Early Childhood Service Intensity Instrument (ECSII)

Training Power Point
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Work Group on Community-Based Systems of Care
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"Road Map" for ECSII Training

- 1.5 days
- 1st Half day
  - ECSII development: from CASII to ECSII
  - Overview of ECSII tool and process of development
    - Philosophical base and developmental issues
    - Service Intensity concept
    - Review of psychometric data
    - Domains

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Road Map for ECSII Training (2)

- 2nd Half day
  - Overview of ECSII tool and process of development (continued)
    - Service Intensity Levels
    - Scoring
    - Review training vignette and score
    - Services profile discussion
    - Review of services profile on training vignette
    - Group discussion of service planning

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Road Map for ECSII Training (3)

- 3rd Half day
  - Presentation of second training vignette
    - Scoring and discussion
  - Information about the Strengths and Difficulties Questionnaire (SDQ)
  - Presentation of live case
    - Scoring and discussion

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ECSII: Purpose

- Purpose

- How the State of Minnesota is Using it:

- Target Population:

- CASII

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ECSII Purpose Continued

- When should the process be completed?
  - Upon intake when completing a diagnostic assessment using the DC:0-3R™
  - Every three months (as young children's development changes quickly)
  - Upon discharge from clinical mental health services

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ECSII: Overview

- Provides a common language for diverse providers
- Defines areas to examine in order to plan services and determine intensity of need
- Provides systematic method for examining these domains

Conceptualization of Service Intensity

- Differentiated from "level of care"
    - Not facility-based
    - Crosses different systems
    - Different ways to achieve level of intensity depending on service type
    - Lends itself to individualization/tailoring of care
    - Different service "packages" can achieve level of intensity

Likely Facilitators of the ECSII Process

- Mental Health Professionals who are assessing (providing diagnostic assessments to) and treating children ages 0-5.

Likely Users and Informers of the ECSII

- The process will be facilitated by a mental health professional who is providing clinical services to the young child and their family.
- Information from the ECSII can be gathered from and used by the following provider types:
    - Mental health
    - Child Welfare
    - Developmental services
    - Early childhood education
    - Community nursing
    - Primary health care
    - Child care
    - Adult addictions

ECSII: How it relates to CASII

- Maintains developmental perspective
- Maintains system of care perspective
    - Flexible approach to creating levels of service intensity using wraparound options
    - Addresses strengths as well as needs
- Increased emphasis on primary child-caregiver relationship(s); service fit issues
- Aimed at diverse providers and encompasses broader array of services from different service sectors

CASII Dimensions vs. ECSII Domains

- I. Risk of harm
- II. Functional Status
- III. Medical, Addictive, Developmental, and Psychiatric Co-morbidity
- IV. Recovery Environment
    - Scale A: Environmental Stressors
    - Scale B: Environmental Supports
- V. Resiliency and Treatment History
- VI. Acceptance and Engagement
    - Scale A: Child/adolescent Acceptance and Engagement
    - Scale B: Parental/familial Acceptance and Engagement.

- I. Degree of safety
- II. Child-caregiver relationship(s)
- III. Caregiving environment
    - a. Strengths/protective factors
    - b. Stressors/vulnerabilities
- IV. Functional/Developmental Status
- V. Impact of the Child's Medical, Developmental, and Emotional/Behavioral Problems
- VI. Services Profile
    - Service Involvement
    - Service Fit
    - Service Effectiveness

What ECSII Doesn't Do

- Prescribe a specific treatment plan
- Prescribe specific requirements for a level of service intensity
- Accomplish level of service intensity assignment without a complete clinical evaluation

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ECSII: Theory and Values

- **CASSP Core Values and Guiding Principles for a System of Care** (Stroul & Friedman, 1986)
- **AACAP Best Principles for Early Childhood Systems of Care** (AACAP, 2003)
- **Developmental theory: Importance of relationships:**

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ECSII: Theory and Values (2)

- **Cultural competence:**

- **Family empowerment:**

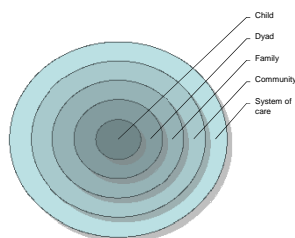- **Wraparound and strength-based model:** (VanDenBerg and Grealish,1996).

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ECSII: Theory and Values (3)

How the ECSII works with the DC:0-3R:

- Focus on the role of Sensory Regulation
- Focus on the child-caregiver relationship

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ECSII: Ecological View of the Child's Caregiving System

Child
Dyad
Family
Community
System of care

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Core Values & Guiding Principles for Early Childhood Systems of Care (AACAP, 2003)

- **Holistic view of development:**

- **Values child's attachment to primary care givers:**

- **Value in prevention and early intervention:**

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- Stability of the child's family
- Families are partners
- Families unique social/cultural values and beliefs are valued
- Treatment plans are based on a comprehensive assessment.

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- Services are comprehensive, flexible and appropriately intense to meet the child's and family's needs.

- An ethical balance in struck between rights of the child and the rights of the parents.

