

Assessment Workshop Glossary

In general, mental health services for children in foster care are driven by the DHS caseworker, Oregon Health Plan, the Children's Mental Health System, and, if the child qualifies for the Intensive Community Treatment Services (ICTS), the Child and Family Team or Wraparound Team.

The state is divided into different geographic areas covered by various mental health organizations responsible for meeting the mental health needs of all children enrolled in the Oregon Health Plan. The mental health organizations contract with a variety of local mental health service providers who are responsible for the delivery of services (such as the county mental health program or a non-profit organization).

The process involves the child receiving assessments that determine which, if any, services and placements are appropriate. All children 3 and older are required to have a referral for a mental health assessment within 60 days of placement. In order to receive mental health services, a child must have a DSM-V diagnosis with few exceptions. Children also receive a Child and Adolescent Needs and Strengths (CANS) assessment, which is used to determine placement, support, and supervision needs. In more complex cases, children can receive a Child and Adolescent Severity Intensity Instrument (CASII) assessment to access an array of mental health services, supports, and placements. Children aged 0-3 are required to have a developmental assessment with Early Intervention within 30 days of entering care.

DSM DIAGNOSIS: A DSM diagnosis is a standardized psychiatric diagnosis that is made according to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). The previous version of the manual, DSM-IV TR, used a five-axis system for diagnosis but this is no longer used in the DSM 5. The former axis I (clinical disorders), axis II (personality disorders and mental retardation), and axis III (general medical conditions) will all be included in the DSM 5 diagnosis with separate notations for the former axis IV (psychosocial and environmental problems) and axis V (global assessment of functioning). The DSM 5 includes the ICD-10-CM (International Statistical Classification of Diseases and Related Health Problems, 10th version) codes for insurance and billing purposes.

ASSESSMENTS

Child and Adolescent Needs and Strengths (CANS). A CANS screening is a process of integrating information on a child's needs and strengths for the purposes of case planning, service planning and determining the supervision needs of the child. There are two versions of the CANS tool, one for children 0-5 years of age, and one for children 6-20. The CANS screening provides information to establish a level of care for a child (whether the child will receive an additional level 1, 2, or 3 payment), establish areas where a child has identified supervision needs, and important case planning information. It is the caseworker's responsibility to refer every child who is placed in substitute care for a CANS screening between the 14th and 20th day of out of home care. The CANS screening provides valuable information for case planning, service delivery, and may establish a level of care payment for the enhanced supervision needs of a child.

Comprehensive Mental Health Evaluation: A comprehensive mental health evaluation will involve clinical assessment and information gathering. A core part of a comprehensive mental health assessment is the clinical formulation. This is a clinical summary of the assessment using a bio-psycho-social approach. The evaluation will include the DSM-V diagnosis, the prognosis and current risks. Following the completion of the comprehensive mental health assessment, a treatment plan is

developed if appropriate. A standard treatment plan includes recommended actions to reduce and/or manage risk, recommendations regarding the need for follow up assessment/treatment and an outline of treatment objectives. A mental health evaluation is a part of the intake process for accessing services. The evaluation should be updated annually if services are continuing.

CASII (Child and Adolescent Severity Intensity Instrument): An assessment tool to determine need of service for a child or adolescent (6 – 18 years of age), developed by the American Academy of Child and Adolescent Psychiatry

Psychological Evaluation: Psychological evaluation is a process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality and capabilities. Psychological testing is nearly always performed by a licensed psychologist, or a psychology trainee (such as an intern). Psychologists are the only profession that is expertly trained to perform and interpret psychological tests. Psychological testing is not a single test or even a single type of test. It encompasses a whole body of research-backed tests and procedures of assessing specific aspects of a person's psychological makeup. Some tests are used to determine IQ, others are used for personality, and still others for something else.

Psychological evaluations can be used to access certain services and placements or to gain a better understanding of a child's diagnosis, treatment needs and case planning. Specialized psychological evaluations can be used to assess bonding/attachment, separation, reasonable time and best interests with regard to permanency planning. In general, psychological evaluations are updated no more frequently than once every two years. However, an update can occur more frequently under some circumstances.

Neuropsychological Evaluation: These tests evaluate functioning in a number of areas including: intelligence, executive functions (such as planning, abstraction, and conceptualization), attention, memory, language, perception, sensorimotor functions, motivation, mood state and emotion, quality of life, and personality styles. A complete evaluation generally takes between 2 and 5 hours to complete, but can take up to 8 hours. Occasionally, it is necessary to complete the evaluation over 2 or more sessions. Neuropsychological evaluations are performed by a licensed psychologist that has specialized training in this area. They are often useful to help determine strategies to address academic supports and developmental issues and if it is suspected, there are cognitive issues impacting emotional or behavioral problems. A neuropsychological evaluation is often helpful in determining a child's eligibility for Developmental Disabilities services.

