

SERVICE INTENSITY LEVELS FOR CHILDREN'S BEHAVIORAL HEALTH SERVICES IN MAINE

When exploring behavioral health treatment services for children/youth the goal is always to utilize the least restrictive treatment in the least restrictive setting possible.

Level of care is determined by the <u>intensity (how extreme/severe/risky)</u>, <u>frequency (how often)</u>, and <u>duration (how long)</u> of symptoms and how they impact current safety and daily functioning.

All clinical treatment settings can and should work directly with children/youth and caregivers to assist them in understanding their child/youth's needs and learning skills to increase their safety, wellbeing and positive daily functioning. The more restrictive treatment settings are the least natural settings and come with their own potential risks such as being far away from home and learning new behaviors from other youth.

Referral Type Key — Self Referral — Provider Controlled — Specialized Referral	Hospitals	C Depa	gency rtments Secure Youth Detention Facility		Most restrictive/highest level of service intensity
	Coster Care Treatment Fost Support		Dy .		
ງເ_ື) Priman	Care School-based	Respite Crisis Resolution tpatient Behavioral Health Homes Faith-based Services Child Care	Targeted Case Management Family and Youth Peer Support		Least restrictive/lowest
OUTPATIENT TCM/BHH	COMMUNITY BASED SERVICES MOB	Services	YOUTH ACT CRCF PRTF	INPATIENT HOSPITAL	levels of service
	INTENSIT) ent, BHH-Behavioral Health Home Services, RC amily Therapy, Youth ACT-Assertive Communit				

Before considering referrals to higher service intensity levels, consider the following:

- 1. Caregiver involvement in treatment is essential to success. If caregivers have not been involved in the current treatment, please attempt to engage them in treatment before referring to a higher level of care.
- 2. Whether or not the current service provider increase their time with the youth and family during the time of extra need (e.g., can outpatient see the family twice a week; has family and youth peer support been considered/utilized, can outpatient see family in their home?)
- 3. If outpatient treatment is being utilized, ask the provider if they will do some sessions in the home. Children's Behavioral Health Services (CBHS) Program Coordinator (PC) may be able to assist with barriers to outpatient providers travel to the family homes.
- 4. Whether or not all prior treatment recommendations been attempted. If not, consider implementing the recommendations before looking to a higher level of service intensity.