



# **ECSII**

Early Childhood Service  
Intensity Instrument

## Developed by

- American Academy of Child and Adolescent Psychiatry
- Through their workgroup on Community-Based Systems of Care
- Intended for Mental Health Professional use; MHPs need to have a 1.5 day training completed

# What is Early Childhood Mental Health?

- Early Childhood Mental Health is referring to children ages 0-5 and interwoven with a young child's development and overall health.
- We know that much of the brain development occurs before the age of three.
- Early Intervention is the key to reverse the effects of adverse early experiences.

<http://developingchild.harvard.edu/initiatives/council/>

# What is Early Childhood Mental Health?

- Definition- from Zero to Three:

*“ Infant mental health is the developing capacity of the child from birth to three to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn- all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.” Zero to Three, 2001*

# How does Social Emotional Development go Awry?

- Exposure to trauma, significant loss with primary care givers.
- Disruptions in relationships with primary care givers because of:
  - Parental mental illness
  - Substance abuse
  - Domestic violence
- Biological Reasons
  - Genetic inheritance
  - Exposure to injury, infection, toxicants, nutritional deficiencies (in-utero or after)
  - Difficult temperament
- Social/Environmental Stressors
  - Living in high risk neighborhoods
  - Discrimination and racism
  - Prolonged family stress due to death, divorce, extreme economic hardship, etc.
  - From Neurons to Neighborhoods, 2000 and ACE study (ongoing)- [www.cestudy.org](http://www.cestudy.org)

## What is the State doing about addressing early childhood mental health conditions and supporting families?

- Listening to parents- parents know their children best.
  - Using parent informed screenings that identify early childhood mental health issues.
  - Having systems that families feel comfortable with assist in screening.
  - Make sure parents know their options for referral and are given choices.

## What is the State doing about addressing early childhood mental health conditions and supporting families?

- Developing Referral Systems that are easy for families and professionals to access
  - In 2006 the criteria for Early Intervention (Part C changed to include 13 mental health diagnoses for children 0-3).
    - We have one State phone number and on-line referral for children 0-5 in Minnesota for children with developmental and/or mh concerns.
    - 1-866-693-4769 (GROW)
    - [www.MNParentsKnow.info](http://www.MNParentsKnow.info)

# What about EC Mental Health Eligibility

## **CMH conditions that qualify a child for Help Me Grow:**

- Adjustment Disorders
- Anxiety Disorders of Infancy and Childhood
- Depression of Infancy and Early Childhood
- Deprivation/Maltreatment Disorder
- Disorders of Affect
- Feeding Behavior Disorders
- Mixed Disorder of Emotional Expressiveness

# What about EC Mental Health Eligibility

## **CMH conditions that qualify a child for Help Me Grow:**

- Post-traumatic stress disorder (PTSD)
- Prolonged Bereavement/Grief Disorder
- Regulation Disorders of Sensory Processing
- Sleep Behavior Disorder
- Disorders of Relating and Communicating
- Multisystem Developmental Disorder (MSDD)

# Who can do the DC:0-3R Diagnostic Process?

Licensed Mental Health Professionals with training and experience with children 0-5 and training in the DC:0-3R.

## Training MH Clinicians on the Appropriate Methods for Diagnosis of Young Children

- Since 2004 the CMH division has trained 850 mental health professionals in the use of the DC:0-3R (a developmentally appropriate diagnostic process for children ages 0-5).
- We facilitate a monthly clinicians group to support clinicians in implementing the DC:0-3R with fidelity.
- We are working with the Minnesota Department of Health to identify clinicians able to diagnosis and treat young children based on our list of 850.

# Specific requirements for MH professionals serving young children

- Utilizing the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood – DC:0-3R
- Utilize the Early Childhood Service Intensity Instrument in order to have a comprehensive and standardized means of assessing need and determining the intensity of services (traditional and nontraditional) needed by child and family.

# DC: 0-3R

- Applicable for all early childhood diagnostic evaluations.
- The diagnostic system is built on two specific issues:
  - Assessment and diagnostic classification are guided by the awareness that all infants have their own developmental progression and show individual differences in their motor, sensory, language, cognitive, affective and interactive patterns.
  - All infants and young children are participants in relationships. Children's most significant relationships are usually those within the family. Families, in turn, participate in relationships within their larger communities and cultures.

