

# The Brief Child and family Phone Interview

## What is the BCFPI

- The **B**rief **C**hild and **F**amily **P**hone **I**nterview is a 1/2 hour computer assisted **clinical** Intake interview.
- Interviews can be conducted with parents, teachers and youth 13 - 19.
- Abbreviated interviews can be conducted during, at the end of, and after service to assess progress, outcomes and satisfaction with service.
- A BCFPI data base stores basic information about the client and family, a description of the client's concerns, in their own words, and responses (including comments) to detailed questions about common mental health concerns, client and family functioning, Risk factors (including abuse and caregiver depression), protective factors, types of immediate assistance preferred, and general concerns re less common problems. Satisfaction data is gathered when outcome data is collected.
- BCFPI is used for screening, triaging, service planning, outcome evaluation and assessing the cost-effectiveness of locally provided services against benchmarked evidence-based interventions, documented in clinical literature.

## How Does BCFPI Support Service to Single Cases?

- First, the interview itself is usually well-received by clients...they report that the BCFPI-based intake interview diminishes anxiety and increases their confidence with the service process. The interview is seen as covering a wide range of strengths and difficulties, and demonstrates the professionalism of the service provider in this the initial contact.
- The completed interview provides immediate intake reports which include:
  1. Demographic data;
  2. The client's narrative of their concerns;
  3. A graph which compares standardized scores for ***the child and family's mental health and functioning*** to average scores from a large community sample. This shows which aspects of the client's mental health and functioning appear to be in the normal range, and the degree to which others are elevated. (see graphical summary from a sample report at end of this overview)
  4. A list and description of **evidence based interventions** shown to be effective for the types of problems presented by the case. These include hot-link references regarding the intervention and supporting studies.
  5. Text of all questions used during the interview, along with client's responses and comments, and standardized scores for symptom clusters, comparing the client to general sample of community cases, and a sample of kids attending mental health clinics.

This broad picture informs the clinician and client as they assess priorities, and plan next steps. It highlights a client and family's mental health and functional strengths and difficulties, along with immediate supports the client would welcome, and clinical interventions shown to be effective for similar profiles.

Clinicians can also use the system to list cases meeting user-specified criteria... e.g. all teens with high mood and self harm scores, living in the south west section of the city in low-income single parent households, who have been waiting for service for 3 or more months.

## How Does it Support System Management?

The system provides a wide range of ***automated graphical and tabular summaries...***

- Reports can be filtered and grouped to examine and compare user specified subsets.
- Each report includes a summary table or graph (e.g. 4 lines showing average scores for

- 3rd quarter referrals, for teens and pre-teens X males and females.
- Each report includes a detailed spreadsheet listing all cases included in the report and their data.
- <http://tinyurl.com/2strqw>.
- See a sample aggregate report at <http://tinyurl.com/ynmf2h> (This is section 7 of the software manual, available at [www.bcfpi.com](http://www.bcfpi.com) | resources | Manuals | Software manual <http://tinyurl.com/ynmf2h>)

### **Is BCFPI Reliable and Valid?**

- The BCFPI interview manual includes extensive data demonstrating the tool's reliability and validity. Chapters 9 – 11, <http://tinyurl.com/2strqw>
- The data gathered in a wide range of locations (regions, city, countries) has similar psychometric properties in a wide range of locations.

### **Where Does the BCFPI Come From?**

- The BCFPI is based on the **Ontario Child Health study**, a very large (1800+ respondents) population survey of the mental health status of children in Ontario, Canada (population 12.8 M).
- An initial set of scales and norms were developed in that study.
- The BCFPI team of Psychologists, Epidemiologists and Software developers have built upon and refined these scales, into a brief, computer based, phone intake interview, together with a powerful data base .
- Revenues obtained from increasing use of BCFPI support a continuing process of BCFPI quality improvement (CQI) and reduce costs to users.

### **Where is it Being used?**

- BCFPI is currently used across Canada (Ontario, British Columbia, and parts of Nova Scotia; (population 18 million)) and parts of Sweden, and use is expanding elsewhere in Canada and Europe.
- It is used by Mental health providers, school-boards, corrections settings, integrated and centralized intake sites and researchers.
- Providers serving a total population of 18M persons now are implementing BCFPI, and active plans are underway to increase this to 30M persons in coming months.
- Users have carefully controlled access to non-identifying pooled data, to increase their understanding of their own situation in comparison to that in other locations.
- Pooled data is used for to inform continuing BCFPI enhancements.

