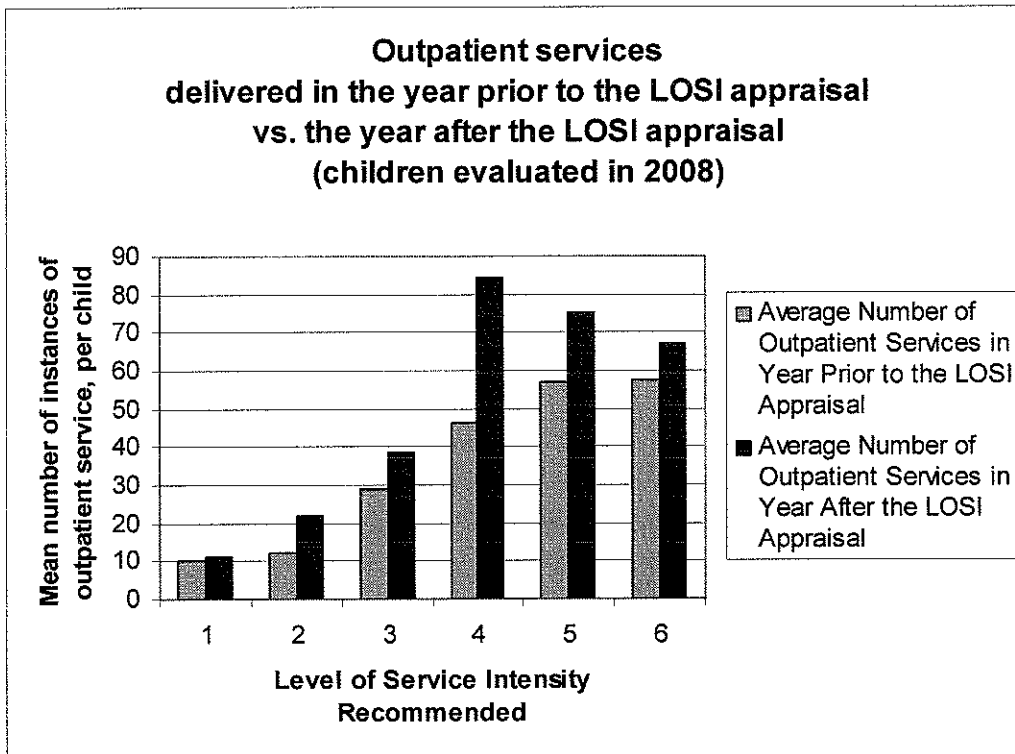
- The LOSI appraisal includes a CASII administration. The children in this sample most commonly received composite CASII scores between 14 and 16.



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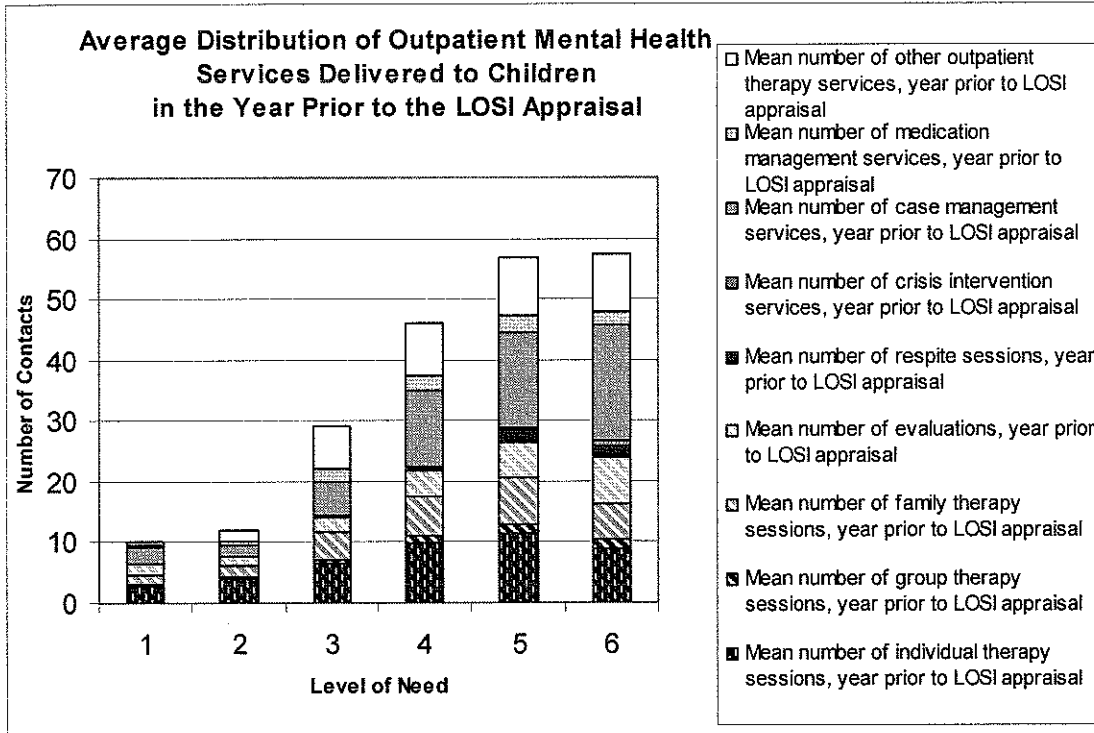
Types of Services in relation to Level of Service Intensity Recommended

