

ECSII© SERVICE INTENSITY (SI) LEVEL DEFINITIONS & UTILIZATION CRITERIA

A Service Intensity (SI) Level is the *composite* of all services and supports. It is not a specific service setting such as a hospital, residential center, or day treatment program. There are multiple ways to achieve a particular SI level. For example a higher SI level may be achieved with multiple services of different types (e.g. educational, mental health, child welfare) or a higher level of one service type

Note that levels of intensity are not the same in different service types, i.e. not all service types having comparable frequencies or degree of specialist involvement will be at the same SI level. For example, a single weekly developmental therapy might be considered a starting level of services whereas a weekly mental health session attended by the child or family is considered more intensive in this age group.

Higher service intensity may be achieved by adding specific services that may typically be found at lower levels of service intensity. For example, a parent partner may be used at moderate service intensity or may be added to at a higher level to increase service intensity.

The Service Intensity Level encompasses services across *all* needed service types. **THUS, THE SERVICE INTENSITY LEVEL ASSIGNED TO A PARTICULAR CHILD IS A COMPOSITE OF ALL THE SERVICES IN HIS OR HER INDIVIDUALIZED SERVICE PLAN.** A particular Service Intensity level may have a high level of services in one service category and a minimal level of services in another service category, but still comprise a high level of overall Service Intensity. General descriptions of Service Intensity Levels 0-5 are provided below. For each Service Intensity Level, six relevant characteristics of service intensity are described at ascending levels to convey what the overall level might look like.

Refer to the Service Intensity Tables 1-7 (pages 49-55) for *examples* of increasing service intensity in each service category, keeping in mind that practice may vary in different localities and from state to state. These tables are not intended to be prescriptive but can be used as stimuli to guide service planning.

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Characteristics of Service Intensity Levels

Since Service Intensity in the ECSII is not limited to mental health services, a way of thinking about what an *overall* Service Intensity looks like is needed. The seven elements listed below describe characteristics of services (or in some cases child and family needs) at different Service Intensity Levels. Each ECSII Service Intensity Level from 0-V is then described according to these characteristics.

When you have scored the ECSII and are developing a service plan at a specific ECSII-derived Service Intensity Level, these descriptions may help to “locate” an appropriate level of overall Service Intensity. In addition, when evaluating an existing service array, these descriptions may be used to help identify the existing Service Intensity Level.

- 1. Complexity and impact of problem(s)**
- 2. Focus of intervention and setting in which services occur (home, community, office, program)**
- 3. Extent of specialized services (evaluation / treatment)**
- 4. Number, frequency, and duration of services**
- 5. Support for safety and daily functioning**
- 6. Number of agencies/systems involved, degree of care coordination and role for the child and family team**
- 7. Extent of community and natural supports**

ECSII SERVICE INTENSITY LEVELS		
LEVEL	0	Basic health services
LEVEL	1	Minimal service intensity (beginning care)
LEVEL	2	Low service intensity
LEVEL	3	Moderate service intensity
LEVEL	4	High service intensity
LEVEL	5	Maximal service intensity

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SI LEVEL 0 - BASIC HEALTH SERVICES

1. At this SI level the child and family are receiving basic health promotion and preventive services that should be available to every child.
2. The child's expected developmental issues are addressed in home, child care, preschool/school, and primary health care settings.
3. Specialized services are not needed at this level. Standard screening for health, development and behavioral needs is available as a routine service (e.g. hearing or vision screening in schools).
4. Routine well child visits occur at the recommended frequency appropriate to age.
5. Coordination needs are not significant and are performed by the family or primary care practitioner. The child serving agencies are typically primary health care and child care or education.
6. Community and natural supports include support from family, kin, and community; child (day) care; informal parent peer support; and faith based community, among others.

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SI LEVEL 1 - MINIMAL SERVICE INTENSITY (BEGINNING CARE)

1. This SI level represents beginning services or supports given in response to a circumscribed area of concern in the child or family.
2. The child's developmental, emotional or behavioral problems are addressed by the primary care provider or through specialist consultation to the school or child care settings. The focus is most often providing education and skills to caregivers to help them address the problem at home (e.g. a speech therapist coaches the caregiver to increase language in daily activities).
3. At this level there may be a single medical or developmental evaluation and/or treatment (e.g. speech therapy or occupational therapy).
4. Additional services or contacts with providers may be needed to address a specific problem. The frequency is generally weekly or less.
5. Coordination needs are performed by the family in collaboration with the primary service provider (e.g. developmental therapist, primary care practitioner).
6. Community and natural supports are targeted to areas of concern (e.g. home health nurse, trained parent mentor, child socialization group).

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SI LEVEL 2 - LOW SERVICE INTENSITY

1. This SI level represents added services targeted to one or more significant area(s) of concern, which may be either acute or ongoing.
2. Although the focus may still be on assisting the caregiver(s) in addressing the child's needs, services are more likely to occur in settings other than home or child care. Formal mental health services with the child and family begin at this level.
3. The specialist may take a more direct role in the care of the child at this level. The primary health provider at this level may provide a higher level of care for a specific problem (e.g. diagnosis and medication treatment for ADHD).
4. Increased intensity of services occurs at this level. How this occurs may vary across systems or service categories (e.g. added services, more specialized services, and/or more frequent services). For example, developmental therapy may increase in frequency or formal mental health services are introduced. The frequency of services is up to once a week.
5. Coordination needs are performed by the family in collaboration with the primary service provider. There may be several practitioners involved that requires some communication but there is generally not a need for formal care coordination or a child and family team.
6. Community and natural supports continue to be targeted to areas of concern and can be added to increase intensity. They may increase in number, frequency, and duration (e.g. several contacts per week with a home health nurse or parent mentor, efforts to enhance the family's community supports).