### **Where is it Going?**

- BCFPI is being continually updated (several times per year) to reflect improvements in knowledge re measurement and cost-effective services, and to enhance the functionality and security of its software.
- The scope of BCFPI is being broadened to include other major problem areas.. e.g. scales for developmental problems, mental health scales for 0 – 3 year olds; a social phobia scale.
- Specialized scales will be added as needed and available (e.g. PDD)
- BCFPI continues to develop functions which can enhance system effectiveness, and which are beyond the capacity manual or data storage systems...
  1. Pro-active guidance for the intake worker, during the interview, to identify services likely to be appreciated by, and useful to the client, while waiting for full clinical

assessment. The system monitors interview progress and if/when the case meets criteria for such an interventions, an un-obtrusive pop-up conveys this to the clinician. Before the interview is closed, the worker records whether or not they offered these immediately available service(s) to the clients, and the client's response. {these services are effective and satisfactory for 10% - 20% of referrals. Clinicians often overlook these options. If consistently offered, very large gains in system responsiveness and cost-effectiveness are likely.

2. Benchmarking report.

This report determines the amount change in symptomatology amongst selected cases, between referral date and the end of service. This can then be compared to the amount of change reported in BCFPI's catalogue of evidence-based interventions for corresponding disorders (with hot-link references to published clinical literature). Agencies can then compare the apparent cost-effectiveness of their services with the best reported in the literature (for replicable services). They can then decide whether their results are acceptable, or whether any of their services need to be reviewed.

3. Management of ongoing collection of discharge and follow-up data

Even with an outcomes measure (e.g. BCFPI), the logistics required for sampling cases for follow-up; identifying due and overdue follow-ups, including their contact information, tracking contact attempts, is very difficult. BCFPI will provide a utility which will assist providers with each of these steps, by integrating agency volumes, agency requirements and methodological considerations into manageable, software-supported protocols for management of follow-up interviews. Computerized versions of such interviews are being contemplated.

4. Current (2006) BCFPI software and data resides on agency LANS. As centralized Intake and case management systems become increasingly comprehensive and inclusive, BCFPI software is being re-configured to function as a secure, web-based application, with access to cases within a jurisdiction determined by that jurisdictions business and privacy rules. Initial releases of this version are scheduled for summer 2007.

### Is BCFPI cost-effective?

- BCFPI's lease rate is approximately  $2/10^{\text{th}}$  of 1 percent of a system's CMH budget.
- The interview itself @ 1/2 hour is a very efficient way of obtaining a wide range of critical clinical information. If not gathered at intake, most of this would be required later in the case process, but would not be available as part of an intake data base.
- As the interview is being completed, data is immediately available in data base format, along with pre-formatted and /or user designed intake reports.
- The interim services report lists low-cost, high volume services likely to be suitable for less complex, lower severity cases. (10% - 30%+ of referrals) Such service will be sufficient (effective and satisfactory) for 1/2 or more of such cases. This can release resources which would otherwise be required by 5% - 15% (typical of an agency's referrals... a potential avoided annual cost of several hundred thousand dollars for medium sized agency. This can provide a 30:1 'return on investment' for a typical BCFPI license.
- The evidence-based service planning report list services likely to be cost-effective for the case. Use of such services, or comparable services, will also improve a system's cost-effectiveness.