- Regardless of the composite score, children evaluated using the LOSI instrument receive more outpatient services in the year after the LOSI appraisal than in the year prior to the LOSI appraisal.

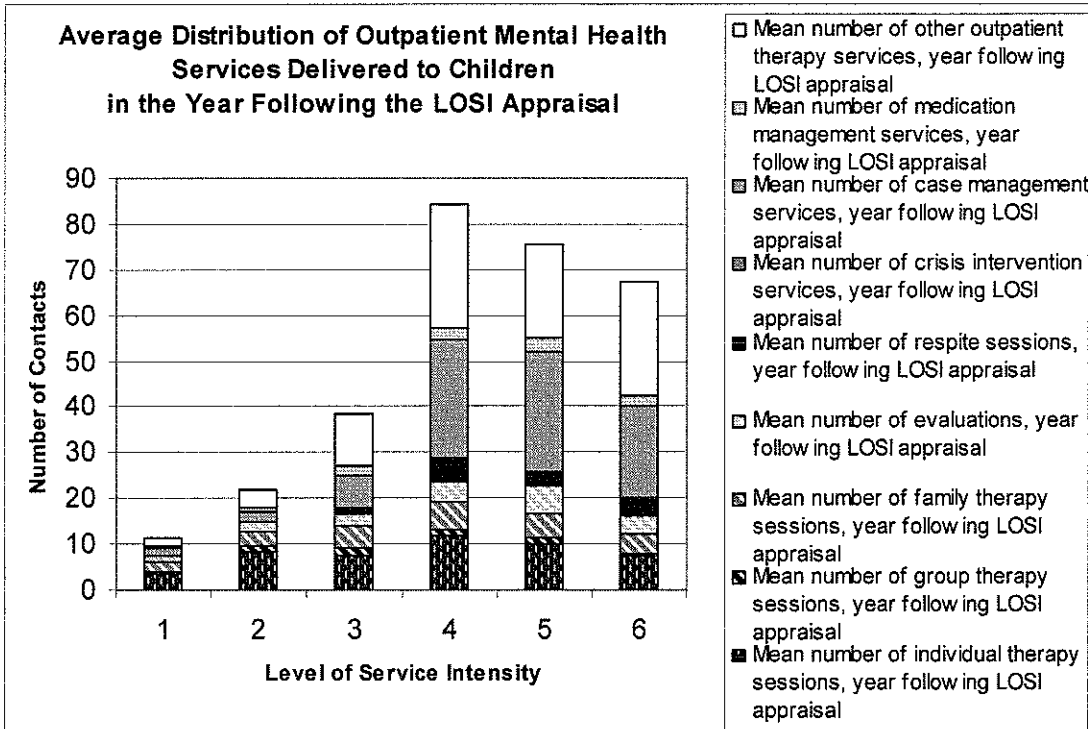


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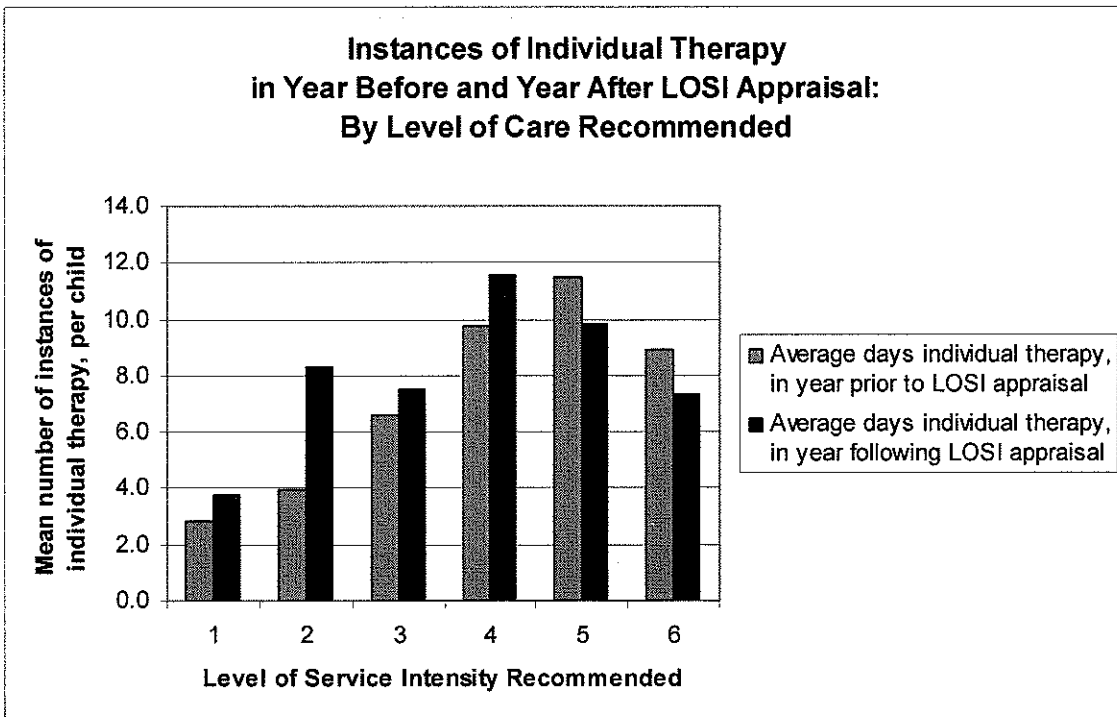
- Children evaluated using the LOSI instrument receive not only more outpatient services but more diverse outpatient services in the year after the appraisal than in the year prior to the appraisal (more group therapy, more respite, more activity therapy, more skills training, and more family support are delivered after the appraisal than before the appraisal).



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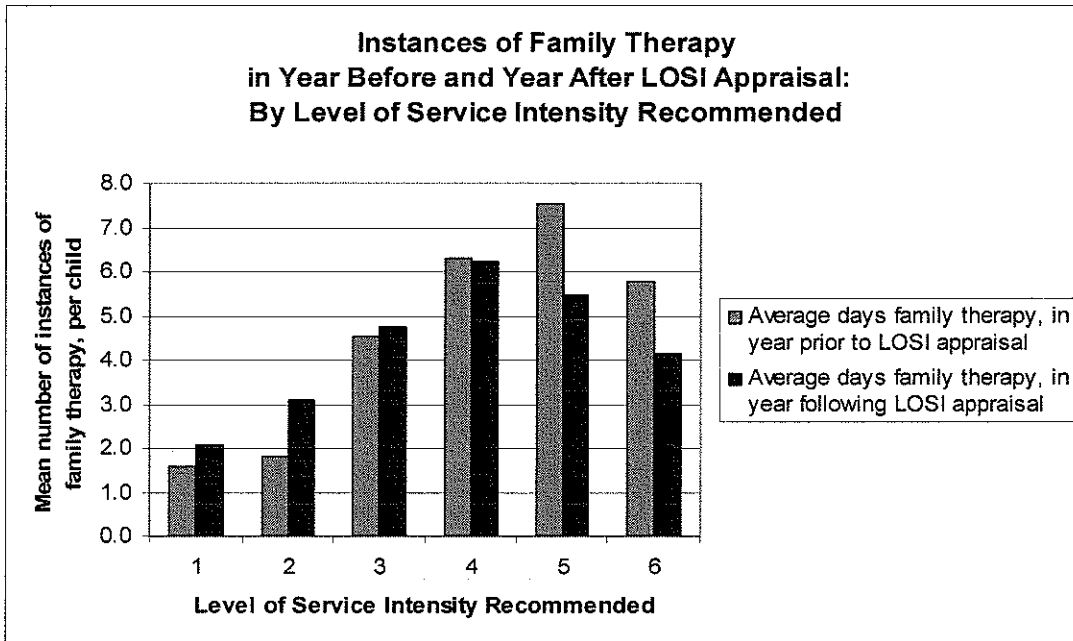


- The type of outpatient services that increased after the LOSI appraisal depended on the child's LOSI score. Children with a LOSI score between 1 and 4 were more likely to receive individual therapy in the year after the appraisal than in the year prior to the appraisal.

