The interRAI Child and Youth Suite of Assessments

Transforming the way services are planned and delivered

Ian Kerr, Child and Parent Resource Institute
Agenda

- Who we are – Child and Parent Resource Institute (CPRI)
- Collaboration: CPRI & OACCAC
  - Development of Child and Youth Mental Health – Rapid Screener
- Overview of interRAI
- Impact of interRAI assessments on children/youth in Ontario
The Child and Parent Resource Institute

CPRI
London, Ontario
The Child and Parent Resource Institute

- Provides specialized interdisciplinary assessment and treatment services to children with psychiatric and developmental disabilities
- Residential and non-residential settings

We enhance the quality of life for children with complex mental and developmental challenges
CPRI: A provincial resource
CPRI: Services & Programs

- Attachment Consultation and Education Services (ACES)
- Autism Spectrum Disorders Clinic & ASD2
- Brake Shop (Tourette Syndrome & Associated conditions)
- Dual Diagnosis
- Intellectual Disabilities & Emotional Disorders (IDEAS Team)
- General Clinical Services (tertiary service for complex co-morbid disorders)
- Home Visiting Program for Infants
- Homeshare
- Mood Disorders
- Residential Services
- Sexual Behaviours
- Selective Mutism
- Triple P Parenting Program
- Applied Research & Education

We provide a range of highly specialized interdisciplinary consultation, research, treatment and education services.
The Child and Youth Mental Health – Rapid Screener was developed in partnership with the OACCAC.
Collaboration: CPRI & OACCAC

Child and Youth Mental Health – Rapid Screener (ChYMH-RS)
Development Process

- Reviewed core child/youth mental health tool (ChYMH) for key items relevant for subscales
- Reviewed relevant interRAI screeners (ESP, AC, BMHS)
- Consulted with CCAC Mental Health and Addictions Nurses
ChYMH-RS Overview

- 3 pages, 99 items
- Domains
  - Identification information and summary of presenting problems
  - Mental State Indicators
  - Substance Use or Excessive Behaviour
  - Harm to Self and Others
  - Behaviour
- Use in multiple settings
  - Inpatient, community programs
- Primary use
  - Support decision-making related to triaging, placement, service utilization
- Future development – short form scales
- Cognition, Communication, and Development
- Stress, Trauma, and Unsettled Relations
- Summary
- Additional domain for CCAC use: Medications
ChYMH-RS

- Share items with other interRAI assessments
- Uses observations
- Uses professional expertise
- Compatible with comprehensive child/youth assessment (ChYMH)
ChYMH-RS Pilot Activities

Training: Began Winter 2012, is ongoing
- 13 sites total
- Over 100 Mental Health and Addiction Nurses trained

Process
- Consent of eligible child/youth and guardian
- Completion of ChYMH-RS and/or ChYMH depending on needs of local CCAC
- Feedback and focus groups
Child and Youth Mental Health (ChYMH)

- Standardized assessment tool designed for clinical use
- Provides summary of needs to complement more exhaustive, in-depth diagnostic assessment
- Can be used with
  - Children/youth between the ages of 4-18 years
  - Community-based or inpatient/residential services
- Additional supplements where appropriate
  - E.g., Adolescent, Youth Justice, Addictions, Deaf/Blind
ChYMH Domains

- Identification Information
- Intake and Initial History
- Mental State Indicators
- Substance Use or Excessive Behaviour
- Harm to Self and Others
- Behaviour
- Strengths and Resilience
- Cognition and Executive Functioning
- Independence in Daily Activities
- Communication and Vision
- Health Conditions

- Family and Social Relations
- Stress and Trauma
- Medications
- Prevention, Service Utilization, Treatments
- Nutritional Status
- Education
- Environmental Assessment
- Diagnostic & Other Health Information
- Service Termination
- Discharge
Collaborative Action Plans (CAPs)

