AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
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The American Academy of Child and Adolescent Psychiatry (AACAP)

Level of Care Utilization System Suite of Instruments

Early Childhood Service Intensity Instrument (ECSII)

Guide for Patients, Families, and Providers

Introduction

The Early Childhood Service Intensity Instrument (ECSII) provides reliable and valid comprehensive guidance in developing treatment or care plans and monitoring progress over time for children ages birth through 5 years with behavioral health concerns. The ECSII makes a recommendation regarding the level of service intensity that a young child with emotional and behavioral concerns and their family need, based on a multidimensional approach that is embedded a System of Care philosophy. This instrument was developed by the American Academy of Child and Adolescent Psychiatry (AACAP).

Who is the AACAP?

The American Academy of Child and Adolescent Psychiatry is an independent, professional organization of child and adolescent psychiatrists who are committed to promoting health, recovery, and resilience in people, families, and communities.

How does the ECSII work?

The ECSII considers a young child's needs holistically and asks questions that help the care team to consider all the factors that influence the child's health and well-being. The ECSII assessment tool is completed by answering questions divided into six categories, called "Domains," that describe different aspects of a young child and their family's strengths and needs. Questions in each of the 6 Domains can have a score from 1 to 5.

ECSII Domains

1. **Degree of Safety**: This Domain considers a young child's potential to be harmed by others or to cause significant harm to self or others.

2. **Child-Caregiver Relationships**: This domain rates the nature of the relationships between the child and up to 3 primary caregivers in the child's life.

3. **Caregiving** Environment **(Strengths and Stressors)**: This domain rates the factors in the child's current caregiving environment that may contribute directly to supporting or impairing the child's development and functioning.

4. **Functional/Developmental Status**: This domain considers the child's functioning and developmental status as compared with normal expectations for a child of the same chronological age. Aspects of functioning and development included in this domain are: emotional state and regulation, adaptation to change, biological patterns, social interaction with adults and other children, and cognitive, language and motor development.

5. **Impact of the Child's Medical, Developmental, or Emotional-Behavioral Problems:** This domain assesses the impact of medical, developmental, and/or emotional/behavioral problems or conditions in the child on the coping and adaptation of the caregiver(s) and child.

6. **Services Profile**: This domain considers the child and family's involvement in previous and current services, the fit of services to the problem(s), and the effectiveness of services.

Based on how these questions are answered, an individual Service Intensity Level is created for the child. The score is based on the sum of the individual scores for each of the first 5 domains, but the score derived from the first 5 domains may be increased by 1 level if the score on domain 6 is high. Similarly, high scores in domains 1, 2 and 5 may increase the level of service intensity beyond what the total score computed from the sum of the scores for all domains would otherwise indicate. A person's scores on each of the six domains typically change over time, so it is normal and expected that a child's score on the ECSII will change at different points in time. As your young child improves, his or her ECSII score will decrease.

Determining Levels of Care

Once generated, the ECSII score is used to recommend a youth for a specific **Service Intensity Level**. There are 6 different Service Intensity Levels described in the ECSII that differ according to:
*   Complexity and impact of the problem
*   Number, frequency and duration of services
*   The amount of support needed to keep your young child safe
*   Level of technical or professional consultation
*   Degree of care coordination between agencies and systems that is required
*   Level of support provided for the child and family's daily functioning

Each of the Service Intensity Levels describe Clinical Services; Support Services; Crisis Stabilization and Prevention Services; and the Care Environment, where services are delivered. The three lowest Service Intensity Levels represent more routine outpatient or community-based services, the next two levels represent more intensive outpatient or community-based services,

and the two highest levels represent services typically provided in residential and inpatient/hospital-based settings, although with sufficient intensive home and community-based supports, care at higher Service Intensity Levels may be provided without requiring an out of home placement. Within each Service Intensity Level, there should be an array of different services that can be selected and combined according to individual needs and preferences to help the young child achieve recovery. In this way, the child and family's team can create a care plan that is uniquely suited to the child and family served. When the ECSII is completed and a Service Intensity Level is recommended, primary caregivers, care teams and insurance providers for the young child will have a common understanding not only of the types of services but also the intensity of services that will help them to work together to promote recovery in the least restrictive environment.

ECSII Service Intensity Levels:

LEVEL 0: BASIC HEALTH SERVICES

Level 0 describes a basic array of services and supports that should be available to the child and caregivers in the community at any time. These "basic" supports are there when you need them. They are intended to provide support, address crisis situations, and offer prevention services. When someone is recommended for a level at care at level 0, they are not anticipated as needing ongoing treatment or support.

For example, a young child, without an existing mental health condition, who experiences parental divorce, may feel overwhelmed and destabilized in the short term. After one session of crisis counselling by the parents with the child's primary care provider, the child may feel some relief, and can return to normal daily functioning using their existing supports. In this case, no regular, ongoing professional care is indicated.

LEVEL 1: MINIMAL SERVICE INTENSITY (BEGINNING CARE)

Level 1 describes a low-intensity level of care. It represents beginning services or supports in response to a limited area of concern in the child or family. Children who participate in this level may also be stepping down from a higher service intensity level. This level typically involves regular but not necessarily frequent contact with a single medical or developmental provider.