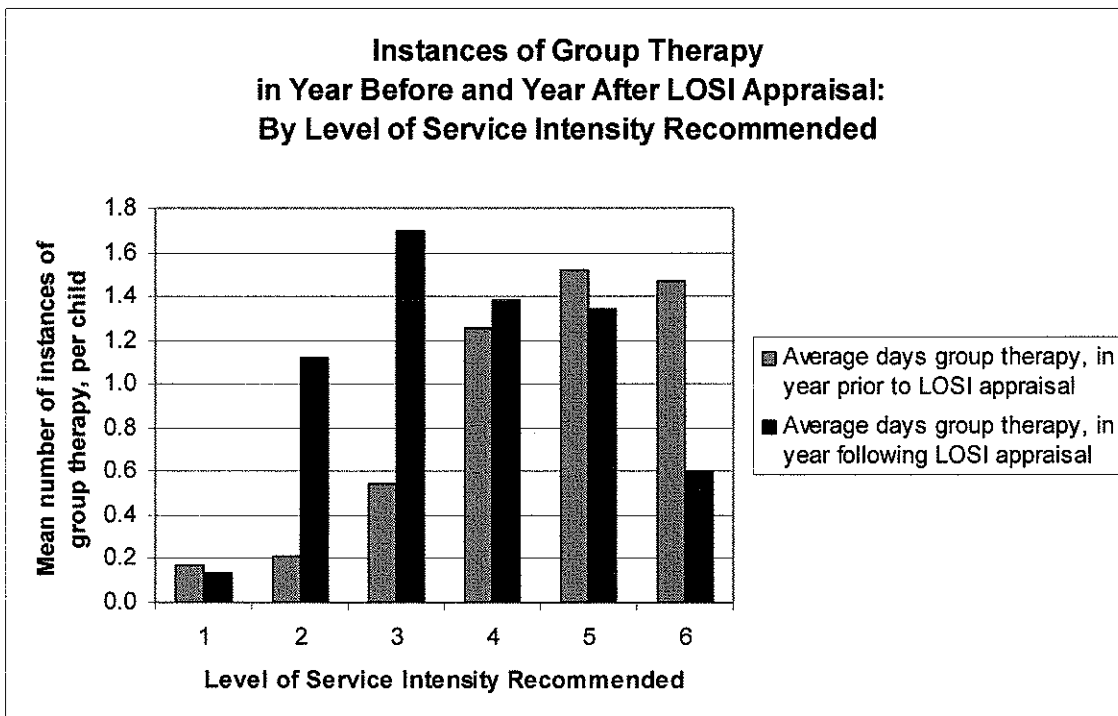


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- Children with a LOSI score between 1 and 3 were more likely to receive family therapy in the year after the appraisal than in the year prior to the appraisal.