- Unique to interRAI assessment systems
- Evidence-based guidelines for care planning
  - Help the clinician focus on key issues identified during the assessment process
  - Used to help guide care-planning in conjunction with the individual.
  - For example: Interpersonal Conflict, Social & Peer Relationships, Substance Use, Communication
- Contain
  - Problem statement: How issue may affect the person’s life
  - Goals of care: What are we trying to achieve
  - CAP triggers: Who should have care plan developed
  - Clinical guidelines: What is an appropriate approach to the problem
  - Additional resources
<table>
<thead>
<tr>
<th>Social Life</th>
<th>Safety</th>
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<tbody>
<tr>
<td>Social/Peer Relationships</td>
<td>Suicidality/Purposeful Self Harm</td>
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<tr>
<td>Parenting</td>
<td>Harm to Others</td>
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<td>Caregiver Distress</td>
<td>Sexual Behaviour</td>
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<td>Attachment</td>
<td>Life Skills</td>
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<td>Interpersonal Conflict</td>
<td>Criminality Prevention</td>
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<td>Traumatic Life Events</td>
<td>Fire Involvement</td>
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<td>Informal Support</td>
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<td>Support Systems for Discharge</td>
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<td>Health Promotion</td>
<td>Education</td>
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<td>Substance Use</td>
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<td>Tobacco and Nicotine Use</td>
<td>Education</td>
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<td>Caffeine Use</td>
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<td>Weight Management</td>
<td>Autonomy</td>
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<td>Physical Activity</td>
<td>Communication</td>
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<td>Sleep Disturbance</td>
<td>Medication Adherence</td>
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<td>Medication Review</td>
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<td>Readmission</td>
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<td>Control Interventions</td>
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<td>Strengths</td>
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<td>Transitions</td>
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ChYMH Subscales

- Aggression
- ADL
- Anhedonia
- Anxiety
- Sleep
- Communication
- Cognitive Performance
- Parental Difficulties
- Disruptive Behaviour
- Hyperactivity/Distractibility
- Parental Distress
- Depression
- Family Functioning
- IADL
- Mania
- Pain
- Peer Relationships
- Positive Symptoms
- Risk of Harm to Others
- Risk-taking Behaviour
- School Functioning
- Self Harm
- Strengths (individual)
- Strengths (relational)
Continuous Improvement and the Child and Youth Suite of Instruments

**Plan**
Consultation with experts, initial review of scales for children and youth

**Do**
First version of the instrument (*ChYMH-RS v. 1.0*)

**Act**
Consultation with experts, initial review of scales for children and youth

**Study**
First version of the instrument (*ChYMH-RS v. 1.0*)

Where we are now: Collecting data and feedback from assessors

Data and feedback will be used to improve the instrument (*e.g.*, *ChYMH-RS v. 1.5*)
Overview: interRAI
An international collaborative (over 50 members from 40 countries) working to improve the quality of life of vulnerable persons through development of a seamless, comprehensive assessment system.

**North America**
- Canada
- US
- Mexico

**Central/South America**
- Belize, Cuba, Brazil, Chile, Peru

**Middle East**
- Israel, Lebanon

**Europe**
- Iceland, Norway, Sweden, Denmark, Finland, Netherlands, France, Germany, Switzerland, UK, Italy, Spain, Czech Republic, Poland, Russia, Estonia, Austria, Portugal, Belgium, Lithuania, Ireland

**Pacific Rim**
- Japan, China, Taiwan, Hong Kong, South Korea, Australia, New Zealand, Singapore, India
Current State of Adult InterRAI in Canada

interRAI HC: Home Care
interRAI CHA: Community Health Assessment
interRAI CA: Contact Assessment
interRAI LTCF: Long term Care Facility
interRAI AL: Assisted Living
interRAI AC: Acute Care
interRAI MH: Mental Health

interRAI CMH: Community Mental Health
interRAI ESP: Emergency Screener for Psychiatry
interRAI PC: Palliative Care
interRAI ID: Intellectual Disability
interRAI CF: Correctional Facilities
interRAI ChYMH: Children and Youth Mental Health

interRAI QOL: Quality of Life

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A single interRAI assessment can be used for multiple applications

- Case-mix
- Single Point Entry
- Care Plan
- Prevent Gaming
- Resource Allocation
- Evaluate
- Best Practices
- Assessment
- Quality Indicators
- Outcome Measures
- Patient Safety
- Quality Improvement
- Public Accountability
- Accreditation

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interRAI Approach to Assessment Development

- Each instrument designed for a particular population
- Instruments designed to work together
  - Share common language – refer to the same clinical concept in the same way across instruments
- interRAI maintains high standards for the quality of measures used in instrument systems
  - Each version of a system represents the results of rigorous research and testing to establish the reliability and validity of items, outcome measures, assessment protocols, case-mix algorithms, and quality indicators
Impact of interRAI assessments

Benefits for individuals, programs, and agencies
Scope of Impact

- **Child/youth & family**
  - Identify immediate needs, strengths
  - Empower children, families in goal-setting

- **Clinicians/Mental Health Professionals**
  - Improved interdisciplinary communication
  - Timely care-planning, monitoring
  - Strengthens best practices
  - Reduce training burden

- **Managers/Administrators**
  - Help understand needs for planning
  - Monitor trends
  - Compare, learn from others

- **Funders/System Planners**
  - Evaluate quality initiatives
  - Support planning
  - Provide information for policy development
Clinicians have immediate access to outcome data.

