BCFPI

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Sections 1a-1c describe BCFPI questionnaires and its current deployments

Section 1d's Spreadsheet tabulates available BCFPI content

Section 2 provides details re BCFPI Scale contents, use and relevance

Section 3 Provides an overview of questionnaire development and Psychometrics, and a link to full details re survey samples, questionnaire development and psychometrics (97 pages)

Section 4 describes how BCFPI's API will interact with a CMIS to present these aspects to users

Section 5 provides examples of how the current web version interacts with users. The CMIS provider may wish to replicate some of these examples

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1) BCFPI Overview

a) 'BCFPI' Meaning and Distribution

BCFPI (the **B**rief **C**hild and **F**amily **P**hone **I**nterview) was launched in ~2001, as a phone-based CYMH **(C**hild and **Y**outh **M**ental **H**ealth) Intake Questionnaire for Ontario CYMH service providers.

BCFPI is currently distributed by Avocette in Canada and Stretch Care in Sweden and the EU (Norway and Estonia).

> Avocette provides (1) a stand-alone web-based system for Canadian agencies, and (2), a 'closed' system for BC government agencies.
>
> Stretch Care provides BCFPI integrated with their **C**ase **M**anagement **I**nformation **S**ystem (CMIS), which includes other questionnaires, for a wide range of outpatient services and age ranges.

Since inception as a desktop system (2001) and later as a web-based system (2014), and then a CMIS-integrated system (2018) more than 400,000 BCFPI questionnaires have been completed in Canada and the EU.

b) BCFPI Questionnaire Types

BCFPI provides 4 distinct questionnaires, for Parents of for kids aged i) 8-17 mo., ii) 18-35-mo., iii)3–5yrs. And iv), 6-18 years

BCFPI also provides questionnaires for Youth aged 12-18 years

All of these are available as Clinical **Interviews**, or a Support Staff Administered **checklists**, or an On-line self-completed **checklists**

> These can be further configured for successive service stages: Pre-Intake, or Inservice or Discharge or Follow-up
>
> > Checklists typically take ~ 10 minutes for completion, and Clinical Interviews take 45 min to 1 hour for completion

c) Overview of BCFPI Scales

The questionnaires include the following scales, with scoring based on population surveys:

> 9 scales which are DSM related, typically @ 6 items per scale
> 4 scales regarding Attachment and Affect Regulation, @ 3 items per scale
> 1 scale regarding Functioning with 3, four item subscales
> An 'Impact on Family scale', a Parent Mood scale, and a Family Functioning Scale

Additional Descriptive sections include:

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- Developmental Ability, Developmental Concerns, and Family Stressors are available for questionnaires for kids up to 6 yrs of age
- 0ther CYMH concerns (12 item checklist, e.g., 'Bullied?'; 'Concerns re sexuality?")
Substance Use (Youth questionnaire only)
- Concerns re Self-Harm or Abuse… only to be included in Interviews, and in checklists if adequate system alerts are implemented
-Demographics
-Satisfaction with Service

d) Questionnaire Scales X Case Age, Service Stage and Informant type (Spreadsheet)

This spreadsheet is also available as 1) Tabular Summary of BCFPI Questionnaires

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BCFPI scales and item counts, for specific Informant types, case ages and service stages