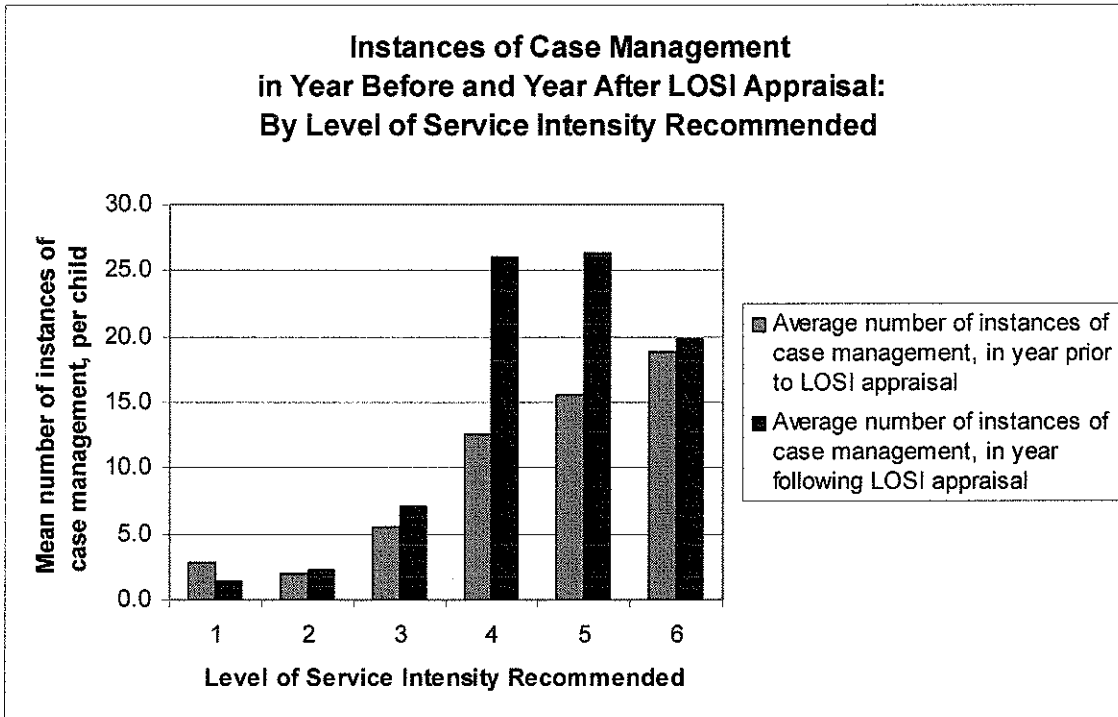


- Children with a LOSI score between 2 and 4 were more likely to receive group therapy in the year after the appraisal than in the year prior to the appraisal.

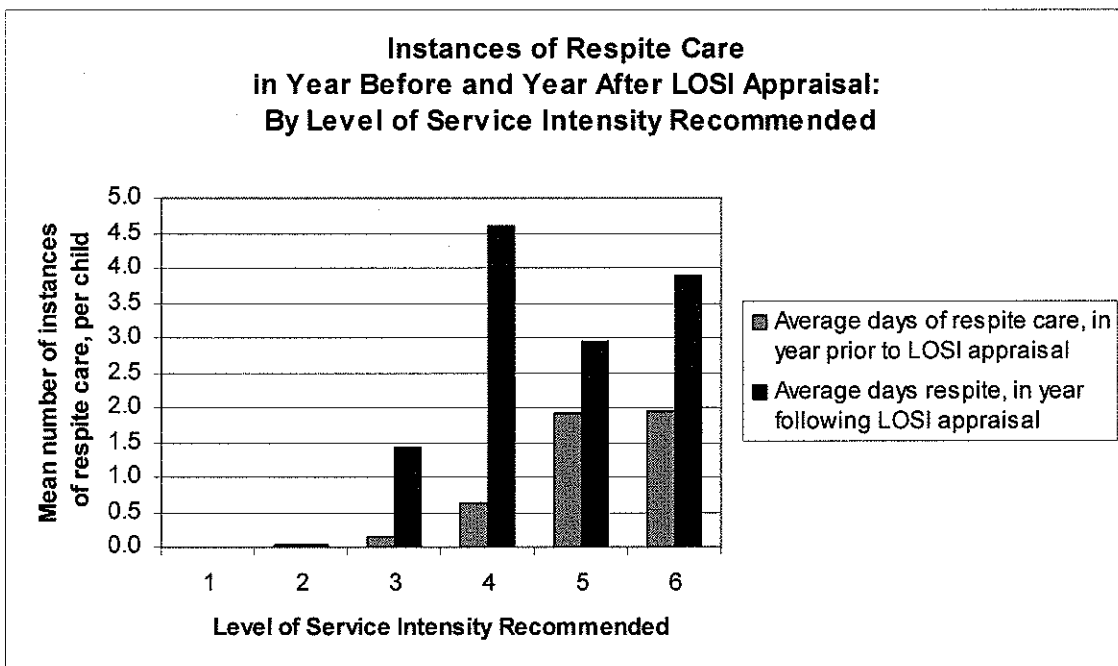


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- Children with a LOSI score between 3 and 6 were more likely to receive case management in the year after the appraisal than in the year prior to the appraisal.

