Behavioral Health Task Force

January 27, 2023

Behavioral Health Task Force Agenda

- Welcome: Dr. Sara Salek
- OIFA Update (10 minutes): Chaz Longwell
- DGA Update (10 minutes): Alisa
- Crisis & 988 Update (10 minutes): CJ
- System of Care Update (10 minutes): Dr. Woods
- ASAM CONTINUUM Update (5 minutes): Dr. Salek
- H20 Update (5 minutes): Dana Flannery
- Task Force Discussion: All
- Questions, Open Discussion & Wrap-Up: All

OIFA Update

Chaz Longwell

Peer Support in Arizona

- CMS has requirements for reimbursement for peer support services.
- Arizona's method of compliance with CMS reg is AMPM 963, *Peer and Recovery Support Service Provision Requirements*
- Per policy, Peer and Recovery Support Specialist (PRSS) Credentials are issued by Peer Support Employment Training Programs (PSETPs) compliant with AHCCCS Policy, AMPM 963, AHCCCS
- AHCCCS recognizes PRSS credentials issued by compliant PSETPs and the peer support services the PRSS deliver are Medicaid reimbursable

Peer Support Employment Training Programs (PSETPs)

Arizona's model for PSETPs allows for great diversity and adaptability to the needs of the agencies and communities. AHCCCS recognizes over 40 PSETPs as compliant with AMPM 963. Since 2012, PSETPs have trained and credentialed over 11,000 Peer Recovery Support Specialists (PRSS).

To ensure AHCCCS has appropriate processes in place to recognize PSETPs who are best qualified to train the PRSS workforce, AHCCCS OIFA implemented a "**pause**" on reviewing and recognizing new training programs from **10/31/22 to 1/31/23**.

Peer Support Employment Training Programs (PSETPs)

There are 42 AHCCCS recognized PSETPS. These include:

- Community Services Agencies
- Outpatient Licensed Behavioral Health Agencies
- Integrated Clinics
- Health Plans
- Providers operated by Tribal Nations

The OIFA Alliance

During this pause, the OIFA Alliance, (comprised of the OIFAs at AHCCCS, ACC, ACC-RBHA, DES/DDD, and DCS/CHP) has collaborated and created a review and recognition process that is consistent and transparent. This process includes, but is not limited to:

- Creating enhanced criteria for operating a PSETP
- Further formalizing the application process
- Developing a review process that includes all of the Alliance

Improvements by OIFA Alliance

- Enhanced Criteria for agencies becoming Peer Support Employment Training Programs
- Collaborate on approval of PSETP training materials
- AMPM Policy 963 updates, including templates
- Strengthened the application process for PSETPS
  - AHCCCS Registered Provider
  - At least 1 year experience as a provider
  - PSETPs approved prior to implementation will have to submit an updated application no later than Oct. 1, 2024

Grants Update

CJ Loiselle

Crisis Update

CJ Loiselle

Arizona Crisis Hotlines

Local Suicide and Crisis Hotlines by County

Phone

STATEWIDE: **Call: 1-844-534-HOPE (4673) or Text: 4HOPE (44673)**

Maricopa, Pinal, Gila Counties served by Mercy
Care: **1-800-631-1314** or **602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties
served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st:
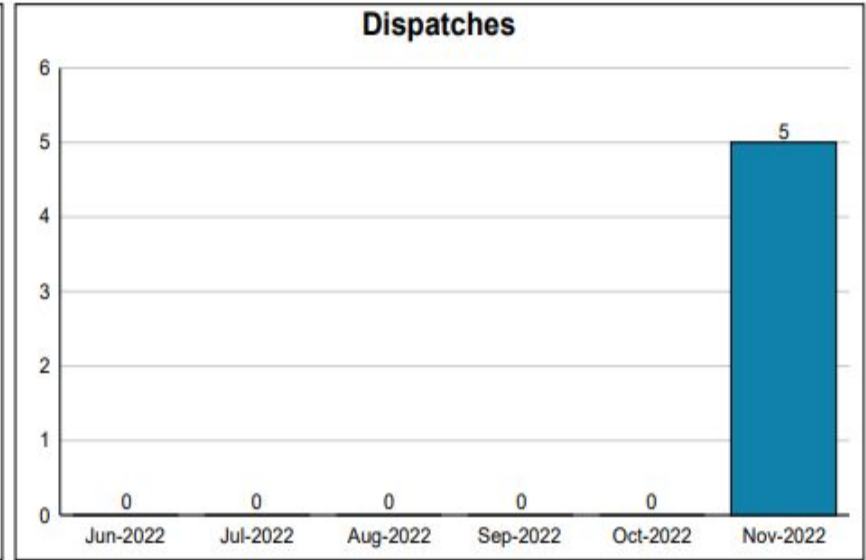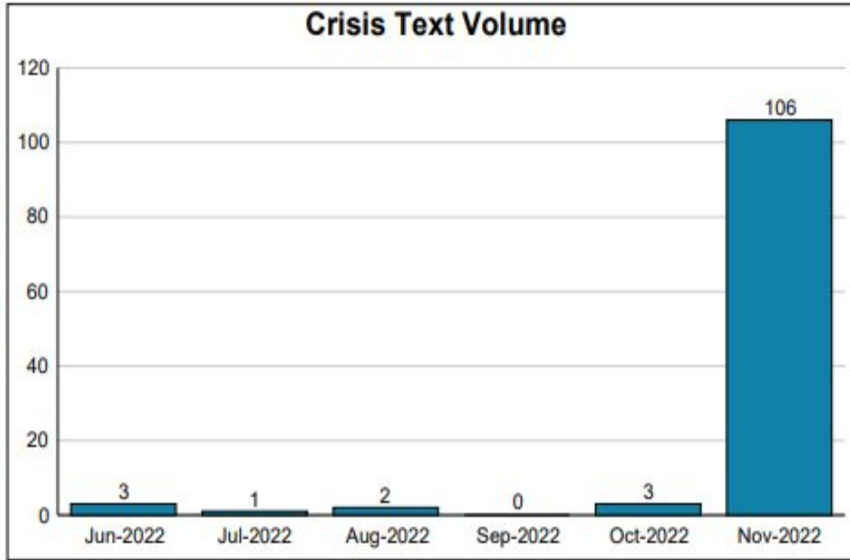**1-877-756-4090**

Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens
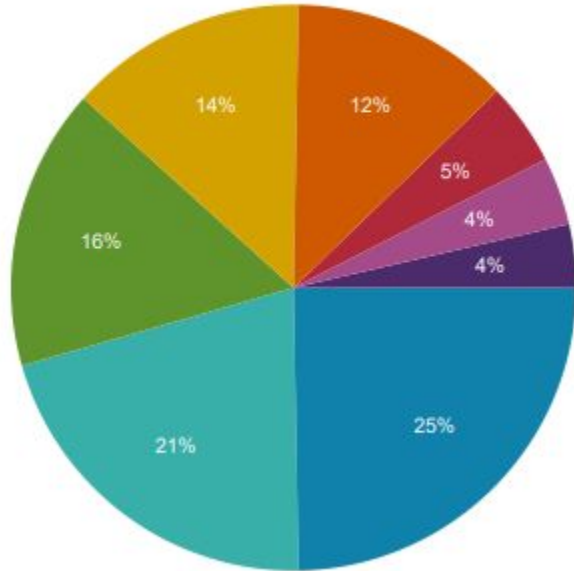Teen Life Line phone or text: **602-248-TEEN (8336)**
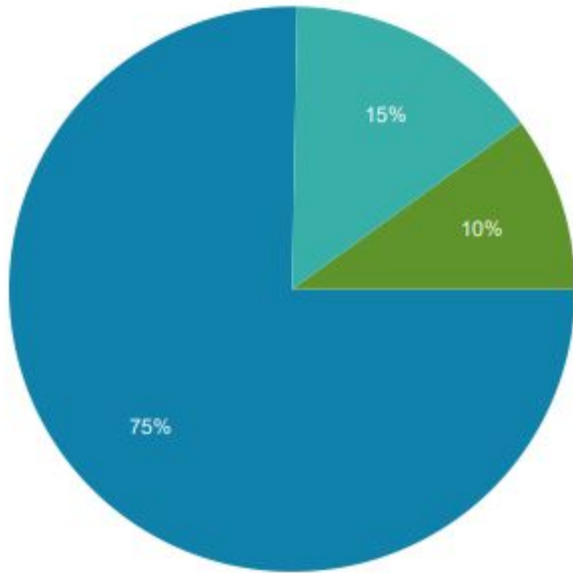
4HOPE Text Contacts

4HOPE Text Contacts

November-2022 Age Group

	Age Group	Total	Total %
	Unknown	20	25%
	35-44	17	21%
	18-24	13	16%
	25-34	11	14%
	13-17	10	12%
	65+	4	5%
	0-12	3	4%
	45-54	3	4%

4HOPE Text Contacts

November-2022 Referral Source

	Referral	Total	Total %
	Self	61	75%
	Family Member	12	15%
	Other	8	10%

4HOPE Text Contacts

November-2022 Primary Disposition
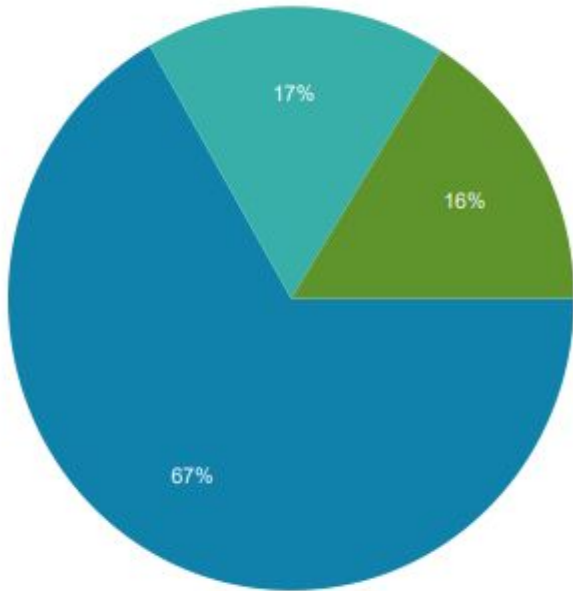
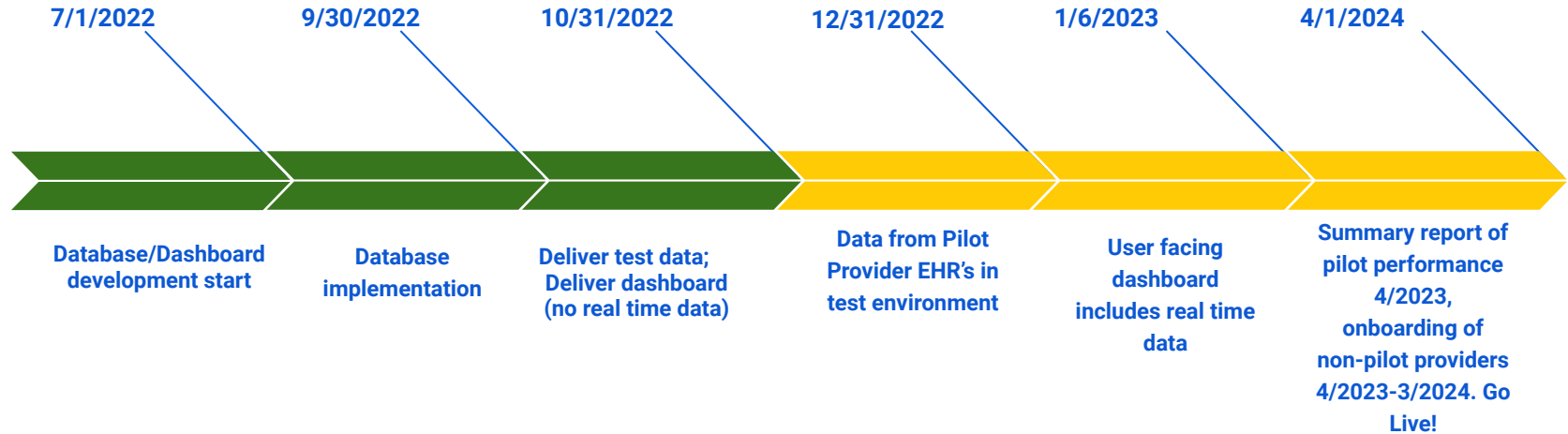| .	Disposition	Total	Total %
■	Community Stabilized	54	67%
■	Text Terminated	14	17%
■	Converted to Crisis Call	13	16%