Scale	PARENT QUESTIONNAIRES (2016-2024): Age of child when data collected, and number of items in scales — Parent 8-18 mo.	Parent 18-36 mo	Parent 3-6 yr.	V3 6-18 yr	Service Stage or Purpose — Usually 'Before' — Very Brief Before treatment	Before — Intake/ Before treatment	During — Inservice	After — At Discharge	After — Follow-up	YOUTH QUESTIONNAIRES (2023): # of items in V2 Youth scale or section	Service Stage or Purpose — Usually 'Before' — Very Brief Before treatment	Before — Intake/ Before treatment	During — Inservice	After — At Discharge	After — Follow-up
					Service stage 'I', 'C' or 'B', below, Indicates if items included in Interview (I), Checklist (C) or Both (B), at listed Service Stage										
Attention, Impulsivity and Activity		6	6	6	C	B	B	C	C	6	C	B	B	C	C
Cooperating	6	6	6	6	C	B	B	C	C	6	C	B	B	C	C
Conduct			6	6	C	B	B	C	C	6	C	B	B	C	C
Callous-uncaring				6	C	B	B	C	C	6	C	B	B	C	C
Managing Separation Anxiety			6	6	C	B	B	C	C	6	C	B	B	C	C
Managing Anxiety			6	6	C	B	B	C	C	6	C	B	B	C	C
Managing Social Anxiety			6	6	C	B	B	C	C	6	C	B	B	C	C
egulating Compulsive Behavior			6	6	C	B	B	C	C	6	C	B	B	C	C
Expressing Emotion	6	6			C	B	B	C	C						
Responding to Change	6	6			C	B	B	C	C						
Mood (6)			6	6	C	B	B	C	C	6	C	B	B	C	C
###Desc.-Self Harm			3	3		B				3		B	B		
Sleeping	6	6	6	-->1 Other Concern item						-->1 Other Concern item					
Eating	6	6	6	-->1 Other Concern item						-->1 Other Concern item					
Affect Dysregualation				3	C	B	B	C	C	3	C	B	B	C	C
Affect -Supression				3	C	B	B	C	C	3	C	B	B	C	C
Attachment-Anxiety				3	C	B	B	C	C	3	C	B	B	C	C
Attachment-Avoidance				3	C	B	B	C	C	3	C	B	B	C	C
Functioning (with subscales)			6	12		B	B	C	C	12		B	B	C	C
***Developmental Ability	7	7	7												
***Developmental Concerns	7	7	7												
Impact on Family	7	7	6	6		B	B	C	C						
Informant mood	6	6	6	6		B	B	C	C						
McMaster Family Assessment				6		B									
###Desc.-Abuse	4	4	4	4		B				4		B	B		
***Stressors	8	8	8												
***Other concerns (OC)				12		B				12		B			
***Demographics	8	8	7	9		B				6		B			
***Substance use										4		B			
***Satisfaction with service	9	9	9	9			B	C		9			B	B	
	Item counts, based on age, questionnaire mode, and stage of service									# in checklist	54	104	106	87	78
										# in Interview	n.a	107	106	n.a	n.a.

	Before Service: Very brief checklist	Before Service: Intake Interview	Before Service: Intake Checklist	During Service: Inservice Interview	During Service: Inservice Checklist	After Service: Discharge Checklist	After Service: Follow-up Checklist
8-18 mo.	37	77	73	52	52	52	43
18-36 mo.	43	83	79	58	58	58	49
3-6 yr.	60	114	107	90	87	87	78
6-18 yr V3	66	124	117	102	99	105	90

Items prefaced "***" are descriptive items, not included in any scales. System providers can use, skip or modify these items, as needed.
Items prefaced "###Desc." should only be used in conjunction with an item 'Alert!' system

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2) Content of BCFPI Scales, Applicable Case Age Ranges (8 mo. – 18 yrs.) and Informant Types (Parent or Youth)

A user provides the system software with the **Case's Age** and whether the **informant** is a Parent or Youth. It may also determine the **questionnaire mode** (checklist or interview), and the **Service Stage** (Intake, Inservice, Discharge, Follow-up). The software then presents a questionnaire for completion, with scales and items appropriate to the request. As the questionnaire is completed, the software provides scale scores, provides a Case report and saves the data in the case file.