Developmental Assessment: Screening includes activities to identify children who may need further evaluation in order to determine the existence of a delay in development or a particular disability. In Oregon Ages and Stages Questionnaires (ASQ) are completed by foster parents to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social cognitive, perceptual, and emotional skills. Evaluation through Early Intervention (EI) or an Education Service District (ESD) is used to determine the existence of a delay or disability, to identify the child's strengths and needs in all areas of development. Assessment is used to determine the individual child's present level of performance and early intervention or educational needs. Only children suspected of having a developmental delay are referred for an in-depth evaluation.

Drug and Alcohol Assessment: A drug and alcohol assessment is used to determine the history, scope and severity of substance abuse issues. The assessment will conclude with a diagnosis and treatment recommendations or levels with the highest being inpatient treatment and the lowest being drug and alcohol education groups. The A&D service provider will apply placement criteria from the

American Society of Addiction Medicine (ASAM) to determine the appropriate level of care for services.

Psychosexual Evaluation: A psychosexual evaluation is an evaluation that focuses on an individual's sexual development, sexual history, sexual adjustment, risk level, and victimology. It also includes a full social history, familial history, case formulation, and specific treatment recommendations. A psychosexual evaluation is a standard part of sex offender treatment and can also be used to assist in case planning with respect to children having contact with siblings, parents or others who are sex offenders.

Discharge summary: The written documentation of the last service contract with the child. Documentation must include the diagnosis at enrollment, and a summary statement that describes the effectiveness of treatment modalities and progress, or lack of progress, toward treatment objectives as documented in the mental health treatment plan. The discharge summary also includes the reason for discharge, changes in diagnosis during treatment, current level of functioning, prognosis, and recommendations for further treatment. Discharge summaries are completed no later than 30 calendar days following a planned discharge and 45 calendar days following an unplanned discharge.

T1 Transition Readiness Index: An inventory of assets that are beneficial to a young person as they transition out of foster care and a method to measure a youth's progress in preparation for transition to independence. This is used to aid in the development of the Comprehensive Transition Plan (T2).

Services and Placements

Service Array: An array of mental health services that is required to be provided by each Mental Health Organization for all children on OHP in the geographic region.

ICTS: Intensive Community-Based Treatment Services are a specialized set of comprehensive in-home and community-based supports and mental health treatment services, including care coordination as defined in these rules, for children that are developed by the child and family team and delivered in the most integrated setting in the community.

Wraparound: Wraparound is an evidence based service coordination process. It is how an integrated system of care is implemented and is provided to very high needs children. This is the highest level of the service array and will involve a case manager and a wraparound team including DHS, parents, foster parents, teachers, service providers, and others.

BRS: Behavioral Rehabilitation Services are programs that provide services and placement related activities to address psychosocial, emotional and behavioral disorders in a community placement utilizing either a residential care model or therapeutic foster care model. Services will be provided with a treatment plan and will include a minimum number of hours of various skill building and case coordination services.

Treatment Plan: A written individualized comprehensive plan based on a completed mental health assessment documenting the treatment goals, measurable objectives, the array of services planned, and the criteria for goal achievement.

Psychiatric Day Treatment: Community-based day or residential treatment services for children in a psychiatric treatment setting, which conforms to established state-approved standards.

Treatment/Therapeutic Foster Care: Specialized placements with trained staff and foster parents, and case coordination of services provided with a treatment plan and generally in conjunction with outside mental health services. Skill development activities are delivered on an individualized basis and are designed to promote skill development in areas identified in the treatment plan. The service is intended to reduce the need for future services, increase the child's potential to remain in the community, restore the child's best possible functional level, and to allow the child to be maintained in a least restrictive setting.

Therapeutic Group Home: A home providing planned Treatment to a child in a small residential setting. Treatment includes theoretically based individual and group home Skills Development and Medication Management, Individual Therapy and Consultations as needed, to remediate issues.

BRS Residential Placement: All child welfare residential care programs are Behavior Rehabilitation Services programs. BRS are Medicaid-funded child welfare services that provide behavioral intervention, counseling and skill-building services to a child in either a facility-based or therapeutic foster home placement setting. Every child referred for placement in a BRS program must have demonstrated behavioral or emotional problems that cannot be managed and remedied in a less structured and less restrictive environment or through the use of available community resources and supports. Certain BRS beds are designated to serve special populations such as children with borderline IQ, or children who have sexually reactive or aggressive behaviors.

Residential Treatment Facility: A facility that is operated to provide supervision, care and treatment on a 24-hour basis for six or more residents

Acute Care: Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental health disorder that interferes with a person's ability to perform activities of daily living.

JCAHO (Joint Commission on Accreditation of Healthcare Organizations) Psychiatric Residential Program: A program that provides non-emergency inpatient (residential) psychiatric services for children under age 21 in residential facilities which are licensed by DHS Children, Adults and Families Program and accredited by the JCAHO. These programs must meet Psychiatric Day Treatment standards regarding staffing credentials and staffing patterns, the integration of education and treatment, and Family focused, community-based Treatment.

Psychiatric Hospital/Ward: provide specialized treatment of serious mental disorders, such as severe clinical depression, schizophrenia, and bipolar disorder. Psychiatric hospitals vary widely in their size and operation. Some specialize in short-term or outpatient therapy for low risk patients. Others specialize longer-term care.