# Areas of assessment

Axis I: Clinical Disorders

Axis II: Relationship Classification

**PIR-GAS-** Parent-Infant Relationship Global  
Assessment

Axis III: Medical and Developmental Disorders  
and Conditions

Axis IV: PsychoSocial Stressors

Axis V: Emotional and Social Functioning

# Connection to the ECSII

- The ECSII is a required part of a diagnostic assessment for children ages 0-5.
- The ECSII requires information from multiple individuals involved in the life of the child and family
- The ECSII considers multiple life domains
- The recommendations from the ECSII are built on information from caregivers and providers.
- The ECSII results in a description of service intensity for a child and family

# Information Sources

- Focus on multiple providers
- Determine who the “Holders” of information are for the individual child
- Include traditional and non traditional sources
- Purpose of orientation sessions is to ensure that the “Holders” know what is being asked, why it is being asked, and how it can be valuable for this document and for planning.

# ECSII development

- Based on the Child and Adolescent Service Intensity Instrument
- Anchor based instrument
- Focuses on early childhood development in all domains and on relationships
- Addresses broadly defined services and their intensity
- Rates each domain based on intensity of need
- Intended for completion by mental health professionals in collaboration with parents and early childhood providers.

# Domains

- Degree of Safety
- Child-Caregiver Relationships
- Caregiving Environment: Strengths/Protective Factors
- Caregiving Environment: Stressors and Vulnerabilities
- Functional/Developmental Status
- Impact of the Child's medical, developmental, or emotional/behavioral problems

# New Domains

- Service Profile: the child and family's involvement in previous and current services
- Service Profile: the fit of services to the problems
- Service Profile: the effectiveness of services.

# Degree of Safety

- Community Environment
- Caretaking Stability
- Caretaker-Capacity to Respond
- Caretaker – Risk Behavior
- Caretaker – Developmental Knowledge
- Child –Ability to Maintain Safety
- Child – Aggression to self or others
- Other

# Child-Caregiver Relationship

- Relationship Satisfaction/Distress
- Quality of Interactions
- Relationship Impact on Developmental Progress
- Caregiver Empathy
- Other

# Caregiving Environment: Strengths and Protective Factors

- Fit of Family/Community Resources
- Stability/Continuity of Care
- Caregiver- Use of resources and services
- Caregiving System – Crisis Response
- Caregiving System – Availability of Resources and Services
- Other

# Caregiving Environment : Stressors and Vulnerabilities

- Family/Community Stressors
- Transitions/losses
- Material Resources
- Community Supports
- Cultural Support vs Stigmatization
- Family Ability to Meet Developmental Needs
- Other

# Functional/Developmental Status

- Affective Regulation
- Ability to Adapt to Transitions
- Eating, sleeping, toileting
- Social Engagement/Ability
- Developmental Progress- Communication, Motor, Cognitive

# Impact of the Child's Medical, Developmental, or Emotional/Behavioral Problems

- Medical Problems
- Developmental Delays
- Emotional/Behavioral Problems
- Caregiver Coping
- Financial Stress due to Child's Medical, Developmental, Emotional/Behavioral Problems
- Other

# Scoring Range

- Optimal to severe impairment (1-5)
- Total score from the first domains results in service intensity levels of 0-5 (with total domain score of 6-30)
- These scores are then coupled with the services profile scores to determine the service intensity.

# Service Profile: Caregiver Involvement in Services

- Service Engagement
- Caregiver/Provider Communication
- Parent/Provider Agreement on Service Plan
- Other

# Service Profile: Child's Involvement in Services

- Engagement
- Meeting Frequency and Communication with Provider
- Cooperation
- Other

# Service Profile: Service Fit

- Caregiver/Provider Agreement
- Service Ability to Address Needs
- Service Climate
- Access to Needed Services
- Cultural Competency
- Service Collaboration/Coordination
- Other

# Service Profile: Effectiveness of Services

- Impact of Services on Symptoms
- Developmental Progress
- Progress toward Desired Outcomes
- Preparation for Future Needs
- Other

# ECSII: Levels of Service Intensity

- SI Level 0: Basic Health Services
- SI Level I: Minimal Service Intensity (Beginning Care)
- SI Level II: Low Service Intensity
- SI Level III: Moderate Service Intensity
- SI Level IV: High Service Intensity
- SI Level V: Maximal Service Intensity (Full support)

# Service Intensity Level 0: Basic Health Services

- 1) Level of intensity of services needed.
- 2) Types of providers/services needed
- 3) The role of the providers
- 4) Frequency of services needed
- 5) Ways that coordination of care are met
- 6) The role of Community and natural supports.