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ECSII Psychometric Study: Phases I and II

- Phase I: Inter-rater reliability and criterion-based validity (completed)
- Phase II Empirical algorithm construction and concurrent validity (completed)

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Psychometric Study Phase I:

- Inter-rater reliability: Oregon (7/05)
  - 52 clinicians from four service areas (mental health, child welfare, primary health nursing, early education) scored 15 standardized vignettes after 1 ½ day ECSII training
  - Correlation coefficients on Domains I-V from .676-.829 indicating excellent inter -rater reliability

- Criterion-based validity
  - "Gold standard" domain scores on 15 vignettes compared with inter-rater reliability sample
  - Correlation of .93, demonstrating excellent criterion validity

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ECSII Inter-rater reliability: Oregon Sample 7/05 (n=52)

Domain	Intra-class correlation
Safety	0.829
Child-caregiver relationships	0.763
Environmental supports	0.777
Environmental stressors	0.763
Functioning	0.675
Impact of problems	0.709

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ECSII Inter-rater reliability (2)

- Services Profile - Lower scores expected due to limited service information in vignettes
  - Service involvement   0.595
  - Service fit   0.696
  - Service effectiveness   0.442

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Concurrent Validity

- 40 early childhood clinicians in Nevada assigned ECSII scores based on clinical assessment on 205 children ages 0-5
- These scores were compared with:
  - Achenbach CBCL for 1 ½ –5 y.o. (or Infant Behavior Questionnaire (IBQ; Bates, 1987) for < 1 ½ y.o.)
  - Parenting Stress Index

ECSII: Overview of Domains

- I. Degree of safety
- II. Child-caregiver relationship(s)
- III. Caregiving environment
  - a. Strengths/protective factors
  - b. Stressors/vulnerabilities
- IV. Functional/Developmental Status
- V. Impact of the Child's Medical, Developmental, and Emotional/Behavioral Problems
- VI. Services Profile

ECSII: Domains (2)

- VI. Services Profile (rated if past or current services)
  - A. Involvement in services
    - Caregiver(s)
    - Child
  - B. Service Fit
  - C. Service Effectiveness

ECSII Domain I: Degree of Safety Introduction

The assessment of degree of safety must include:

- General environmental factors, such as community safety
- Caregiver attributes, both their areas of strength and their challenges
- The Child's developmental abilities to maintain safety

ECSII Domain I: Degree of Safety Introduction

Historical factors to consider:

- In the Child:

- In the Care Giver:

ECSII Domain I : Degree of Safety Optimal Degree of Safety

a. The Child's Environment

b. The Child's Care taking Environment

c. The Caregiver's responsiveness to safety

d. The Caregiver's behaviors

ECSII Domain I : Degree of Safety
Optimal Degree of Safety

e. Caregiver Knowledge

f. Child is able to use environment

g. No self harm (child)

h. Other

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ECSII Domain I: Degree of Safety
Adequate Degree of Safety

a. The Child's Environment

b. The Child's Care taking Environment

c. The Caregiver's responsiveness to safety

d. The Caregiver's behaviors

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ECSII Domain I: Degree of Safety
Adequate Degree of Safety

e. Caregiver Knowledge

f. Child is able to use environment

g. No self harm (child)

h. Other

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ECSII Domain I : Degree of Safety
Moderate Degree of Safety

a. The Child's Environment

b. The Child's Care taking Environment

c. The Caregiver's responsiveness to safety

d. The Caregiver's behaviors

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ECSII Domain I : Degree of Safety
Moderate Degree of Safety

e. Caregiver Knowledge

f. Child is able to use environment

g. No self harm (child)

h. Other

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ECSII Domain I: Degree of Safety
Impaired Degree of Safety

a. The Child's Environment

b. The Child's Care taking Environment

c. The Caregiver's responsiveness to safety

d. The Caregiver's behaviors

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ECSII Domain I: Degree of Safety
Impaired Degree of Safety

e. Caregiver Knowledge

f. Child is able to use environment

g. No self harm (child)

h. Other

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ECSII Domain I: Degree of Safety
Low Degree of Safety

a. The Child's Environment

b. The Child's Care taking Environment

c. The Caregiver's responsiveness to safety

d. The Caregiver's behaviors

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ECSII Domain I: Degree of Safety
Low Degree of Safety

e. Caregiver Knowledge

f. Child is able to use environment

g. No self harm (child)

h. Other

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Independent Criteria

- If a score of 5 (low degree of safety) is determined the child automatically should receive a level 5 service intensity
  - Scoring of the ECSII again when crisis is over may result in a lower level of service intensity

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ECSII Domain II: Child-Caregiver Relationships
Introduction

Rating this Domain:
1) 1st- who are the most important caregivers?
2) Rate only three caregiver relationships
3) The score is a composite of the relationships chosen.

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ECSII Domain II: Child-Caregiver Relationships
Introduction (2)

How to select which relationships to rate:
1) 1st- who is the primary caregiver?

2) Identifying which relationships have the next most impact on the child (may be outside of the immediate family).

