

USING THE CALOCUS-CASII FOR QI ASSESSMENT

QUICK INFORMATION GUIDE

WHAT IS THE CALOCUS-CASII?

- The Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) is a standardized, age-appropriate, evidence-based, validated, functional assessment tool that provides determination of the appropriate level of service intensity needed by a child or adolescent and their family.¹
- Used by trained mental health providers, care coordinators, and licensed social workers, who complete assessments for the appropriateness of placement of children and adolescents from ages 6 to 18, this tool can also be applied to youth up to age 21 in juvenile justice and child welfare populations.
- The CALOCUS-CASII applies equally well to children and adolescents with complex needs including mental illness, substance use disorders, and developmental disorders.
- The CALOCUS-CASII takes into consideration child development and the importance of the parents and the community in supporting the child. It takes into consideration developmental disorders such as intellectual disabilities, autism spectrum disorders, and delinquency, and environmental contributions of the child/adolescent as well as the parent and family.

CALOCUS-CASII AND THE FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

- For youth who are placed in a Qualified Residential Treatment Program (QRTP), FFPSA requires an assessment by a Qualified Individual (QI) for appropriateness of placement in a QRTP.
- The QI must use an age-appropriate, validated assessment tool approved by the New York State Office of Children and Family Services.
- In New York State (NYS), the CALOCUS-CASII was selected as one of the tools.

In NYS, the QI must have a professional clinical or social work license as well as two years of experience in child welfare.

¹ <https://calocus-casii.org>.

CALOCUS-CASII RATING SYSTEM

- The CALOCUS-CASII assesses service intensity needed across six dimensions. Each dimension has a five-point rating scale, from least to most severe.
 - I. Risk of Harm
 - II. Functional Status
 - III. Co-Occurrence: Developmental, Medical, Substance Use and Psychiatric
 - IV. Recovery Environment
 - Scale A: Environmental Stress
 - Scale B: Environmental Support
 - V. Resiliency and/or Response to Services
 - VI. Engagement in Services
 - Scale A: Child/Adolescent Engagement in Services
 - Scale B: Parental/Primary Caretaker Engagement in Services
- The CALOCUS-CASII dimension ratings yield a composite score, which is associated with a level of service intensity.

CALOCUS-CASII Composite Score and Associated Level of Service Intensity

CALOCUS-CASII Composite Score	Level of Service Intensity
9 or less	Level 0: Basic services
10-13	Level 1: Recovery maintenance and health management
14-16	Level 2: Low intensity community-based services
17-19	Level 3: High intensity community-based services
20-22	Level 4: Medically monitored community-based services: Intensive integrated services without 24-hour psychiatric monitoring

23-27	Level 5: Medically monitored intensive integrated services: Non secure, 24-hour services with psychiatric monitoring
28 or higher	Level 6: Medically managed intensive integrated services: Secure, 24-hour service with psychiatric management

- A higher level of service intensity is more likely to be associated with the need for a QRTP placement than a lower level of service intensity, although the QI can recommend a lower level of care if appropriate. Testing of the CALOCUS-CASII on historical congregate placement referrals suggested that youth who score at or above Level 4 are more likely to have their needs met at a QRTP placement. Conversely, youth who score at or below a Level 3 are more likely to have their needs met in a family-based level of care, unless there are other factors that warrant a QRTP placement.
- The CALOCUS-CASII is a decision-support tool as opposed to a prescriptive one. The QI makes the final recommendation based on a synthesis of CALOCUS-CASII ratings and levels as well as other key factors explored during the assessment process (e.g., family and permanency team meetings). The final decision is documented in the QI summary report.