



## Referral Process for Intensive Service Array (ISA) Eligibility Determination

1. The referral can come to WCHHS from any party, parents, family members, educators, provider agencies, DHS, OYA, etc. The referral needs to go directly to a Care Coordinator at Washington County Mental Health, at 846-4571. (FAX is 846-4560)
2. If the referral is not complete, the Care Coordinator will ask for additional information. A complete referral will include a mental health assessment within the past six months, with current presenting problems and current interventions being implemented, school records if necessary, and any medical or other pertinent information. If a mental health assessment has not been completed, the client will be referred to a provider agency to have one. The Care Coordinator may choose to meet with the client and/or parent/caregiver before making an eligibility determination.
3. Once the Care Coordinator has all necessary information, an Eligibility Screening will be completed within three (3) business days. Eligibility for ISA is based on a CASII score (to be completed by the Care Coordinator), and level of current treatment and whether it is sufficient, as well as risk for out-of-home placement and level of risk of harm to self or others, in addition to other system involvement.
4. The Care Coordinator will alert the family and the referral source of the outcome, i.e. the child's ISA eligibility. If the child is found eligible, a child and family team meeting will be scheduled within 14 days to develop the Plan of Care.
5. If the client is in need of urgent intervention they will be referred accordingly, and if they have a current outpatient provider that provider will be invited to participate on the child and family team.
6. The Plan of Care will include the services to be authorized by WCHHS for the client and family, and will identify criteria for discharge out of the ISA back to a lower level of care.
7. Child and Family team meetings will occur at least monthly to review progress, and update the strengths and needs. This will occur until discharge from ISA at which time the outpatient provider will do care coordination.