

R.A.P.I.D Assessment



**Start
Strong**

Enhanced mental health evaluation process for youth entering foster care

Initiative background, overview & goals

In 2017, Health Share of Oregon partnered with MindSights, Multnomah County, and DHS partners to launch a new process and tool for assessing the needs of children entering foster care in Multnomah County, called R.A.P.I.D (Relational, Academic, Psychological, Intellectual, and Developmental Health).

R.A.P.I.D. evaluations involve 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 at elevated risk. There are set testing batteries and child-caregiver activities based on the age of child (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.

Key partners

- MindSights
- Multnomah County
- DHS District 2
- Health Share of Oregon



Partner Organization | Contact Information

**health
share**

Health Share of Oregon

What's been done so far

From program launch in April 2017 through July 2018, 370 children have been referred for R.A.P.I.D. assessments.

Of those: 347 (93.7%) completed the assessment; 13 (3.5%) had situations that called for the cancellation or disqualification of the referral; and 10 (2.7%) were not assessed due to cancellation, no-shows, or refusals. In the first year of the program, only 15 kids had been re-referred for a full psychological assessment. The standardized format of the assessment also allows for robust data collection and analysis. Some data from the initial 200 R.A.P.I.D.s:

Number of ACES	12-17m	18-35m	3-5yrs	6-7yrs	8-16yrs	17-18yrs	SUMS
1	1	0	0	0	0	0	1
2	0	4	4	1	0	0	9
3	0	10	12	5	6	1	34
4	4	4	9	9	42	2	70
5	1	5	5	6	5	1	23
6	2	2	3	1	26	0	34
7	1	0	4	1	6	1	13
8+	0	2	1	2	9	2	16
AVG	4.11	4.00	4.26	4.48	5.2872	6.43	4.81
	N=9	N=27	N=38	N=25	N=94	N=7	N=200

Most Common ACES	12-17m	18-35m	3-5yrs	6-7yrs	8-16yrs	17-18yrs	SUMS
Parent Substance Abuse	66.7%	85.2%	84.2%	64.0%	60.6%	28.6%	68.0%
Bio Parents Not Together	44.4%	29.6%	44.7%	64.0%	73.4%	57.1%	59%
Neglect	55.6%	55.6%	39.5%	48.0%	54.3%	14.3%	49.5%
Domestic Violence	55.6%	55.6%	63.2%	44.0%	40.4%	42.9%	48.0%
Absentee Parent	33.3%	25.9%	34.2%	56.0%	54.3%	42.9%	45.5%
Parental Incarceration/ Crim. Conviction	22.2%	48.1%	34.2%	32.0%	31.9%	0.0%	33.0%
Parent MH +/- or Anger Management	33.3%	37.0%	31.6%	36.0%	29.8%	14.3%	31.5%
Exposure to Unsafe Persons	44.4%	14.8%	21.1%	28.0%	27.7%	28.6%	25.5%
Homelessness/Unstable Housing	22.2%	18.5%	21.1%	20.0%	20.2%	42.9%	21.0%
Physical Abuse	0.0%	7.4%	13.2%	16.0%	22.3%	42.9%	17.5%
	N=9	N=27	N=38	N=25	N=94	N=7	N=200

DSM 5 Disorders	High	Mod.	Mon.	Total
Adjustment Disorder (any classification)	58	23	15	96
ADHD (any classification)	12	19	36	67
PTSD	17	22	25	64
Other Specified Trauma/Stress Disorder	27	13	16	56
Learning Disability in Mathematics	11	23	6	40
All Major Depressive Disorders	13	10	14	37
All Pers. Mood Disorders	7	9	8	24
Unspecified Trauma/Stress Disorder	9	7	6	22
Learning Disability in Written Expression	8	9	5	22
Learning Disability in Reading	5	8	6	19
Develop. Disabilities of Speech & Lang.	5	7	7	19
Intellectual Disabilities	9	5	4	18
Other Disorder of Psych. Development	4	4	9	17
Autism Spectrum Disorder	3	2	6	11
Anxiety Disorders	5	1	2	8

Next steps

The R.A.P.I.D. assessment has provided families and stakeholders with robust information and recommendations to support vulnerable children. The current focus is to build connective pathways to ensure those recommendations translate to high quality individualized care and support, and contribute toward the best possible health and life outcomes for every child who experiences foster care.