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ECSII Domain II: Child-Caregiver Relationships
Introduction (3)

What to pay attention to:

- Quality of the relationship

- The degree of attunement the caregiver has to the child's developmental level and emotional needs

- The overall impact of the child-caregiver relationship on the functioning of both the child and the caregiver

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ECSII Domain II: Child-Caregiver Relationships
Introduction (4)

- Note: Who not to Include as primary care givers.

- This domain is about quality of the relationship not environment.

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ECSII Domain II:
Optimal Child-Caregiver Relationship

a. Level of Satisfaction of both in relationship
b. Interactions
c. Relationship Supports development
d. The Caregiver's understanding of Child's emotional needs
e. Other

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ECSII Domain II:
Adequate Child-Caregiver Relationship

a. Level of Satisfaction of both in relationship
b. Interactions
c. Relationship Supports development
d. The Caregiver's understanding of Child's emotional needs
e. Other

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ECSII Domain II:
Mild Impairment of Child-Caregiver Relationship

a. Level of Satisfaction of both in relationship
b. Interactions
c. Relationship Supports development
d. The Caregiver's understanding of Child's emotional needs
e. Other

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ECSII Domain II: Moderate Impairment of Child-Caregiver Relationship

a. Level of Satisfaction of both in relationship
b. Interactions
c. Relationship Supports development
d. The Caregiver's understanding of Child's emotional needs
e. Other

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ECSII Domain II: Severe Impairment of Child-Caregiver Relationship

a. Level of Satisfaction of both in relationship
b. Interactions
c. Relationship Supports development
d. The Caregiver's understanding of Child's emotional needs
e. Other

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Independent Criteria

- If a score of 5 (severe impairment of child/caregiver relationship) is determined the service intensity level increased by 1 level

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ECSII Domain III: Caregiving Environment Introduction

- This domain assesses the factors in the "caregiving system" that affect the child's functioning

- Domain Consist of two subscales
  - Strengths and Protective Factors
  - Stressors and Vulnerabilities

- This essential gives "double weight" to the caregiver's input on the quality of the Caregiving Environment

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ECSII Domain III: Caregiving Environment Strength/Protective Factors Subdomain Introduction

- Protective factors for the child in the caregiving environment include (examples)

- Risk factors include (examples)

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ECSII Domain III: Caregiving Environment Optimal Strengths and Protective Factors

a. The Family and Community resources available

b. Availability of active/engaged family and community.

c. Caregivers' access to and use of resources.

d. The Caregiving System's environment

e. The Caregiving System's ability to provide resources

f. Other

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ECSII Domain III: Caregiving Environment Adequate Strengths and Protective Factors

a. The Family and Community resources available

b. Availability of active/engaged family and community.

c. Caregivers' access to and use of resources.

d. The Caregiving System's environment

e. The Caregiving System's ability to provide resources

f. Other

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ECSII Domain III: Caregiving Environment
Limited Strengths and Protective Factors

a. The Family and Community resources available

b. Availability of active/engaged family and community.

c. Caregivers' access to and use of resources.

d. The Caregiving System's environment

e. The Caregiving System's ability to provide resources

f. Other

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ECSII Domain III: Caregiving Environment
Minimal Strengths and Protective Factors

a. The Family and Community resources available

b. Availability of active/engaged family and community.

c. Caregivers' access to and use of resources.

d. The Caregiving System's environment

e. The Caregiving System's ability to provide resources

f. Other

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ECSII Domain III: Caregiving Environment
No Strengths and Protective Factors

a. The Family and Community resources available

b. Availability of active/engaged family and community.

c. Caregivers' access to and use of resources.

d. The Caregiving System's environment

e. The Caregiving System's ability to provide resources

f. Other

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ECSII Domain III: Caregiving Environment
Stressors and Vulnerabilities
Potential Stressors

In rating this domain, consider the following potential stressors in the caregiving environment:

Family:
- Caregiver health
- Family member criminal behavior / incarceration
- Domestic violence
- Family employment, health insurance, poverty
- Significant losses and transitions

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ECSII Domain III: Caregiving Environment
Stressors and Vulnerabilities
Potential Stressors (2)

In rating this domain, consider the following potential stressors in the caregiving environment:

Community:
- Violence, safety concerns in the neighborhood
- Cultural intolerance
- Lack of appropriate child care or other community supports
- Social isolation

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ECSII Domain III: Caregiving Environment
Absent Stressors and Vulnerabilities

a. Amount of family or community stressors

b. Amount of recent transitions or losses

c. Degree to which material needs are being met and will be met in the future

d. Families ability receive supports

e. The community's responsiveness to the family's cultural needs

f. Family's ability to meet the developmental needs of the child

g. Other

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ECSII Domain III: Caregiving Environment
Mild Stressors and Vulnerabilities

a. Amount of family or community stressors
b. Amount of recent transitions or losses
c. Degree to which material needs are being met and will be met in the future
d. Families ability receive supports
e. The community's responsiveness to the family's cultural needs
f. Family's ability to meet the developmental needs of the child
g. Other

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ECSII Domain III: Caregiving Environment
Moderate Stressors and Vulnerabilities

a. Amount of family or community stressors
b. Amount of recent transitions or losses
c. Degree to which material needs are being met and will be met in the future
d. Families ability receive supports
e. The community's responsiveness to the family's cultural needs
f. Family's ability to meet the developmental needs of the child
g. Other

