

SNAPSHOT OF THE R.A.P.I.D. PROGRAM

(RAPID: Relational health, Academic skills, Psychological functioning, Intellectual capabilities, & Developmental status)

CONTACT INFORMATION

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PROJECT DESCRIPTION

MindSights' RAPID Program offers an enhanced mental health evaluation process for youth entering foster care. All youth ages 1-18 years who enter state custody within District 2 and 16 of Oregon (Multnomah/Washington counties) and have Oregon Health Plan coverage are eligible.

MindSights runs the RAPID program in collaboration with Department of Human Services (DHS) for Multnomah and Washington counties, Health Share of Oregon (HSO), CareOregon Behavioral Health, and Multnomah County Behavioral Health.

Timeframe: A pilot program began in April 2017 with referrals coming from a single district branch in Multnomah County. A second branch was added to the pilot project in June 2017. The county-wide Multnomah program launched in September 2017, which referrals coming from all four district DHS branches. We expanded to Washington County in September 2020. To date, over 1,000 children have been referred to the program.

Scope: A RAPID evaluation involves the assessment of a child's most prominent needs and screening for emotional, behavioral, developmental, and educational issues for which children involved with the child welfare agency are deemed at elevated risk. There are set testing batteries and child-caregiver activities based on the youth's age (12-17 months, 18-35 months, 3-5 years, 6-7 years, 8-11 years, 12-16 years, and 17-18 years). The results are to be used to identify initial service needs, to provide helpful approach strategies for the individual, and to inform initial Child Welfare case-planning efforts.

Evaluation Process*: The standard RAPID evaluation includes the following:

- Interview with the primary caregiver (usually completed over the phone prior to the evaluation)
- Interview with the child/mental status exam of the child
- Outreach to schools to obtain staff input regarding student functioning
- Review of any available preliminary court documents (e.g., Initial Shelter Order)
- Relational observations of the child with their accompanying caregiver/siblings
- Direct psychological testing using age-based assessment batteries
- Caregiver ratings of behavioral, emotional, and adaptive functioning

Testing, child interviews, and observations are conducted during a single appointment. Depending on the age of the child, appointments last from approximately 1 hour to 2.5 hours. Following the appointment, the aim is to have the written report completed within two business days. This report includes tiered diagnostic impressions as well as recommendations that address the holistic needs of the youth. Additionally, the evaluator completes the Child and Adolescent Needs and Strengths assessment (CANS; the required level of care screening tool for state DHS cases). A debriefing of results is typically set within the following two weeks. This debriefing session involves the evaluator and typically the current caregiver and DHS caseworker; however, other providers and family members are welcome to come via invitation by DHS.

Anticipated Improvement to Standard Screening: Children involved with child protective services are at elevated risk for issues that go beyond a standard assessment of mental health or need for therapeutic intervention. For example, research has outlined risks related to their general development, academic achievement, and relational health. Studies have also shown that the use of well-validated instruments (rather than reliance on clinical judgment alone) greatly increases the likelihood that developmental and behavioral health issues will be accurately identified. In line with that, the American Academy of Pediatrics (AAP) has recommended thorough assessment services for this population. RAPID assessments address these additional risks and include a combination of tools that can more comprehensively inform child welfare case planning, community service referrals, early needs identification, and overall integrated care.

*Please note: During the COVID-19 pandemic, the standard RAPID process is only available for youth who are approved to come to the office for in-person assessments. When in-person testing is not possible or advisable, an altered RAPID process is offered that allows for remote video observation and online questionnaires.

MEETING THE 60-DAY METRIC

State Requirement for DHS ad Healthcare Coordinator: Oregon State and Child Welfare leadership issued a proclamation requiring the agency to ensure that all kids over 1 year of age entering DHS custody receive a mental health assessment within 60 days of entering care. Additionally, the Oregon legislature and Oregon Health Authority (OHA) came up with the requirement that all children 3 years and older entering foster care in the state had to receive mental health assessments within 60 days of enrollment into Medicaid. This became the responsibility of the Coordinated Care Organizations (CCO; for our purposes, HSO) to ensure that such assessments were happening within that timeline.

RAPID Metric Numbers: Over the first three years of the program, 917 children ages 1 year and up had been referred for RAPID assessments. Of those: 869 (94.7%) completed the assessment within 60 days of HSO enrollment; 20 (2.2%) had situations that called for the cancellation or disqualification of the referral; 8 (0.9%) were seen by other agencies or already had an evaluation completed; and 20 (2.2%) were unable to be assessed due to too many cancellations, no-shows, runaway status, or refusal. When excluding cancelled referrals, 96.9 % of youth entering foster care in Multnomah County successfully met the metric within 60-days of CCO enrollment through the MindSights RAPID program.

GOALS & PROCESS REGARDING ACCESSIBILITY OF REPORTS

We are continually examining report structuring to best promote evaluation reports as easily digestible and informative to the wide array of providers commonly involved with youth entering foster care (e.g., caseworkers, foster providers, biological parents, attorneys, pediatricians, special educators, CASAs, counselors, and so on). It is also important to us that key providers immediately gain access to the reports and be informed regarding the child's current service needs. Further, it is our hope that any common or systemic barriers between service referrals and service attainment be identified and addressed. In order to meet these aims, ongoing feedback, resource pooling, and broadened partnerships are deemed crucial. MindSights and DHS have also worked with various agencies to put pathways into place for RAPID evaluations to be directly distributed as consistently as possible to DHS, foster parents, primary care providers/health plans, school teams (ages 4+ years), regional care coordination team (if applicable), early intervention evaluators (for those ages 1-5 years), Developmental Disabilities Services eligibility specialists (if applicable), behavioral health providers, and courts.

A "WARM HANDOFF" TO BEHAVIORAL HEALTH

The majority of the children who have gone through the RAPID program have shown sufficient need for behavioral health intervention (74.8% of the initial 852 children evaluated). Of course, the recommended services range greatly from child-to-child in terms of type/modality/level of intervention and anticipated length of this service. However, the vast majority are recommended for standard outpatient care (most commonly Level C). Unfortunately, data analyses conducted by HSO in 2018-2019 revealed that the number of youth receiving a mental health service within 30-60 days from the time of the RAPID assessment is far below those with a therapy service recommendation in place following the assessment. Because of this, the collective partners determined that MindSights evaluators could provide limited case management services. The current care coordination plan involves MindSights' evaluators consulting with both caregiver and legal guardian at debriefings for those with a behavioral health recommendation in order to identify the appropriate agency for the child. Such discussions consider level and type of needed services, recommended treatment modality (if indicated by the data), family or school location, and any other pertinent information (including language of service needed, cultural considerations, scheduling preferences, etc.). If a fitting agency is identified by the team at this time, the MindSights evaluator and DHS caseworker strategize around referral submission; oftentimes, the evaluator prepares the paperwork for referral. Referrals submitted by MindSights on DHS' behalf include a copy of the RAPID report.



ABOUT MINDSIGHTS

MindSights offers a wide array of psychological testing, assessment, and consultation services. We aim to help young people and/or their families gain a much more robust and practical understanding of the unique ways in which any neurodevelopmental, cognitive, emotional, and/or behavioral differences affect a specific individual's adjustment, adaptation, success, and comfort in the world.

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