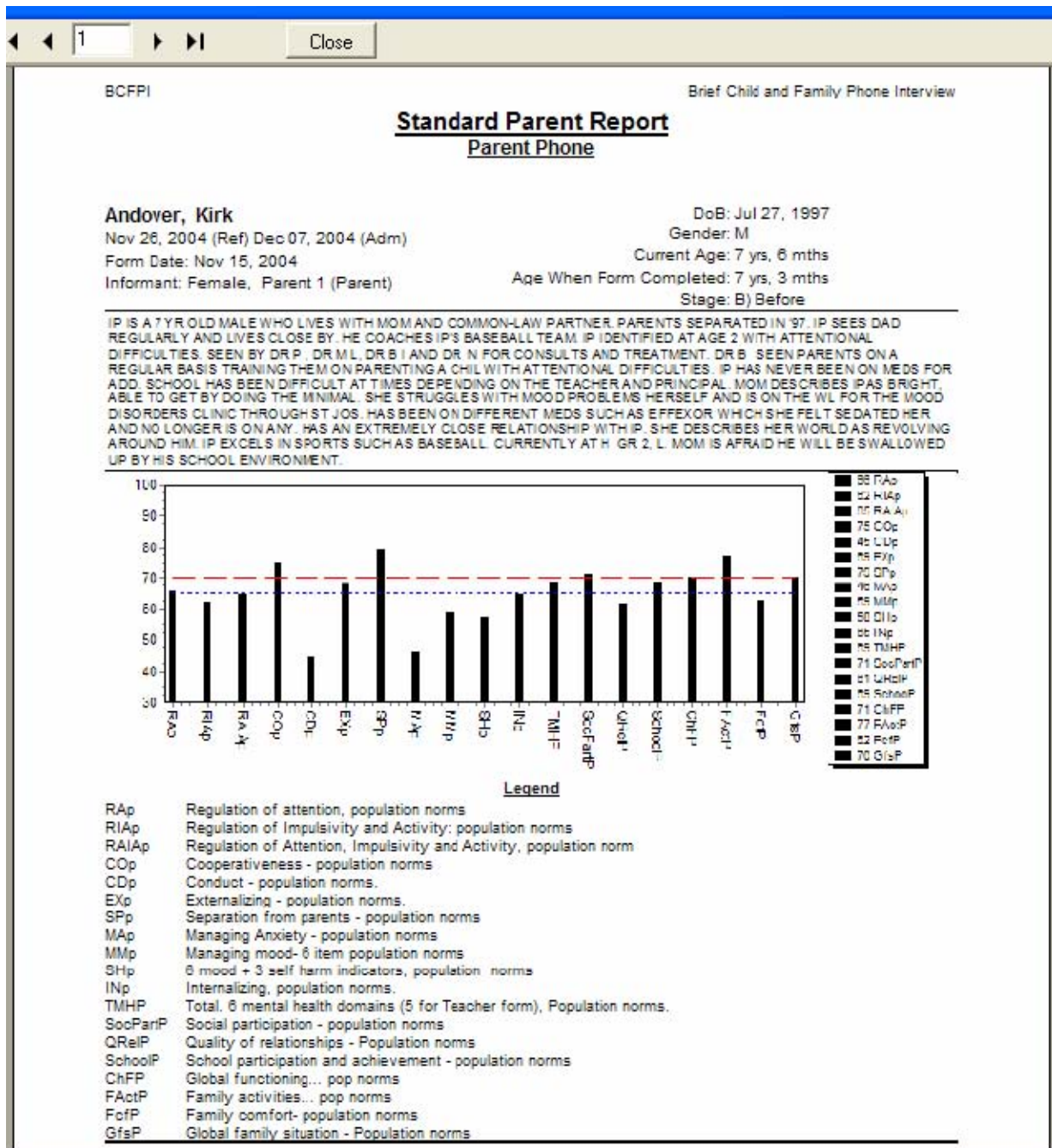
### **How Would we Implement BCFPI?**

- Download and install the training software (available via [support@bcfpi.com](mailto:support@bcfpi.com))
- Learn to use the software and conduct the interview... takes about 6 hours. (Phone-based or site trainers are available via BCFPI Inc or locally).
- Obtain BCFPI interviewer certificate by conducting a satisfactory simulated interview with an accredited BCFPI trainer.
- Upgrade to live software and start conducting structured BCFPI intake interview.
- Start using computer generated case reports to support case planning.
- After accumulating data for about 3 months, start using aggregate data to support in-house system management.
- Merge local non-identifying BCFPI data with other agencies using BCFPI data in your district, and start using district data to support district ( and /or region/Province/State/Country)planning and management of CMH services.

### **Where Can we get Further information?**

- Send an enquiry e-mail to [info@bcfpi.com](mailto:info@bcfpi.com), including your agency's name, city, state/province and country. We'll respond within 72 hours.

## Example of Graphical Summary in Standard Parent Report



Kids in the general population would score around 50; the 'borderline' score of 65 would be seen in about 7% of the general population, scores >70 in 2% of the general population. While waiting for assessment, this child's parents would be candidates for a parent skill-building group based on the high cooperativeness score, and readings related to child management and encouragement of children's social participation and skills.