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ECSII Domain III: Caregiving Environment
Serious Stressors and Vulnerabilities

a. Amount of family or community stressors
b. Amount of recent transitions or losses
c. Degree to which material needs are being met and will be met in the future
d. Families ability receive supports
e. The community's responsiveness to the family's cultural needs
f. Family's ability to meet the developmental needs of the child
g. Other

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ECSII Domain III: Caregiving Environment
Severe Stressors and Vulnerabilities

a. Amount of family or community stressors
b. Amount of recent transitions or losses
c. Degree to which material needs are being met and will be met in the future
d. Families ability receive supports
e. The community's responsiveness to the family's cultural needs
f. Family's ability to meet the developmental needs of the child
g. Other

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ECSII Domain IV:
Functional/Developmental Status
Introduction

- This domain considers the child's functioning and developmental status as compared with normal expectations for a child of this chronological age.

- Aspects of functioning and development included in this domain are:
  - Affective state and state regulation
  - Adaptation to change
  - Biological patterns
  - Social interaction with adults and other children
  - Cognitive, language, and motor development

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ECSII Domain IV:
Functional/Developmental Status
Introduction (2)

- Affective state and state regulation includes:
  - Capacity to maintain a comfortable and consistent internal state
  - Range of affect (the nature and intensity of expression of the child's emotional responses to internal and external events and stimuli)
  - Capacity to regulate emotions

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ECSII Domain IV: Functional/Developmental Status Introduction (3)

- Adaptation to Change Includes:
  - Response to transitions
  - Ability to adapt to change (flexibility)
  - Response to external stimuli: curiosity and exploration of the environment; child's ability to balance interest in novel stimuli with potential danger in exploring these new stimuli

ECSII Domain IV: Functional/Developmental Status Introduction (4)

- Biological patterns include:
  - Sleeping
  - Eating
  - Toileting

ECSII Domain IV: Functional/Developmental Status Introduction (5)

- Social interaction with adults and other children includes:
  - Relatedness, including interest in sharing experiences
  - Selective attachment (e.g. discriminating between attachment figures and others)
  - Impulse control and aggression

ECSII Domain IV: Functional/Developmental Status Introduction (6)

- Cognitive, language and motor development includes:
  - Cognitive includes: problem solving ability, attention, etc.
  - Speech and language development, including non-verbal communication
  - Gross and fine motor development

ECSII Domain IV: Optimal Functional/Developmental Status

a. Child's ability to regulate and display affect.
b. Child's ability to adapt to change.
c. Child's ability to sleep, eat and toilet at an age appropriate level.
d. Child's ability to demonstrate age appropriate relationships.
e. Child's communication, motor and cognitive capacities.
f. Other

ECSII Domain IV: Adequate Functional/Developmental Status

a. Child's ability to regulate and display affect.
b. Child's ability to adapt to change.
c. Child's ability to sleep, eat and toilet at an age appropriate level.
d. Child's ability to demonstrate age appropriate relationships.
e. Child's communication, motor and cognitive capacities.
f. Other

ECSII Domain IV: Mild Impairment of Functional/Developmental Status

a. Child's ability to regulate and display affect.
b. Child's ability to adapt to change.
c. Child's ability to sleep, eat and toilet at an age appropriate level.
d. Child's ability to demonstrate age appropriate relationships.
e. Child's communication, motor and cognitive capacities.
f. Other

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ECSII Domain IV: Moderate Impairment of Functional/Developmental Status

a. Child's ability to regulate and display affect.
b. Child's ability to adapt to change.
c. Child's ability to sleep, eat and toilet at an age appropriate level.
d. Child's ability to demonstrate age appropriate relationships.
e. Child's communication, motor and cognitive capacities.
f. Other

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ECSII Domain IV: Severe Impairment of Functional/Developmental Status

a. Child's ability to regulate and display affect.
b. Child's ability to adapt to change.
c. Child's ability to sleep, eat and toilet at an age appropriate level.
d. Child's ability to demonstrate age appropriate relationships.
e. Child's communication, motor and cognitive capacities.
f. Other

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Independent Criteria

- If a score of 5 (severe functional/developmental impairment) is determined the service intensity level increased by 1 level

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Special Note: Independent Criteria for Domain II and IV

- If Child-Caregiver Relationships (Domain II) and Functional/ Developmental Status (Domain IV) are BOTH scored a 5, *the level of service intensity only increases by one level*

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ECSII Domain V: Impact of the Child's Medical, Developmental, or Emotional/Behavioral Problems Introduction

- 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.

- The key element is the impact of the problem(s) on the caregiver(s) or child rather than the severity of the child's condition.

- Particular attention is paid to the impact of needs related to the problem on daily family life.