Crisis Stabilization Facilities

The AHCCCS Crisis website has been updated to include a link to a google map for all Arizona Crisis stabilization facilities that have 24/7 no wrong door access. Once the map is opened, clicking on the star will show the facility name and location.
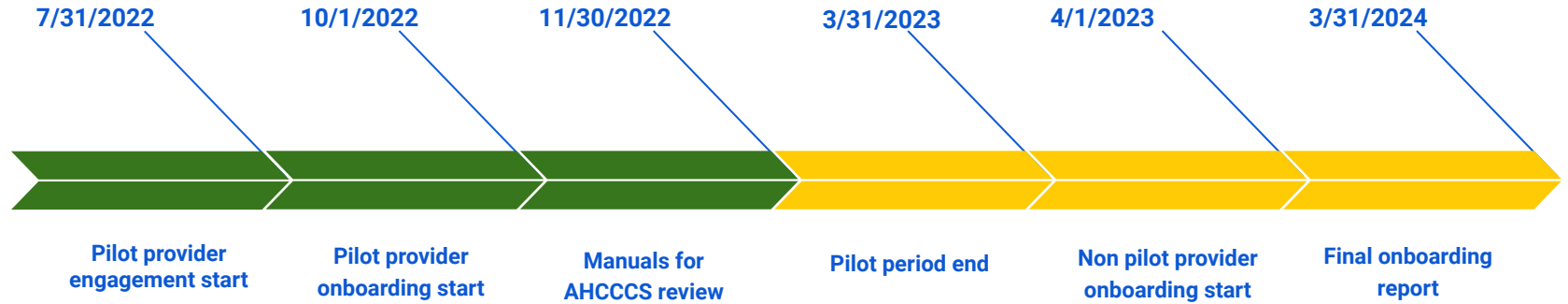
AHCCCS Crisis Website

Arizona Walk in Crisis Stabilization Facility Map
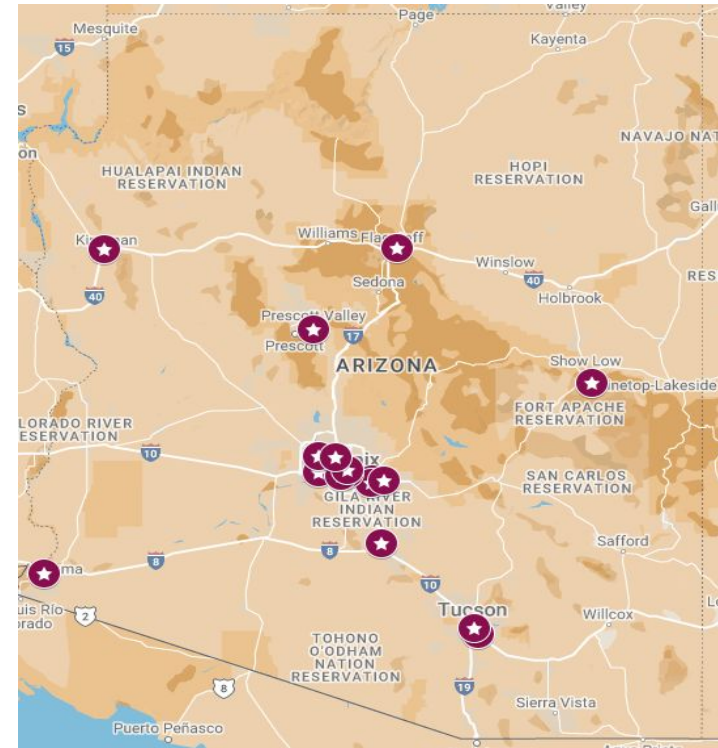
Crisis Bed Registry Development Timeline

7/1/2022
Database/Dashboard development start

9/30/2022
Database implementation

10/31/2022
Deliver test data; Deliver dashboard (no real time data)

12/31/2022
Data from Pilot Provider EHR's in test environment

1/6/2023
User facing dashboard includes real time data

4/1/2024
Summary report of pilot performance 4/2023, onboarding of non-pilot providers 4/2023-3/2024. Go Live!