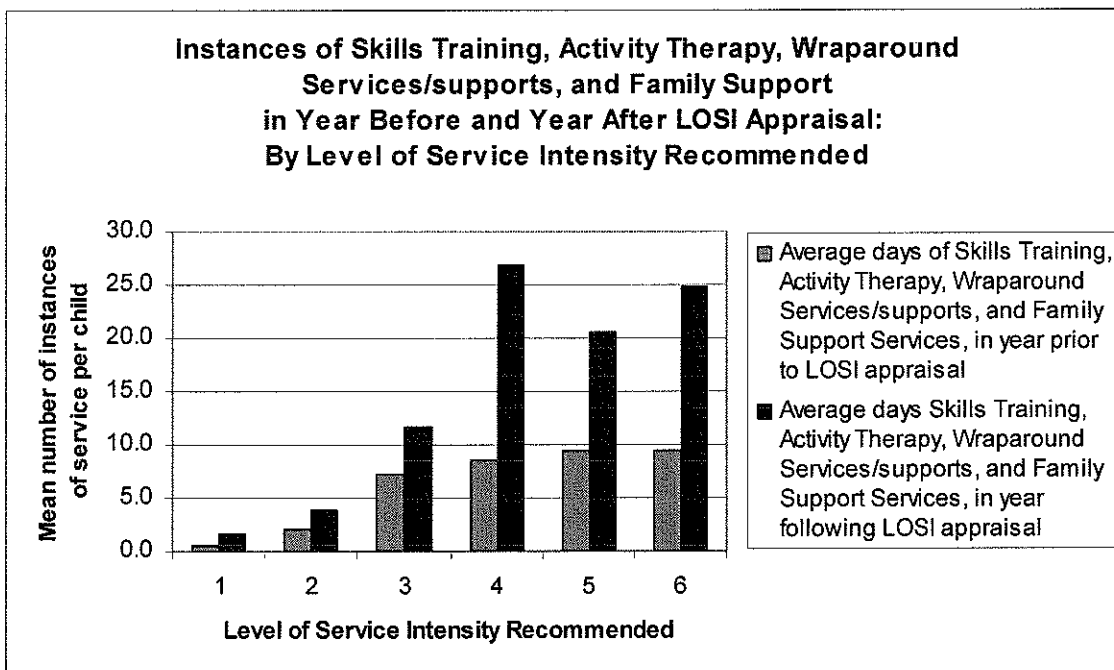


- Children with a LOSI score between 3 and 6 were more likely to receive respite care in the year after the appraisal than in the year prior to the appraisal.