This section is also available at 5) BCFPI Scales -CYMH, Functioning, Family, Caregiver and Descriptive Risk items

1. ***Regulating Attention, Impulsivity and Activity Level.*** This 6-item scale is composed of items that describe the child's ability to sustain attention, complete tasks, avoid distractions, and regulate activity level and impulsive responding. High t-scores on this scale reflect overactive and impulsive behaviour and correspond to the types of problems experienced by children with ADHD as described in DSM5. **{not used for 8-17 mo. questionnaire}**

2. ***Cooperating*** This 6-item scale is composed of items reflecting the extent to which the child is engaged in cooperative relationships with others. High t-scores reflect noncompliant, defiant, resentful relationships with adults and peers. These behaviours correspond to Oppositional Defiant Disorder in the DSM5. **{used in all questionnaires}**

3. ***Regulating Conduct*** This 6-item scale reflects serious rule violations and antisocial behaviour. Because the items on this scale occur infrequently in nonclinical normative populations, high t-scores will result when a small number of items are endorsed, or several items are endorsed at a low level. These questions correspond to the Conduct Disorder Scale in the DSM5. **{not used in 8-18 mo. or 18-36 mo. questionnaires}**

4. ***Regulating Callous-Uncaring Behaviour*** This 6-item subscale reflects concerns regarding limited prosocial emotions and behaviours. High t-scores on this subscale reflect a callous and unemotional interpersonal style across settings and relationships and correspond to the DSM-5's Callous- Unemotional specifier for a more severe form of Conduct Disorder. ***{only used for 6-19 yr. questionnaire}***

5. ***Separating from Parents*** This 6-item scale reflects the extent to which the child is able to separate comfortably from parents. High t-scores reflect difficulties separating from parents and correspond to Separation Anxiety Disorder in the DSM5***. {not used in 8-18 mo. or 18-36 mo. questionnaires}***

6. ***Managing Anxiety*** This 6-item scale is composed of items reflecting the extent to which the

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child worries about past, present, and future events. High t-scores on this scale reflect difficulties with anxiety and correspond to Anxiety Disorder in the DSM5. **{not used in 8-18 mo. or 18-36 mo. questionnaires}**

7. **Responding to Change** This 6-item subscale is composed of items reflecting the extent to which the child reacts negatively to new places, situations, activities, or people, changes in routines, or loud noises. High t-scores on this subscale reflect temperamental difficulties with responding to change and reactivity thought to be precursors of later difficulties with anxiety and worry***. {only used in 8-18 mo. or 18-36 mo. Scales***

8. ***Managing Mood*** This 6-item scale is composed of questions reflecting interest or enjoyment of life and general mood. High t-scores on this scale suggest that the child may be losing interest in activities and relationships that have previously been a source of pleasure. High t-scores on this scale reflect difficulties with mood and correspond to Major Depressive Disorder in the DSM5***. {not used in 8-18 mo. or 18-36 mo. questionnaires}***

9. ***Expressing Emotion*** This 6-item subscale is composed of items reflecting the extent to which the child seems unreactive, withdrawn, bland, and apathetic, shows little emotion, pleasure, or interest in usual activities or exploring, has a flat expression, and seems not to care what happens. High t- scores on this subscale are thought to reflect difficulties with expressing emotion thought to be precursors of later difficulties with mood***. {only used in 8-18 mo. or 18-36 mo. Scales}***

10. ***Regulating Social Anxiety*** The 6-item scale reflects concerns regarding fearful behaviour in social situations. High t-scores on this scale reflect difficulties with social anxiety and correspond to the DSM5's Social Anxiety Disorder***. {not used in 8-18 mo. or 18-36 mo. questionnaires}***

11. ***Regulating Compulsive Behaviour*** This 6-item scale reflects concerns regarding repetitive behaviours such as hand washing, checking, ordering, or cleaning, and preoccupation with persistent rituals and routines. High t-scores on this scale reflect difficulties with compulsive behaviour and correspond to the DSM5's Obsessive-Compulsive Disorder. **{not used in 8-18 mo. or 18-36 mo. questionnaires}**

12. ***Sleeping*** The 6-item scale reflects concerns regarding difficulty falling and staying asleep, sleeping less than other children, waking at night, and not having a regular sleep schedule. High t-scores on this scale reflect difficulties with sleeping behaviour and correspond to the DSM5's Sleep-Wake Disorder. ***{only used in Parent questionnaires for kids between 8 months and 3 years}***