AHCCCS
Arizona Health Care Cost Containment System

Crisis Bed Registry Provider Engagement Timeline

7/31/2022 — Pilot provider engagement start

10/1/2022 — Pilot provider onboarding start

11/30/2022 — Manuals for AHCCCS review

3/31/2023 — Pilot period end

4/1/2023 — Non pilot provider onboarding start

3/31/2024 — Final onboarding report

988 & AZ Local Crisis Lines

- *988 calls are currently routed based on the area code of the caller's phone (not their physical location)*
- *988 is great for people who do not have our local numbers handy but could be problematic for people who need local resources like mobile crisis or appt scheduling*

The new 988 Suicide & Crisis Lifeline is available 24/7 across the US via phone, text, and chat (988lifeline.org) and will connect you to a trained crisis counselor.

However, you may not get a local 988 center that can connect to local resources like mobile crisis, especially if you're calling from a cell phone with a non-Arizona area code. For now, we recommend calling your local crisis line directly if you need local resources.

988 SUICIDE & CRISIS LIFELINE

AHCCCS Arizona Health Care Cost Containment System

ACC-RBHA/TRBHA Map Effective October 1, 2022

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Central Mercy Care	**North** Care 1st	**South** AzCH

844-534-HOPE (4673)/Text 4HOPE   *<< Single statewide crisis line*

602-222-9444   877-756-4090   520-622-6000   *<< Old numbers still work*

LA FRONTERA ARIZONA — EMPACT – SUICIDE PREVENTION CENTER   ⟷   Solari CRISIS & HUMAN SERVICES   *<< Solari coordinates mobile crisis and other local crisis resources across all of AZ*
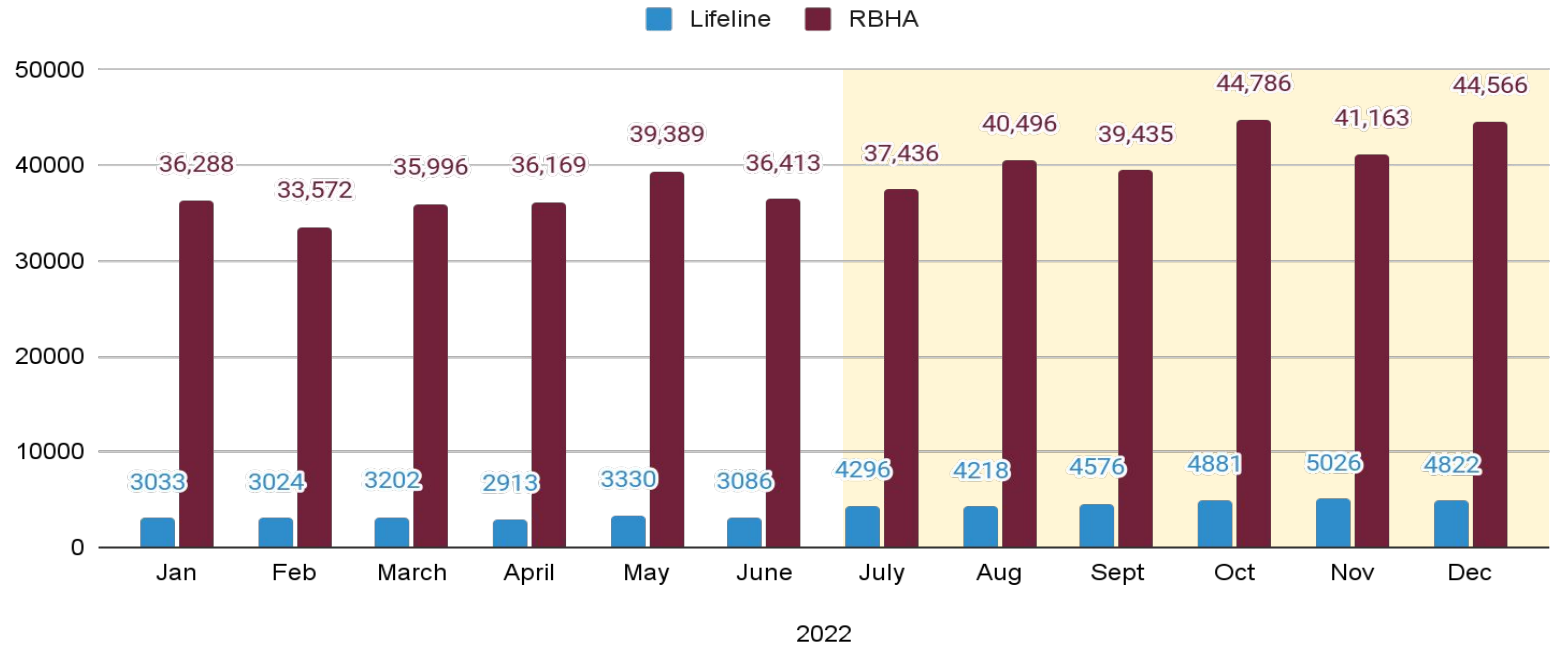
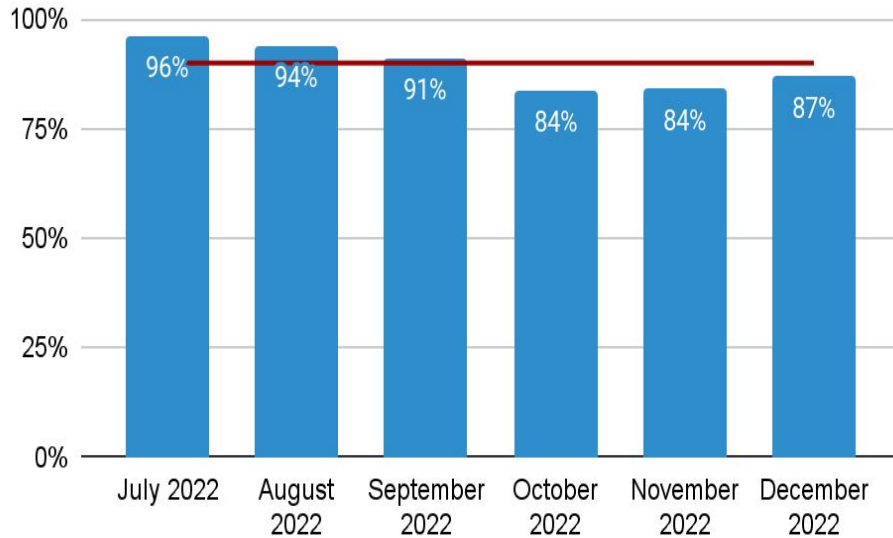*Coordination of care protocols between Solari and LaFrontera*