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ECSII Domain V: Impact of the Child's Medical,
Developmental, or Emotional/Behavioral Problems
Introduction (2)

The impact of a medical, developmental, or emotional/behavioral
problem encompasses many variables, including:

- Psychological adjustment of the child and caregiver(s)
- Effect on usual family routines
- Perceptions of child as impaired by self, family, and others (i.e. stigmatization)
- Caregiver strain related to multiple service needs
- Financial consequences, both direct and indirect (i.e. cost of care and potential loss of employment to care for child)
- Intensity of interventions needed in the daily caregiving environment (e.g. respiratory, feeding support)
- Risk for developmental compromise

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ECSII Domain V: Impact of the
Child's Medical, Developmental, or
Emotional /Behavioral Problems
Optimal Functioning

a. Medical Problems in the Child

b. Developmental Problems in the Child

c. Emotional or Behavioral Problems in the Child

d. Emotional Stress on the family (related to the child's med, develop. or emotional issues)

e. Financial Stress on family (related to the child's med, develop. or emotional issues)

f. Other

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ECSII Domain V: Impact of the
Child's Medical, Developmental, or
Emotional /Behavioral Problems
Adequate Functioning

a. Medical Problems in the Child

b. Developmental Problems in the Child

c. Emotional or Behavioral Problems in the Child

d. Emotional Stress on the family (related to the child's med, develop. or emotional issues)

e. Financial Stress on family (related to the child's med, develop. or emotional issues)

f. Other

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ECSII Domain V: Impact of the Child's
Medical, Developmental, or
Emotional /Behavioral Problems
Mild Impairment

a. Medical Problems in the Child

b. Developmental Problems in the Child

c. Emotional or Behavioral Problems in the Child

d. Emotional Stress on the family (related to the child's med, develop. or emotional issues)

e. Financial Stress on family (related to the child's med, develop. or emotional issues)

f. Other

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ECSII Domain V: Impact of the Child's
Medical, Developmental, or
Emotional /Behavioral Problems
Moderate Impairment

a. Medical Problems in the Child

b. Developmental Problems in the Child

c. Emotional or Behavioral Problems in the Child

d. Emotional Stress on the family (related to the child's med, develop. or emotional issues)

e. Financial Stress on family (related to the child's med, develop. or emotional issues)

f. Other

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ECSII Domain V: Impact of the Child's
Medical, Developmental, or
Emotional/Behavioral Problems
Severe Impairment

a. Medical Problems in the Child

b. Developmental Problems in the Child

c. Emotional or Behavioral Problems in the Child

d. Emotional Stress on the family (related to the child's med, develop. or emotional issues)

e. Financial Stress on family (related to the child's med, develop. or emotional issues)

f. Other

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ECSII SCORING ALGORITHM						
STEP 1	**Preliminary Level by Total Score on Domains I-V**					
	Total score	6-8	9-12	13-17	18-22	23-26	27-30
	SI Level	0	1	2	3	4	5
STEP 2	**Independent Criteria**					
	ECSII Domain	Degree of Safety	Child-Caregiver Relation-ships	Function/ Devel. Status		
	Score	5	5	5		
	Action	Move up to Level 5	Moves up 1 Level*	Moves up 1 Level*	*Only one level moved up if both Child-Caregiver Relationships and Function/Devel. Status are scored 5.	
STEP 3	Services Profile	Consider increasing SI Level if sum of three Services Profile sub-scales is 12 or above				
FINAL ECSII SI LEVEL						

ECSII Domain VI: Service Profile Introduction

- This Domain consists of three subscales:
  - the child and family's involvement in previous and current services,
  - the fit of services to the problem(s), and
  - the effectiveness of services.

- **The Services Profile is scored only if the child and family have already received services or evaluations.**

- *This domain should not be rated if the child has had no services or evaluation beyond primary health care.*

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ECSII Domain VI: Service Profile Introduction (2)

- The Service Profile may assist in:
  - Changing the type of service
  - Improving the collaboration between family and providers
- This domain can also serve as an outcome measure to be tracked over time.

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ECSII Domain VI: Service Profile
Caregiver/Child Involvement in Services Introduction

- It should be kept in mind that in a caregiver or child's relationship with a provider, both parties contribute to a successful level of involvement; either may experience difficulties interfering with establishing a successful relationship.
- Involvement includes: engagement, ability to meet and communicate, and ability to reach a consensus about service planning.
- **After rating the caregiver's involvement and child's involvement, only one of the two scores will be selected for the total scale score.**

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ECSII Domain VI: Service Profile
Optimal Caregiver(s) Involvement in Services

a. The level to which all Caregivers and all engage with each other
b. The level to which Caregivers meet/communicate with providers about needs
c. Caregivers/providers level of agreement about child and family strengths and needs
d. Other

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ECSII Domain VI: Service Profile
Adequate Caregiver(s) Involvement in Services

a. The level to which all Caregivers and all engage with each other
b. The level to which Caregivers meet/communicate with providers about needs
c. Caregivers/providers level of agreement about child and family strengths and needs
d. Other

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ECSII Domain VI: Service Profile
Limited Caregiver(s) Involvement in Services

a. The level to which all Caregivers and all engage with each other
b. The level to which Caregivers meet/communicate with providers about needs
c. Caregivers/providers level of agreement about child and family strengths and needs
d. Other