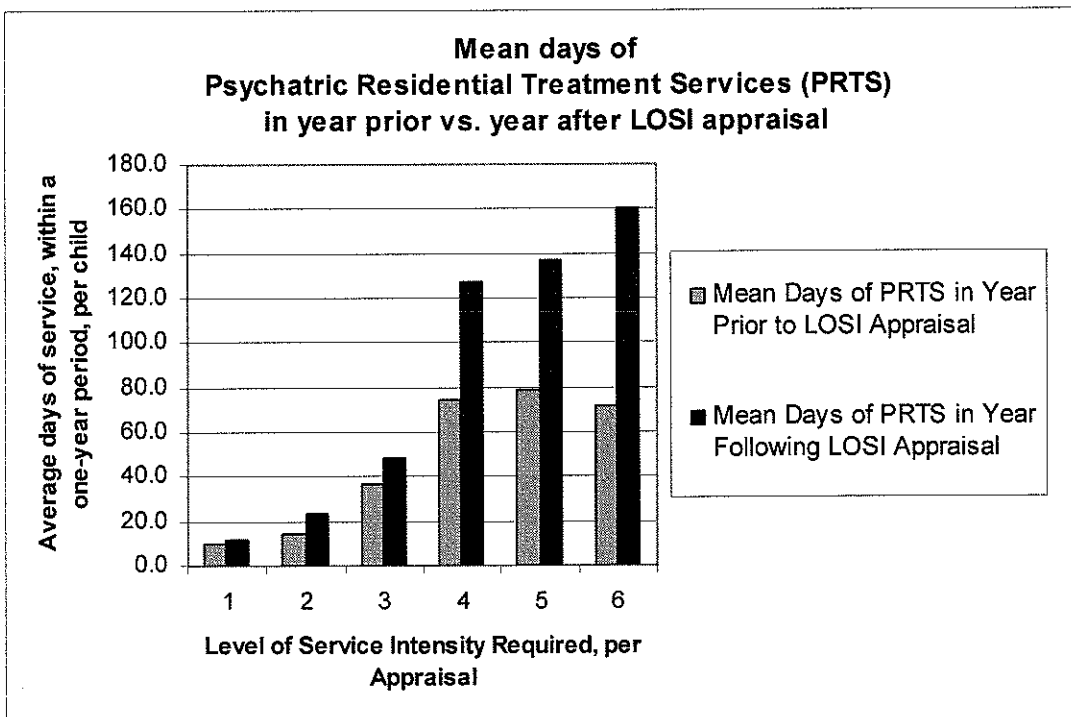
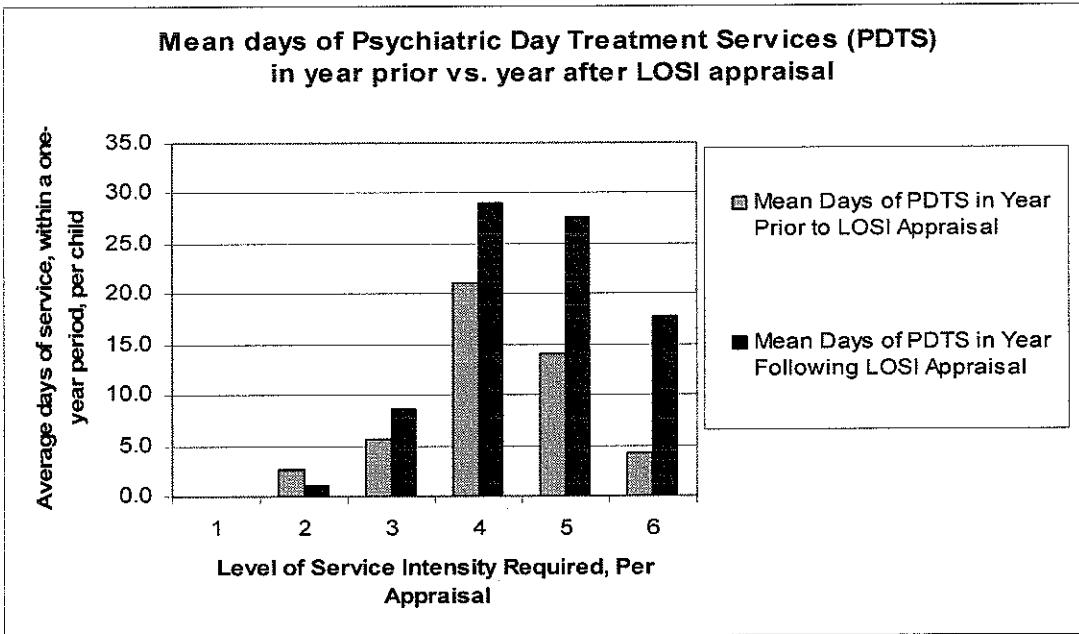
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- All children were more likely to receive alternative services (such as skills training, activity therapy, wraparound services and supports, and family support) in the year after the appraisal than in the year prior to the appraisal. The increase in these services was especially marked for children with a LOSI score between 4 and 6.