2022 Lifeline Center Calls vs. RBHA Call Center Calls
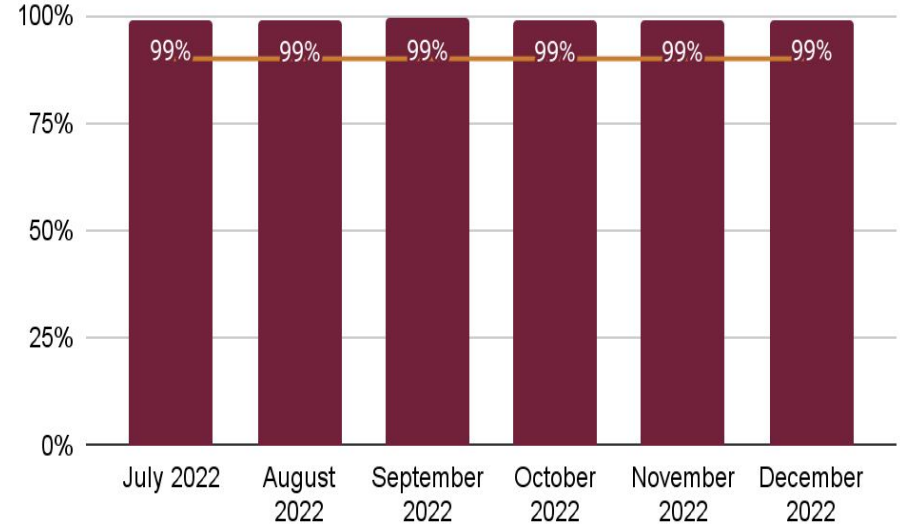
988 In-State Answer Rate: Vibrant vs. Solari Data

Arizona 988 State and Territory Cooperative Agreement-Supplemental funding

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded Arizona the 988 State and Territory Cooperative Agreement one-year supplemental funding of $1,000,000.00. The purpose of this supplemental funding is to expand and enhance 988 Suicide and Crisis Lifeline activities in Arizona.

With these funds, AHCCCS and the Arizona Lifeline centers will focus on the following activities:

- Enhance 988 and 911 coordination in collaboration with the state or territory's 911 administrator.
- Improve state infrastructure and workforce to prepare for 988 Lifeline chat and text services initiated within the state or territory and in-state backup for calls, chats, and texts.
- Develop partnerships across the state to create streamlined access to mobile crisis and crisis response teams for all 988 crisis centers.
- Develop state capacity to increase service to Arizona's higher-than-average Spanish speaking population.
- Develop and enhance technical systems and solutions to better support individuals throughout the crisis care continuum, including modification to EHR/EMR/online documentation management systems to ensure continuity of care and referral.

Resources

- AHCCCS Crisis Services Website: azahcccs.gov/BehavioralHealth/crisis.html

- AHCCCS Crisis Services FAQs: www.azahcccs.gov/BehavioralHealth/CrisisFAQ.html

- 988 Fact Sheet: www.fcc.gov/sites/default/files/988-fact-sheet.pdf

- Arizona Suicide Prevention website: azhealth.gov/suicide

- Arizona Department Of Administration 911 Program: az911.gov/about/current-training-opportunities/9-8-8

Integrated System of Care Update

Dr. Megan Woods

Specialized Population Groups Identification

- History: continuous information requests through multiple channels for a number of providers who served various populations and no state tracking available
  - o Rather than conducting surveys or additional deliverables, AHCCCS created new feature in Provider Enrollment
- Providers can now report the populations they serve through the APEP system
- Identified 66 provider types for which to collect patient populations serviced by providers
- Providers may identify up to 29 specialized population groups with 3 population indicators that may apply to each population group

Specialized Population Groups Identification APEP for provider enrollment

- Populations serviced with added steps in APEP for user to complete and submit via APEP

- To add details, within APEP under View/Update Provider data, providers select the blue hyperlink labeled Populations Served

- Select the "Add" option

Specialized Population Groups Identification APEP for provider enrollment

- The Add Populations Served window will open to allow the selection of Available Populations Served

- Once each population is added and saved it will display on the Populations Served List with a start/end date. Status is In Review until the application is approved by state user