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ECSII Domain VI: Service Profile
Minimal Caregiver(s) Involvement in Services

a. The level to which all Caregivers and all engage with each other
b. The level to which Caregivers meet/communicate with providers about needs
c. Caregivers/providers level of agreement about child and family strengths and needs
d. Other

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ECSII Domain VI: Service Profile
No Caregiver(s) Involvement in Services

a. The level to which all Caregivers and all engage with each other
b. The level to which Caregivers meet/communicate with providers about needs
c. Caregivers/providers level of agreement about child and family strengths and needs
d. Other

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ECSII Domain VI: Service Profile
Optimal Child's Involvement in Services

a. Child's engagement level with provider(s).

b. Child and provider(s) ability to meet.

c. Child's level of cooperation with interventions.

d. Other

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ECSII Domain VI: Service Profile
Adequate Child's Involvement in Services

a. Child's engagement level with provider(s).

b. Child and provider(s) ability to meet.

c. Child's level of cooperation with interventions.

d. Other

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ECSII Domain VI: Service Profile
Limited Child's Involvement in Services

a. Child's engagement level with provider(s).

b. Child and provider(s) ability to meet.

c. Child's level of cooperation with interventions.

d. Other

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ECSII Domain VI: Service Profile
Minimal Child's Involvement in Services

a. Child's engagement level with provider(s).

b. Child and provider(s) ability to meet.

c. Child's level of cooperation with interventions.

d. Other

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ECSII Domain VI: Service Profile
No Child's Involvement in Services

a. Child's engagement level with provider(s).

b. Child and provider(s) ability to meet.

c. Child's level of cooperation with interventions.

d. Other

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ECSII Domain VI: Service Profile
Service Fit
Introduction

- Historically, higher levels of care were thought to be necessary when lower intensity services were ineffective. ***This may not be true.***

- The system of care approach has looked more closely at service fit, finding that less intensive services can work as well as higher intensity (or more restrictive services) if they are individualized to meet the child and family's individual needs

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ECSII Domain VI: Service Profile
Service Fit
Introduction (2)

Service appropriateness incorporates a number of variables including:
- Comprehensiveness of services
- Extent to which the services match to the specific problem
- Degree to which needs and strengths are addressed
- Timeliness of intervention
- Ability of child and family to use the services
- The climate in which services are provided, defined as the degree of respect and supportiveness that promote participation in care

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ECSII Domain VI: Service Profile
Optimal Service Fit

a. Amount of agreement between Caregiver(s) and provider(s) about the fit between the services and needs of child and family.
b. Level that services address the child's developmental, social/emotional, or medical needs.
c. Level that services are provided in a respectful and supportive manner, promoting active participation.
d. Level of access to needed services, including appropriate flexible services
e. Level that services are culturally competent.
f. Level of collaboration among providers; level that services are coordinated.
g. Other

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ECSII Domain VI: Service Profile
Adequate Service Fit

a. Amount of agreement between Caregiver(s) and provider(s) about the fit between the services and needs of child and family.
b. Level that services address the child's developmental, social/emotional, or medical needs.
c. Level that services are provided in a respectful and supportive manner, promoting active participation.
d. Level of access to needed services, including appropriate flexible services
e. Level that services are culturally competent.
f. Level of collaboration among providers; level that services are coordinated.
g. Other

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ECSII Domain VI: Service Profile
Limited Service Fit

a. Amount of agreement between Caregiver(s) and provider(s) about the fit between the services and needs of child and family.
b. Level that services address the child's developmental, social/emotional, or medical needs.
c. Level that services are provided in a respectful and supportive manner, promoting active participation.
d. Level of access to needed services, including appropriate flexible services
e. Level that services are culturally competent.
f. Level of collaboration among providers; level that services are coordinated.
g. Other

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ECSII Domain VI: Service Profile
Minimal Service Fit

a. Amount of agreement between Caregiver(s) and provider(s) about the fit between the services and needs of child and family.
b. Level that services address the child's developmental, social/emotional, or medical needs.
c. Level that services are provided in a respectful and supportive manner, promoting active participation.
d. Level of access to needed services, including appropriate flexible services
e. Level that services are culturally competent.
f. Level of collaboration among providers; level that services are coordinated.
g. Other

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ECSII Domain VI: Service Profile
No Service Fit

a. Amount of agreement between Caregiver(s) and provider(s) about the fit between the services and needs of child and family.
b. Level that services address the child's developmental, social/emotional, or medical needs.
c. Level that services are provided in a respectful and supportive manner, promoting active participation.
d. Level of access to needed services, including appropriate flexible services
e. Level that services are culturally competent.
f. Level of collaboration among providers; level that services are coordinated.
g. Other

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ECSII Domain VI: Service Profile
Effectiveness of Services
Introduction

- The family's perception of effectiveness should be most prominent here, but other perspectives can be considered if there is disagreement (e.g. a family experiencing domestic violence or substance abuse may report that an intervention is ineffective despite evidence that the child is improving.)