This example shows the Aggression scale score has decreased over 6 assessment points. The items listed below show which items are contributing to the scale, high-lighted the need for further intervention in these areas.
The assessment identifies areas of imminent risk, based on triggers embedded in the instrument... and provides evidence based treatment protocols to guide service providers in using the most effective intervention matched to individual client needs.
Example Outcomes – Program Level

Aggregate data from multiple assessments can demonstrate program effectiveness.

In this example, clients moved from higher symptom categories to lower symptom categories from intake to discharge. This information could be used to understand treatment effectiveness and evaluate programs.
Aggregate data from multiple assessments can depict population profiles, assisting with resource allocation and referrals.

In this example, the program sees many children with peer relationship and anxiety issues as well as limitations with Instrumental Activities of Daily Living. The program would want to make sure they had the capacity to address these areas.
Example Data – Program Level

**Records:** 36  
**Timeline:** Aug 1 – Oct 1  
**Average age:** 15.4  
**Sex:** 75% male

CAP data can also be aggregated to further understand client demographics, supporting program decision-making.

In this example sleep, interpersonal conflict, and harm to others are CAPs most often triggered.

This program would want to ensure they had the capacity to provide appropriate services for these needs and/or make appropriate referrals.
Reference dates can help quickly determine historical wait times for children and youth.

In this example, wait showed a general downward trend.

This information can help agencies evaluate their efforts to reduce wait times.
Data from assessments go into a common database, allowing decision-makers to compare outcomes by program, region, or agency.

In this example, Agency A was more successful than Agency B at improving symptoms in all categories. Agency A could support Agency B as they seek to improve outcomes.
Future Directions: Quality Indicators

- Examine the prevalence of a variety of process and outcome measures
- Can summarize performance relative to other service providers
- Specify acceptable levels of each indicator

Example: Distribution of Selected Quality Indicators by Agency

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraint Use</td>
<td>7</td>
<td>4</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>17</td>
<td>15</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>Lack of social activity</td>
<td>6</td>
<td>18</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>Medication oversight</td>
<td>4</td>
<td>6</td>
<td>14</td>
<td>6</td>
</tr>
</tbody>
</table>
Future Directions: Case Mix

- Determines cost per client based on individual client presentation

- For example, Adult in-patient psychiatry has 47 patient categories. The Child/Youth Suite will develop its own categories.

- Supports organizational and system-wide planning, management, and accountability
### How do interRAI assessments support children and youth?

<table>
<thead>
<tr>
<th>Need</th>
<th>InterRAI Support</th>
</tr>
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<tbody>
<tr>
<td>Identify and evaluate services</td>
<td>Data will provide program and agency level evaluation of meaningful outcomes</td>
</tr>
<tr>
<td>Develop specialized services</td>
<td>Can identify aggregate client needs and areas of concern</td>
</tr>
<tr>
<td>Greater flexibility within the service system to respond to client needs</td>
<td>Data analysis will facilitate timely and informed decisions responsive to changing needs</td>
</tr>
<tr>
<td>Coherent approach to service standards</td>
<td>The only tool that has capacity to provide standards, performance measures and accountability at all levels of the service system</td>
</tr>
<tr>
<td>Services delivered based on evidenced informed practices</td>
<td>Every client assessment provides the evidence based guidelines for clinical intervention</td>
</tr>
<tr>
<td>Demonstrable outcomes</td>
<td>Meaningful outcome data provided will support accountability</td>
</tr>
<tr>
<td>Early identification and intervention</td>
<td>Assessment information will identify children from birth through 18 with mental health, developmental, and complex needs</td>
</tr>
<tr>
<td>Clients and families have fast access to quality service</td>
<td>Accurate identification of service needs will ensure appropriate services received, streamlining delivery and support waitlist management</td>
</tr>
</tbody>
</table>
interRAI Child/Youth Suite

Comprehensive and multi-disciplinary
- All tools assess psychiatric, social, environmental, medical issues
- Addition of population-specific issues for each setting (e.g., learning problems more of a focus on Education tool)

Standardized
- Shared format across all instruments and item consistency where appropriate - simplified training
- Rigorous testing to ensure reliability and validity
- Supports data use for evaluation, resource and service planning

Compatible across services
- Inpatient or outpatient
- Brief or intensive
- Support wait-list reduction through informed triaging, streamlined wait lists

Compatible across sectors (e.g., mental health, education, youth justice)
- Streamlined information sharing (common language)
- Basket of tools available to choose from to best assess child/youth needs

Capacity-building
- Collaborative Action Plans (CAPs), linked directly to areas of risk identified by the assessment, support care planning based on evidence-informed practice

Relevant for all age groups
Dr. Shannon L. Stewart, Project Lead
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under ‘Research’ click on ‘Current Projects’