AHCCCS
Arizona Health Care Cost Containment System

Specialized Population Groups Identification ShareINFO for health plans

- Available in ShareINFO weekly provider extract under the new Population Group reference tables will provide health plans with more detailed provider data to process information
  - ShareINFO is on the external AHCCCS Secure File Transfer Protocol (SFTP) under folder ShareINFO
    - ShareINFO/Provider/PROD/OUT - then select Profile.ZIP
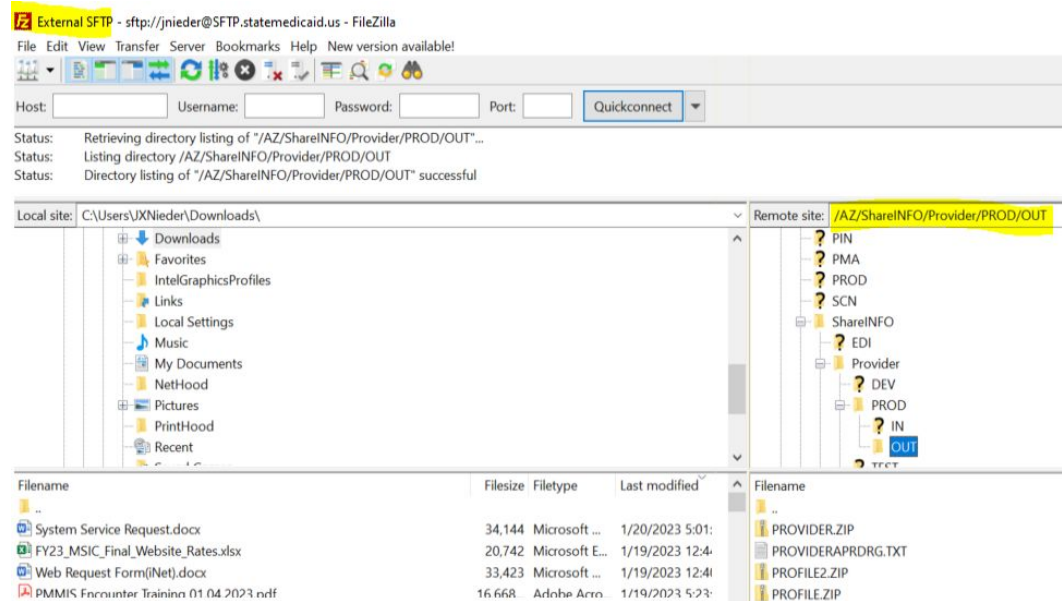
Behavioral Health Clinical Chart Audit

- Collaborative Workgroups held in December 2022 involving plans, providers, and community stakeholders
- Survey conducted with stakeholders to gather additional feedback regarding audit items
  - o Majority of audit items were acceptable as written
  - o Multiple requests for clarification to instructions regarding audit review criteria and enhance trauma-informed focus
  - o Address differential requirements for provider types

Behavioral Health Clinical Chart Audit

- Current activities
  - AHCCCS ISOC internal team completing an AHCCCS Instruction Guide to supplement with updated audit tool
  - Portal in development to allow for health plan input and analysis of audit results
    - Targeted implementation for Spring 2023

Behavioral Health In Schools

- Meeting quarterly with ACC plans
- Assigned ACC and RBHA plans to work on Countermeasures
  - o Remove barriers and increase services POS 03
- Data Analysis POS 03 Reporting with CTDS codes
- CBHSF Updates
  - o 1048 Total CBHSF Referrals (7/1/2021-12/31/2022)
  - o $5,491,968 remaining as of 1/12/2023

CBHSF Referrals[1]
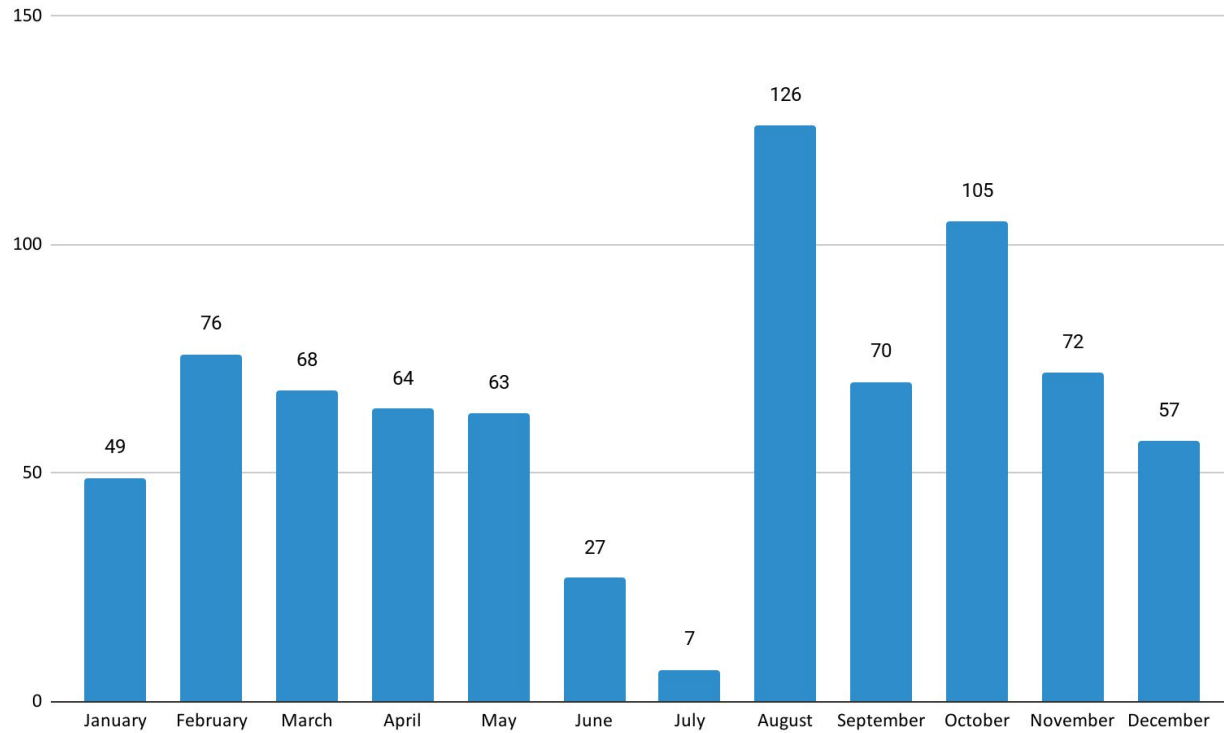
¹ Timeframe January 1, 2022 - December 31, 2022