## **Service Intensity Level I: Minimal Service Intensity Beginning Care**

- 1) Level of intensity of services needed.
- 2) Types of providers/services needed
- 3) The role of the providers
- 4) Frequency of services needed
- 5) Ways that coordination of care are met
- 6) The role of Community and natural supports.

# Service Intensity Level II: Low Service Intensity

- 1) Level of intensity of services needed.
- 2) Types of providers/services needed
- 3) The role of the providers
- 4) Frequency of services needed
- 5) Ways that coordination of care are met
- 6) The role of Community and natural supports.

# Service Intensity Level III: Moderate Service Intensity

- 1) Level of intensity of services needed.
- 2) Types of providers/services needed
- 3) The role of the providers
- 4) Frequency of services needed
- 5) Ways that coordination of care are met
- 6) The role of Community and natural supports.

# Service Intensity Level IV: High Service Intensity

- 1) Level of intensity of services needed.
- 2) Types of providers/services needed
- 3) The role of the providers
- 4) Frequency of services needed
- 5) Ways that coordination of care are met
- 6) The role of Community and natural supports.

# Service Intensity Level V: Maximal Service Intensity Full Support

- 1) Level of intensity of services needed.
- 2) Types of providers/services needed
- 3) The role of the providers
- 4) Frequency of services needed
- 5) Ways that coordination of care are met
- 6) The role of Community and natural supports.

# ECSII: Service Types

Service Types SI Level	Professional Evaluation	Medical	Development/ Education	Mental Health	Social Service/ Child Welfare	Interagency Involvement / Care Coordination	Community and Natural Supports
0 Basic							
I Minimal (Beginning care)							
II Low							
III Moderate							
IV High							
V Maximal (Full support)							

# Service Intensity for Categories of Services

- Evaluation
- Medical
- Developmental/Educational
- Mental Health
- Social Service/Child Welfare
- Care Coordination/ Child and Family Teams
- Community and Natural Supports

# Service Array Possibilities

- See hand out

# So, How might this work?

Description of a three year old for whom a diagnostic assessment and ECSII need to be completed.

What information would be helpful in each domain from your perspective?

Who are the “holders” of the information about this child and family?

How can communication happen?

# Case Study

Maria is a three year old who lives with her mother and Mother's significant other. Father is in the area and has irregular visitation. Maria has been asked to leave three day care settings because of foul language and aggressive behavior resulting in injuries to adults and children. She was described as oppositional and defiant on a daily basis, and responded to interventions with increased problematic behavior. Other parents expressed worry about the safety of their children and threatened to withdraw their children from programming.

Maria has lived in eight different homes since birth; at times, she and her mother lived with other families. There is minimal involvement of extended family. Mother has a part time job and has enrolled in school. Maria has no siblings. Mother states that Maria is attached to Mother's significant other.

Maria has a history of chronic ear infections with inconsistent response to medication. She has also had chronic constipation problems. She has frequent upper respiratory health difficulties.

Maria's speech is difficult to understand. She has multiple articulation problems; she does not use her words to get her needs met.

Mother states she has a good relationship with Maria, but admits to getting frustrated with her aggression and resistance.

Maria has difficulty settling for sleep and was resistant to rest time in day care. Her eating is inconsistent. She has a lot of energy and rarely sits still. She resists limits. She is quick to dart out and does not seem to be aware of danger or risk.

Mother currently has no day care options. She is concerned about the continuing behavioral problems and is requesting help for Maria.

# “**Holders**” of information

- Who might you identify as “holders” of information
- How might that information be accessed
- How will this fit together to develop a functional plan focused on the individual child/family and including all providers?

# Applications for ECSII data

- A form of wrap around planning
- Integration with early childhood special education planning
- Integration into behavioral plans in Headstart
- Integration into planning in other child care settings
- Strong emphasis on parent involvement and direction.
- Connections with Medical Home model

# ECSII and Early Intervention

- Concern about labels
- Education about mental health issues for young children
- Impact of early intervention on mental health issues for young children
- Strengths perspective
- Collaborative efforts

# Recommendations

- How do you access assessments for children 0-5
- How do you establish connections with mental health professionals who are using the ECSII
- How does information get transferred and effectively utilized
- How can you encourage community mental health providers in learning about the ECSII

# Further information

- Contact:
  - For specific area information and training information:  
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