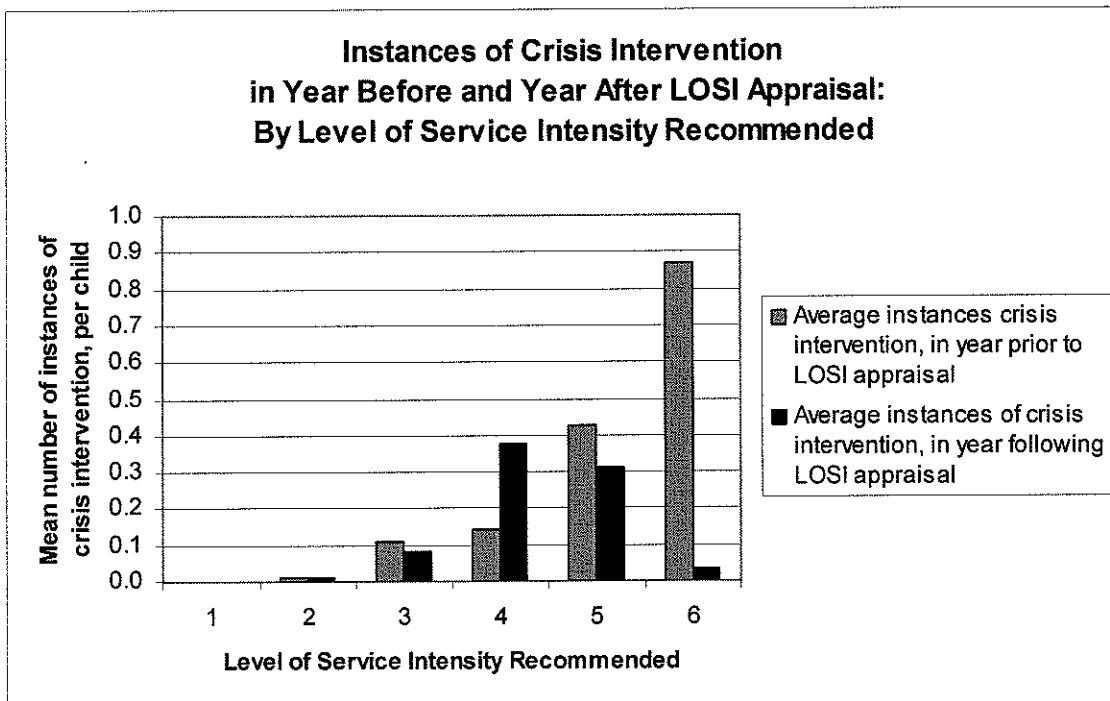
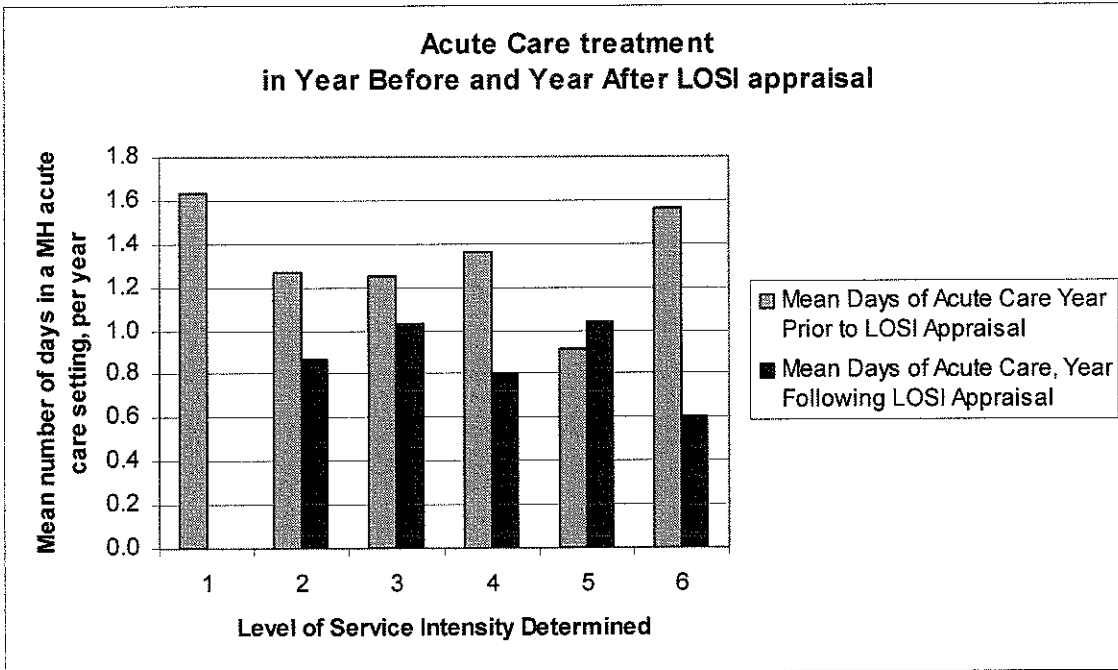
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- Children with higher levels of need were not only more likely to receive outpatient services following the LOSI appraisal; these children were also more likely to receive Psychiatric Day Treatment services and Psychiatric Residential Treatment services following appraisal.



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- With few exceptions, children received fewer acute care hospitalizations and fewer crisis services following the LOSI appraisal.



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- The fraction of children deemed in need of the ISA varied greatly from one MHO to the next. This is presumably a function of the process used to refer children for evaluation. It is not an indication of MHO performance.

MHO	% of Children Evaluated who were Determined ISA at their first Level of Intensity Evaluation of 2008 (Includes children with valid, complete data)	Number of Children Evaluated at least once in 2008 (Includes children with valid, complete data)
Clackamas	75%	85
Greater OR Beh Health	52%	187
Family Care	64%	18
ABHA	89%	88
Mid-Valley	75%	154
Lane	100%	116
Multnomah Verity	89%	155
Jefferson	48%	393
Washington	70%	103
<i>Average</i>	<i>68%</i>	