Chart data:
Month	Referrals
January	49
February	76
March	68
April	64
May	63
June	27
July	7
August	126
September	70
October	105
November	72
December	57

AMPM 200 Chapter Updates

- Goals of the Updates
  - o Transition from Practice Tools to Policy language
  - o Integrated Health
  - o Align with current system practice
  - o Incorporate into AMPM
- Stakeholder Meetings to update
  - o Feedback from Individuals with lived experience and members
- Internal AHCCCS Policy Workgroups (10/1/23)

CALOCUS

- Monitoring CALOCUS completed (Deerfield Portal)
  - 54,248 Total completed in 2022
- Comparison of Providers using Deerfield Portal to registered AHCCCS providers
  - Working on reporting from HIE
  - Nextgen EHR users
- Upcoming changes to Deerfield portal
  - Validate AHCCCS IDs
  - Protect Part II data

Early Childhood Services Intensity Instrument (ECSII)

- Updates
  - o Training seats available through AACAP
  - o Notifications sent to providers last week of August 2022
    - ▪ SABG/MHBG providers; all other providers
  - o Promo code & training completion
- Benefits
  - o Identify supportive environments for child & parent/caregiver
  - o Use with parents/caregivers in recovery
  - o Level of Care score

ASAM CONTINUUM Initiative Update

Dr. Sara Salek

ASAM CONTINUUM Initiative Update

- Pilot Organizations begins April 4, 2023
- Pilot Organization - 7 (~115 providers)
- Finalizing ASAM CONTINUUM training module

H20 Update

Dr. Sara Salek

Waiver Implementation - H20

AHCCCS receives approval of the 1115 demonstration waiver

As of today

AHCCCS and CMS develop an implementation plan

Develop rates, claiming protocols, provider types, policy, and contract language

Educate and provide TA to members, providers and MCOs for go-live

Implement H20 Ongoing monitoring/reporting each quarter to CMS
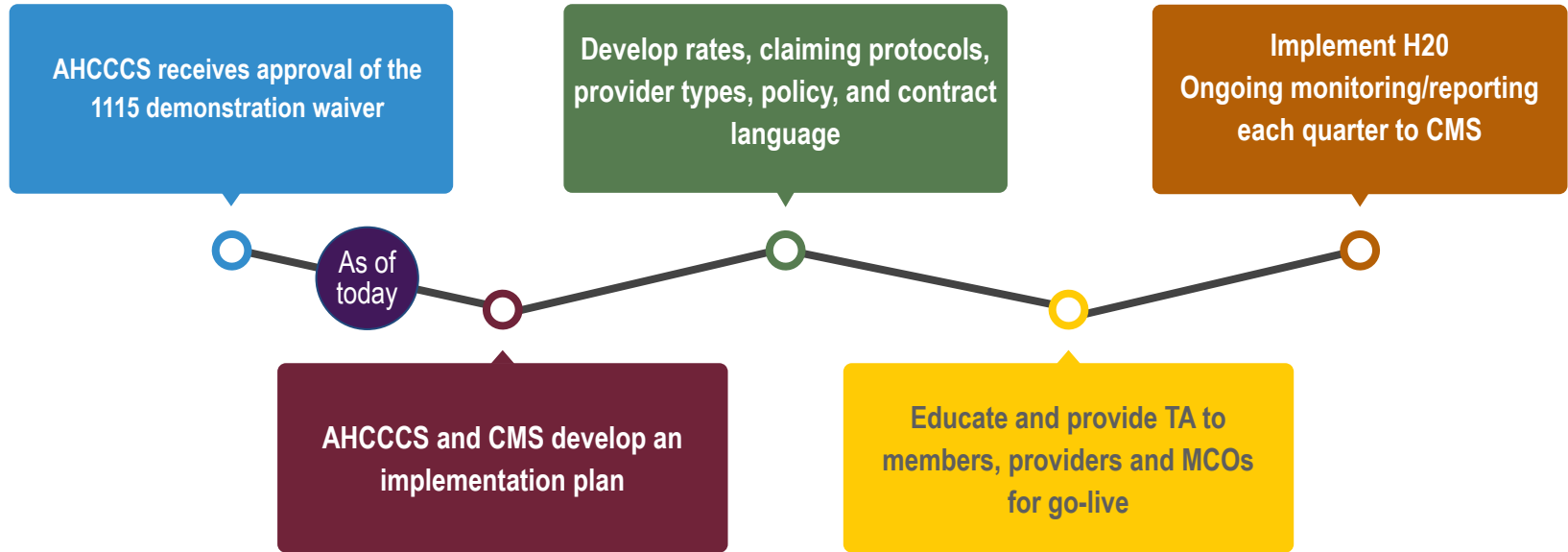
**Deliverables are ongoing throughout the entire demonstration period.