13. ***Eating*** The 6-item scale reflects concerns regarding eating only a few particular foods or too little, not eating appropriate foods, not seeming to get hungry, not seeming to have a regular eating pattern, and refusing to eat. High t-scores on this scale reflect difficulties with eating behaviour and correspond to the DSM5's Feeding and Eating Disorder. ***{only used in Parent questionnaires for kids between 8 months and 3 years}***

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14. ***Affect Regulation*** Derived from the *Affect Regulation Checklist* (Morretti 2003) These two - 3 item – subscales assess two dimensions of affect regulation. **Affect Dysregulation** refers to the problems in controlling internal feelings of distress and reestablishing a state of equilibrium or calm. **Affect Suppression** refers to the tendency to distance oneself or avoid experiencing, thinking about, or expressing uncomfortable feelings. Both (or either) affect dysregulation and affect suppression may be features of previously discussed DSM related conditions***. (V2 Youth Questionnaires, and V3 Parent Questionnaires for kids 6 -17 years old)***

See Simon Fraser University/Research (www.adolescenthealth.ca/measures-1) for details regarding the Affect Regulation Checklists and the following Adolescent Attachment and Avoidance Checklist.

See SFU Attachment Programs (www.adolescenthealth.ca/connect-attachment-programs) regarding related Attachment treatment programs (see scale, below)

See SFU /journal-articles-and-books (www.adolescenthealth.ca/journal-articles-and-books) for an helpful list of research and programming related to Affect Regulation and Attachment programs.

15. ***Adolescent Attachment and Avoidance*** Derived from the *Adolescent Attachment Anxiety and Avoidance Inventory* (AAAAI, Moretti 2003) these two - 3 item - subscales, assess the two underlying dimensions of parent-child attachment. **Adolescent Attachment Anxiety** refers to hyperactivation of the attachment system and expressed in fear of parental rejection and abandonment, and a persistent need for reassurance. **Adolescent Attachment Avoidance** refers to suppression of the attachment system and expressed in reluctance to seek closeness or share feelings or thoughts with parents, and persistence on independence. Both (or either) attachment anxiety and attachment avoidance may be features of previously discussed DSM related conditions***. (V2 Youth Questionnaires, and V3 Parent Questionnaires for kids 6 -17 years old)***

BCFPI Composite Scale Scores, based on Preceding Scales

1. ***Externalizing Behaviour Score.*** This scale score is based on the 6-item Regulating Attention, Impulsivity, and Activity Level subscale, the 6-item Cooperating subscale, the 6-item Regulating Conduct subscale, and the 6-item Regulating Callous-Uncaring Behaviour subscale. **An Externalizing score is computed only if the required age-appropriate Externalizing subscale scores have been computed.**

2. ***Internalizing Behaviour Score.*** This scale score is based on the 6-item Separation from Parents subscale, the 6-item Managing Anxiety (or Responding to Change) subscale, the 6-Item Managing Mood (or Expressing Emotion) subscale, the 6-item Regulating Social Anxiety subscale, and the 6-item Regulating Compulsive Behaviour subscale. **An Internalizing score is computed only if the required age-appropriate Internalizing subscales have been computed.**

3. ***Regulating Senses and States Score.*** This 12-item scale score is composed based on the 6-item Eating and the 6-item Sleeping subscale. **A Regulating Senses and States score is**

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computed only if both Regulating Senses and States subscales have been scored.

4. ***Total Problem Score.*** This scale score is based on the Externalizing Problems Scale, the Internalizing Problems Scale, and the Regulating Senses and States Scale. **A total problem score is computed only if the required age-appropriate Mental Health subscales have been computed**.

16. 12 item Child Functioning Scale and 3, 4 item Subscales

The Child Functioning Scales reflect the extent to which the Mental Health problems reviewed above are perceived to adversely affect the child's social participation, the quality of the child's social relationships, and school participation and achievement. High T scores on the Child Functioning Scale' subscales reflect more severe functional impairment. To determine which area contributed to high scores on this subscale, the response to each item should be examined in the listing of questions printed with the ***Standard Parent Report***.