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SI LEVEL 3 - MODERATE SERVICE INTENSITY

1. This SI level represents moderately intensive services targeted to multiple and/or complex area(s) of concern that are interfering with the child and family's functioning. The concerns are generally ongoing although a serious problem presenting acutely or may be addressed at this SI level.
2. At this SI level there are multiple foci of intervention, not only to the child and family, but at the level of the providers (e.g. consultation to a provider or additional interagency collaboration).
3. At this level there may be a need for multiple specialty evaluations, and repeated or ongoing treatment contacts. The specialist may assume an increased role in the direct care of the child. At this level mental health needs are generally more complex and require specialty mental health care; however, continued involvement of the primary health provider is important for continuity and coordination of care.
4. Moderate intensity services may be achieved through increased frequency of contacts, multiple types of interventions, or more specialized services within a program. This level may entail multiple mental health sessions per week (e.g. child/family therapy or home-based therapy); multiple or frequent developmental therapies provided by Early Intervention; or child welfare-provided home-based services and/or monitoring. Development of a crisis or safety plan should occur at this level.
5. At this level it is likely that there are more providers or agencies involved with the child and/or the family (e.g. child welfare, parental involvement with the justice system), which will require increasing care coordination. There is an assigned (i.e. formal) care coordinator if multiple providers are involved. A child and family team is desirable at this level; it may occur on an as-needed basis or be time-limited. Alternatively, there may be intensive involvement by one agency making formal care coordination less necessary.
6. Community and natural supports should be increased and are integrated into the comprehensive plan to address areas of concern. Community and natural supports are actively recruited to augment the family's strengths and resources (e.g. respite services, assistance with housing or employment, and other supports to caregivers).

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SI LEVEL 4 - HIGH SERVICE INTENSITY

1. This SI level targets multiple and complex areas of concern. The concerns are ongoing, although a serious acute problem may need this level of service intensity (e.g. loss of a parent, child abuse or neglect). The child's development and the family's stability will be seriously disrupted without this level of intervention.
2. At this SI level there are multiple foci of intervention to address complex issues involving the child and family that require intensive collaboration among providers. Intervention settings expand to include placement in intensive outpatient programs (e.g. therapeutic nursery, day treatment); or intensive home-based services multiple days per week.
3. At this level there may be increased involvement of specialists in an agency (e.g. a family therapist and assigned care coordinator). There is also need for more specialized interventions addressing multiple domains. For example, a child with autism may receive intensive specialized interventions in the home and/or in a therapeutic day program. The specialist has a primary role in direct care and participates in the child and family team.
4. High intensity services occupy multiple hours, multiple days per week. Home-based services may be delivered by a team rather than single therapist. Safety plans and a capacity for crisis intervention are in place and available at all times (e.g. caregiver at risk of abusing child has immediate access to members of the crisis team).
5. At this level an assigned care coordinator is essential. There should be a child and family team to develop a coordinated, integrated, and comprehensive service plan that addresses the full range of needs. Multiple agency involvement is expected with high level representation from the agencies.
6. Community and natural supports are more intensive and involved in supporting the family's daily functioning. If necessary, flexible funds should be made available to maximize and sustain involvement of supports such as assistance with transportation, respite or emergency financial aid. These supports must be integrated into the comprehensive service plan and should be family-selected.

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SI LEVEL 5 - MAXIMAL SERVICE INTENSITY

1. This SI level represents maximal intensity services 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.
2. At this SI level the complex issues and multiple foci of intervention require significant environmental support and modification. This may involve a therapeutic out-of-home placement (e.g. treatment foster care, parent-child residential, or hospital) or the highest level of in-home services that can ensure safety and provision of necessary treatment. Acute removal from the home for an unsafe environment should trigger an immediate comprehensive assessment of the home and child's needs, which acutely raises intensity to Level V, whereas stable placement in foster care for environmental issues can occur at a lower level.
3. Specialist involvement is more intensive and guides evaluation and treatment at this level. Involvement of multidisciplinary teams and multiple agencies is essential.
4. This level involves 24-hour care, or care of sufficient intensity to ensure safety and comprehensively address the child and family's immediate needs. The safety plan takes priority within the service plan and needs to be frequently re-evaluated. If this SI level involves maximal home-based intervention, crisis intervention and safety maintenance services must be available to the home site on a 24-hour basis.
5. At this level an assigned and specialized care coordinator is mandatory. The child and family team needs to be maintained even if the child is removed from the home, and family input into the child and family team continues to be essential. The child and family team needs to meet frequently to reassess treatment progress and modify the service plan accordingly. Multiple agency involvement is expected. Administrative support from each agency is required to develop and implement an integrated, individualized plan that meets the child and family's needs.
6. Community and natural supports remain essential in the context of maximal care and need to be augmented to support recovery and reintegration into the home and community. If the child is removed from their home this may require additional outreach to maintain the involvement of the child and family's community support system. At this level flexible funds should be available to maximize and sustain involvement of these supports.