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ECSII Domain VI: Service Profile
Optimal Effectiveness of Services

a. Degree to which caregiver(s) and provider(s) believe services are effective.

b. Degree to which caregiver(s) and provider(s) believe child's growth and development are back on track.

c. Degree to which caregiver(s) and provider(s) believe that family difficulties and concerns have been resolved.

d. Degree to which caregiver(s) and provider(s) believe that the child's and family's future needs are prepared for.

e. Other

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ECSII Domain VI: Service Profile
Adequate Effectiveness of Services

- Degree to which caregiver(s) and provider(s) believe services are effective.

- Degree to which caregiver(s) and provider(s) believe child's growth and development are back on track.

- Degree to which caregiver(s) and provider(s) believe that family difficulties and concerns have been resolved.

- Degree to which caregiver(s) and provider(s) believe that the child's and family's future needs are prepared for.

- Other

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ECSII Domain VI: Service Profile
Limited Effectiveness of Services

a. Degree to which caregiver(s) and provider(s) believe services are effective.

b. Degree to which caregiver(s) and provider(s) believe child's growth and development are back on track.

c. Degree to which caregiver(s) and provider(s) believe that family difficulties and concerns have been resolved.

d. Degree to which caregiver(s) and provider(s) believe that the child's and family's future needs are prepared for.

e. Other

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ECSII Domain VI: Service Profile
Minimal Effectiveness of Services

a. Degree to which caregiver(s) and provider(s) believe services are effective.

b. Degree to which caregiver(s) and provider(s) believe child's growth and development are back on track.

c. Degree to which caregiver(s) and provider(s) believe that family difficulties and concerns have been resolved.

d. Degree to which caregiver(s) and provider(s) believe that the child's and family's future needs are prepared for.

e. Other

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ECSII Domain VI: Service Profile
Services are Not Effective

a. Degree to which caregiver(s) and provider(s) believe services are effective.

b. Degree to which caregiver(s) and provider(s) believe child's growth and development are back on track.

c. Degree to which caregiver(s) and provider(s) believe that family difficulties and concerns have been resolved.

d. Degree to which caregiver(s) and provider(s) believe that the child's and family's future needs are prepared for.

e. Other

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Services Profile Scores

- Consider one Service Intensity Level increase if sum of the three Service Profile scores is 12 or more

- Remember: better Service Fit may be achieved without increasing the service intensity!

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ECSII:
Instructions for Rating Domains

- Raters
  - Provider(s) with comprehensive knowledge of child and family
  - Can be done with child-family teams, using information from all participants
- Review introduction to each Domain to understand intent
- Review all anchor points, and choose highest score (most impaired) that is applicable.
- Not all descriptors in each anchor point must be met
- Can choose "other" if exact idea not applicable

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Description of Treatment
Planning Process

- Interventions should be based on strengths
- Services should be individualized and prioritized
- Services should respect the family's unique cultural values and beliefs.
- Consider multiple options before settling on specific interventions
- Incorporate community and natural supports as well as formal services
- There should be accountability for accomplishing each aspect of the plan

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Dimensions of Treatment Planning Process

- Focus of services: where the services and interventions are targeted
  - Child
  - Parent-child dyad
  - Family/Caregivers
  - Community/neighborhood
  - System of Care

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Dimensions of Treatment Planning Process (2)

- Types of services:
  - Evaluation
  - Medical
  - Developmental
  - Educational
  - Social
  - Mental Health
  - Care Coordination
  - Community/natural supports

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Dimensions of Treatment Planning Process (3)

- Setting in which the services are provided:
  - The child and family's home
  - Child Care
  - Special Needs Preschool
  - Head Start Program
  - Mental Health or other clinic setting
  - Day Treatment Program
  - Therapeutic Foster Care

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Characteristics of Service Intensity Levels

- Complexity and impact of problem(s)
- Focus of intervention and context in which services occur
- Extent of specialist involvement and eligibility for specialized services
- Frequency, number of services
- Number of systems involved and degree of care coordination
- Community and natural supports / need for support in daily functioning

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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)

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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.

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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.

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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.

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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.

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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.

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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.

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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)							

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Service Intensity: Evaluation

0	Primary care check-up; Health screening in pre-school settings
1	Evaluation in a single service area
2	Evaluations from one or more service areas
3	Evaluations from multiple service areas, with repeated visits
4	Complex, integrated, multidisciplinary evaluation
5	Evaluation in inpatient or other 24-hour setting

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Service Intensity: Medical

0	Well child care/ primary health care
1	Primary care management of acute common childhood illness, e.g. occasional otitis media, gastroenteritis
2	Chronic medical problems manageable by primary care provider, e.g. asthma or recurrent otitis media
3	Chronic medical problems managed by primary care provider with occasional specialist consultation
4	Chronic medical problems requiring management by specialist or multiple specialist consultation, e.g. poorly controlled diabetes, chronic failure to thrive
5	Frequent hospital admissions, secure nursing facility or chronic care facility; medical foster care

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Service Intensity: Developmental/Educational

0	Head Start; Regular preschool; Child care
1	Single developmental therapy (e.g. speech or occupational therapy)
2	Early Intervention service provided in home; Added supports in classroom without IEP eligibility
3	Center-based Early Intervention or Early Special Education (1 day/wk); Multiple developmental therapies
4	Center-based Early Intervention or Early Special Education (multiple days per week)
5	Self-contained special education placement with full-time 1-to-1 aide