For example, a child with an isolated minor gross motor delay may receive every other week physical therapy provided in the home through Early Intervention.

LEVEL 2: LOW SERVICE INTENSITY

This level describes clinical services that are provided for an acute or ongoing concern. This level of service is common for children presenting with less severe or less disabling behavioral health conditions, who have lower levels of risk, higher levels of baseline and current functioning, and more supports.

For example, a young child diagnosed with ADHD may receive primary care support for medication management as well as participation by parents in a parent management training group for children with ADHD.

LEVEL 3: MODERATE SERVICE INTENSITY

This level is for youth whose conditions are more severe, with greater complexity, instability, and more need for support than those in Level 2. Mental health needs are more complex and require specialty mental health involvement and/or other professionals in addition to the primary care provider. Formal care coordination may be indicated at this Service Intensity Level.

For example, a child has witnessed domestic violence but Child Welfare has determined that since a restraining order has been obtained, the child may continue to live at home while both the child and the mother receive psychotherapy and the family receives the support of a wraparound service planning team to address issues of housing and food insecurity.

LEVEL 4: HIGH SERVICE INTENSITY

This Service Intensity Level is for children and families with multiple and complex areas of concern who need a great deal of structure, support and monitoring to allow the child to live safely in their home and community. The child's development and the family's stability will be seriously disrupted without this level of intervention. A comprehensive array of different types of professional clinical services and community-based supports such as special education, as well as formal care coordination and 24-hour availability of clinical support is necessary at this level. Children at this level are followed closely, with daily or near daily contact one or more hours per day with the child and family by service providers.

For example, a 5 year old child with a history of physical abuse and diagnoses of ADHD and PTSD who demonstrates aggressive outbursts towards others, including peers, and lives with a depressed mother, has needs for Child Welfare oversight that maltreatment is not ongoing, mental health treatment for the trauma history, attendance at a therapeutic preschool and medication treatment for his ADHD. In addition, medication, psychotherapy and family partner support for the mother is available as is formal care coordination.

LEVEL 5: MAXIMAL SERVICE INTENSITY

This Service Intensity Level represents maximal intensity services with 24-hour care targeted to multiple and complex areas with acute concerns. These concerns pose significant and immediate threats to safety. The child's development and/or the family's stability may be irreversibly disrupted without this level of intervention. At this level the complex issues and multiple targets for intervention require significant environmental support and modification that may require out of home placement in treatment foster care, residential or hospital settings. Acute removal from the home for an unsafe environment should trigger an immediate comprehensive assessment of the home and child's needs (although placement in a stable foster care for environmental reasons can occur at a lower service intensity level). When level 5 service intensity is provided by maximal home-based intervention, crisis intervention and safety maintenance services must be available to the home site on a 24-hour

basis. Multiple agency involvement is expected and formal intensive care coordination is necessary whether or not the child has had to placed outside of the home.

For example, the 5 year old child described above in level 4 demonstrates additional dangerous behaviors by injuring the family cat and was found trying to suffocate his younger sibling. His mother has relapsed with respect to substance use and states she is not confidant she can maintain safety in the home at this time. Child Welfare removed the child to a treatment foster home while his mother entered treatment for her depression and substance use. Intensive Care Coordination that also involves a family support person continues as does medication management for his ADHD by his PCP. Trauma-focused CBT is provided via in home family therapy multiple days a week, in addition to accessing a therapeutic preschool through an IEP. 24-hour crisis evaluation and intervention availability continues to be an additional necessary service.

Who completes the ECSII?

The ECSII assessment can be completed by a clinician or a mental health provider and should include active participation by the parents or caregivers and when applicable, the young child's care coordination team. It may be done as part of an initial comprehensive assessment to help develop recommendations about the most appropriate intensity of services to best meet the child's needs for both safety and support. The ECSII is also useful at times of transitions, such as when returning home from foster care. It can also be used by insurance providers who wish to review whether the child is receiving the right intensity of care, and whether services are being used in the most cost-efficient way. The ECSII is designed to be easy to understand and to use, supporting active involvement of the family in defining their needs and in planning for the care that will best support the child's recovery in the least restrictive setting that can provide the level of service intensity needed.

What happens if you or your care team disagree with what the ECSII recommends?

The ECSII is a tool that provides recommendations. It does not replace either the clinical judgement of the members of a care team or the wishes or preferences of the family of the youth in need of services. There may be times when the
ECSII generates a recommendation for a Service Intensity Level for which services are not available or don't exist in that community. In these cases, services and supports available at a higher Service Intensity Level may be necessary. The ECSII can also serve to help focus conversations about why different stakeholders (parents/caregivers, providers or payers) may have different opinions about which Service Intensity Level is indicated at the time. Using an objective tool like the ECSII can help bring those different opinions together and thus provide a better ability to develop agreement about what supports and services will best meet the level of service intensity needed by the young child and their family.

Conclusion:

We hope this brief description of the ECSII provides a basic understanding of how this assessment tool works and why it is useful for determining the type and intensity of treatment and service needs. The ECSII allows people seeking help to participate in decisions about the settings and circumstances of their care. For more information about the AACAP and ECSII tool, including how to obtain required training in its use, please visit https://www.aacap.org/ecsii. Your comments and questions are welcome.