1115 Waiver Renewal Approval- Housing and Health Opportunities (H2O)

Services

- Temporary housing for up to 6 months
- Housing transition navigation/ supports
- Medically necessary home accessibility modifications and remediation services.
- Case management
- Outreach

** Funding for H2O services may not supplant other available funding sources such as housing supports available to beneficiaries through local, state, or federal programs.

1115 Waiver Renewal Approval- Housing and Health Opportunities (H2O)

Eligibility for H2O Services

- Expenditures for HRSN services may be made for targeted populations with a documented medical need for the services and the services must be determined medically appropriate.
- H2O Target population includes members who are homeless or at risk of homelessness & meet clinical and social risk criteria.
- Members must be Medicaid eligible.

H20 Services Eligibility

- Medicaid eligible individuals must be assessed for a need for housing-related services and supports and have an identified need for a housing related goal included within their medical record.

- A service plan is necessary for each individual determined to be eligible for HRSN services.

  - Service plan will be reviewed and revised upon reassessment of need at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.

1115 Waiver Renewal Approval- Housing and Health Opportunities (H2O)

Infrastructure

- Technology
- Development of business or operational practices
- Workforce development
- Outreach, education, and stakeholder convening

Evaluation of H20

The AHCCCS H20 demonstration will...

- Improve health outcomes for AHCCCS members.
- Improve management of behavioral health conditions for AHCCCS members.
- Improve management of chronic conditions for AHCCCS members.
- Decrease avoidable hospital utilization including emergency department utilization.
- Increase utilization of primary care and preventative health services.
- Reduce homelessness and homeless recidivism of AHCCCS members.

- Yield improved member satisfaction with care.
- Improve ongoing housing stability for AHCCCS members.
- Increase timely housing placement for AHCCCS members.
- Increase engagement and assessment of Medicaid eligible but unenrolled individuals who are experiencing chronic homelessness.
- Improve discharge coordination of identified homeless members and reduce discharges to homelessness.
- Yield cost-effective care for AHCCCS members.
- Provide a successful transition to permanent housing or most appropriate level of care.

Data and Sources for Evaluation

Data will be drawn from a variety of sources including, but not limited to:

- Member surveys,
- State eligibility and enrollment data,
- Claims/encounter data,
- Administrative program data (PMMIS),
- T-MSIS,
- National/regional benchmarks,
- Key informant interviews & focus groups,
- Leasing and housing data from AHCCCS housing programs,
- Permanent supportive housing fidelity reporting,
- Data from Homeless Management Information System (HMIS) and other system coordination.

Questions, Discussion & Wrap Up

Next Meeting:
April 28, 2023

Thank you!

See the Behavioral Health Task Force web page for meeting past meeting presentations

Send future topics you want to discuss to Lauren Prole at lauren.prole@azahcccs.gov

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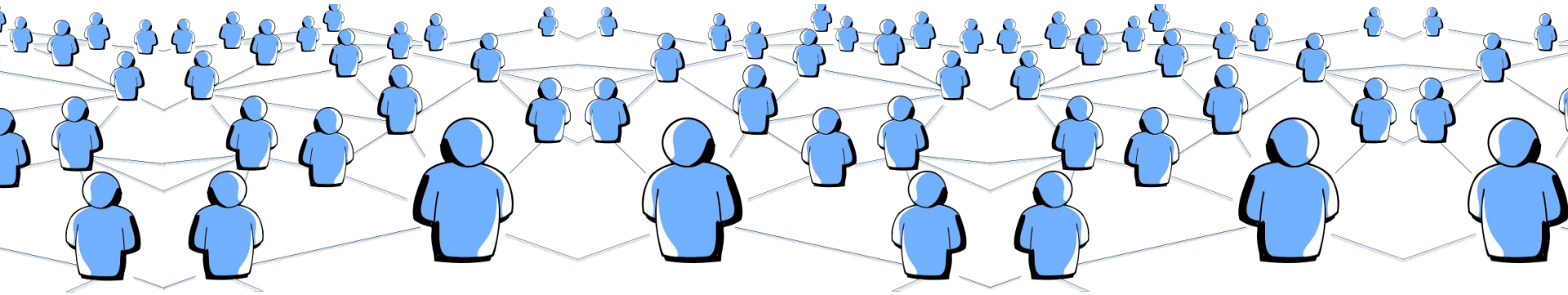
Arizona Health Care Cost Containment System (AHCCCS)
Access to AACAP's Online Training Courses
6/10/22

"Purchasing" your course:

1. Access AACAP's online store to view available training courses:
   [AACAP's ECSII Online Training Course Purchase Link](#)
2. Select the ECSII course and click on "Add to Cart" button.
3. Click on "Proceed to Checkout" button.
4. Login using AACAP account username and password credentials.
   * **If user is new they must create an AACAP account profile including username and password by clicking "Create a new account".**
5. When checking out, apply corresponding promotional code which will provide a 100% discount:

Course	Code
ECSII	ARNAECS

6. Complete your purchase.

Accessing your course:

1. Access AACAP's learning management system, Pathways:
   www.aacap.org/pathways
2. Select "Access Your Courses"
3. Log in using your established credentials from your purchase.
4. Your course(s) will be listed on the left side of the screen.

For any questions or issues relating to login or clinical content,

please reach out to clinical@aacap.org
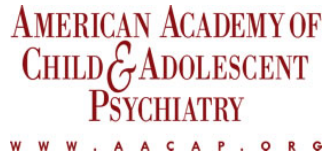
The American Academy of Child and Adolescent Psychiatry (AACAP)

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.