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Service Intensity: Mental Health

	▪Mental health screening in school or primary care setting
1	Parent guidance and support, e.g. parent education/ training; Mental health consultation to Head Start or child care
2	Entry mental health services (1x per week or <) by a behavioral specialist (e.g. individual, dyadic, family, or parental therapy); Psychiatric diagnosis and psychotropic medication by a primary care practitioner
3	▪Intensive outpatient (i.e. more than one session per week) of individual, dyadic, family, or parental therapy; More than one modality concurrently
4	Psychiatric day treatment; Very intensity individual, dyadic or family therapy (multiple sessions per week, some which may be home-based); Multiple modalities concurrently, generally requiring multiple agency involvement
5	Therapeutic out-of-home placement (e.g. treatment foster care); Psychiatric hospital (for children > 2 ½); Residential treatment

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Service Intensity: Social Services/Child Welfare

0	Public health education; basic financial assistance; home visits for first time mothers
1	Public assistance (TANF); periodic home monitoring for identified area of concern
2	Parenting education classes for area of concern; regular home monitoring or intervention for area of concern; low level referrals to child welfare
3	Beginning home-based family support services (e.g. one day a week of respite); voluntary child welfare involvement; Foster care for non protective reasons (e.g. parent is killed)
4	Intensive home-based services (e.g. family preservation services); open child protective services case due to substantiated
5	Open child protective service case due to substantiated child maltreatment that may require removal from the home; treatment foster care

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Service Intensity: Care Coordination/ Child And Family Teams

0	Caregiver (s) (e.g. parents) coordinates services as needed
1	Caregiver(s) (e.g. parents) coordinates services as needed in collaboration with primary service provider (e.g. primary care physician, therapist)
2	Primary service provider (e.g. therapist) performs care coordination as needed in collaboration with caregiver(s) (e.g. parents)
3	Separate care coordinator (i.e. not primary service provider) if multiple providers are involved. Development of child and family team (CFT) with active family involvement. CFT may meet on as-needed basis or be time-limited
4	Formal care coordination with a child and family team (CFT) that meets regularly
5	Formal care coordination with a child and family team (CFT) meeting frequently (e.g. due to ongoing crisis planning needs)

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Service Intensity: Community and Natural Supports

0	Support from family, kin, community; child care, faith-based community
1	Parents support group or parenting education class; increased involvement of extended family
2	Specialized parent education program to address need; increased community supports
3	Trained parent mentor; trained parent advocate; family support services
4	Intensive home-based support to help with daily functioning; home-based parent coaching
5	Intensive in-home support for a greater number of hours and supporting safety in the home

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SDQ Background

- An outcome measure completed by a child's parent or teacher upon intake of receiving mental health services, every six months there after, and upon discharge.

- It measures parent/teacher perceptions of behaviors related to emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships and pro-social behavior.

- It is appropriate to use for children ages 3-16.

- It is a mandatory outcome measure for all children receiving mental health services through Minnesota Health Care Programs or CMH grants.

SDQ Introduction
Goals:

- Participants will describe what the Strengths and Difficulties questionnaire is and what it is used for
- Participants will be able to define the domains including:
  - Emotional Problems
  - Conduct Problems
  - Hyperactivity/Inattention
  - Peer Relationship Problems
  - Pro-social Behavior

SDQ Introduction
Goals:

- Participants will learn how to administer and score the SDQ

- Participants will discuss the rational for using the SDQ along with the ECSII and the diagnostic assessment

- Participants will discuss strategies for teaching and supervising others on the use of the SDQ and the ECSII

Strengths and Difficulties Questionnaire

- 25 Items for Parents or Teachers

- An Impact Supplement is also available

- Scoring options: Hand and/or Computer (sdqinfo.org; MN-ITS)

Strengths and Difficulties Questionnaire

- Normed on the National Health Interview Survey

- 3 to 16 year olds

- Has been compared to the Achenbach CBCL

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Activity

Practice using and scoring the SDQ

Strengths and Difficulties Questionnaire

- Respondents: (by group)
  - Parent(s)
  - Teacher(s)

Agree on responses and complete one answer sheet per group

Strengths and Difficulties Questionnaire

- Questionnaire (stencil transparencies)

  - There is a stencil for each domain
  - Stencils and Questionnaire forms are labeled:
    - Parent
    - Teacher

Strengths and Difficulties Questionnaire

- Questionnaire (stencil transparencies)

  - Align the dark bold lines on the questionnaire with the lines on the stencil
  - For each domain, count the number of responses
  - The total for each domain is recorded on the SDQ Record Sheet

Strengths and Difficulties Questionnaire

- SDQ Record Sheet

  For each group
  1). Circle the total score for each domain
  2). The Total Difficulties Score is the sum of Emotional, Conduct, Hyperactivity and Peer Problems (Pro-social is excluded)

SDQ Background

- **Normal Range (0-15)- typical of most children this age**
- **Borderline Range (16-19)- an area to watch**
- **Concern Range (20-40)- an area for concern**

Thank you!

Training will continue with the scoring of vignettes and a case presentation.

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