17. Impact on Family Scale

This 6 item scale reflects the extent to which the child's problems are perceived to have influenced the family's activities (external social networks) and family comfort (internal family functioning). These items include the extent to which the child's behaviour influences visits to/from friends and relatives, the family's ability to use childcare, and the family's ability to take the child on shopping trips. High T scores on this scale suggest that the child is perceived to limit the family's relationships with others and mobility in the community and to be a source of conflict and anxiety within the family. High T scores on this scale reflect greater impairment in family functioning.

Risk Factor Scales

18. ***Informant Mood.*** This 6-item scale is derived from the Centre for Epidemiologic Studies - Depression (CES-D) 20-item scale. High T scores reflect symptoms of depression such as depressed mood and activity, attentional problems, sleep difficulties, and loss of appetite.

19. ***Family Functioning.*** This is a 6-item scale derived from the McMaster Family Assessment Device's (FAD) 12-item General Functioning scale (Epstein, Baldwin, & Bishop, 1983). High T scores on this scale suggest difficulties with problem solving, communication, support, or general relationships.

Descriptive sections in questionnaires for 8 months to 6 years

- 7 questions re the parent's judgement re the child's capacity re 7 developmental domains
- 7 questions re the parent's concern re the child's capacity re 7 developmental domains
- 8 questions re whether the child experienced specific stressors in their lives

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Descriptive Sections for Parents of kids 6-18 yrs, and Youth aged 12-18 yrs

- Other Concerns ('Never', Sometimes' Often')
  - (Sleeping) Getting too much sleep, too little sleep, or sleeping poorly
  - (Eating) Eating too much or not enough; feeling too thin or too heavy.
  - (Bullying) Bullying other kids, in person, or on-line
  - (Fears) Disturbing fear of specific things… for example, needles, bugs, high places
  - (Spasms) Making sudden strange noises or sudden movements
  - (Strange thoughts) Confused thinking or hearing; seeing or believing strange things
  - (Bullied) Being bullied by other kids, in person, or on-line
  - (Trauma) Disturbing memories, which keep repeating, of a very bad experience
  - (Speech) Trouble speaking or understanding what people say
  - (Development) Not being as smart, coordinated or strong as other kids of the same age
  - (Urination) Wetting the bed, or clothing
  - (Sexuality) Uncomfortable about being a girl or a guy

Descriptive Sections for Youth

- Substance use (4 questions)

Descriptive Sections, Parents and Youth, All ages

- ~ 8 Demographic questions (Intake only)
- 9 Satisfaction items (Discharge only)

3) Questionnaire Development and Psychometrics

1. BCFPI includes 4 distinct Parent Child and Family Mental Health questionnaires, for kids aged 8-17 mo., 18-35-mo., 3–5 yrs., 6-18 years and questionnaires for Youth aged 12-18 yrs
2. The questionnaires are based on surveys of representative population samples including:
   i. 4,889 Canadian parents (surveys conducted 2016-2024)
   ii. 1,529 Canadian Youth (2023)
   iii. 2,645 Swedish Parents (2024)
   iv. 1,534 Swedish Youth (2023)
3. Factor analysis was used to identify efficient item sets (typically observed to be 6 items per scale for good psychometrics and minimum informant burden). These were associated with 9 DSM CYMH categories.
   i. Additional analysis of survey data was used to identify age and gender specific population means and standard deviations for these 9 scales, for Canada and Sweden
   ii. Post hoc analysis examined test-retest measures, to establish scale suitability for outcomes measures
4. 10 related Child or Family scales were created
5. Additional post hoc analysis was used to establish face validity of these scales, by comparing the 9 CYMH scores to the related scales, including measures of Child and Youth functioning, Family Impact and Caregiver Mood

For full details regarding the development of these questionnaires, and scale psychometrics, see BCFPI Training and Support Item 150 BCFPI Scale Development and Psychometrics

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4) BCFPI's API (Application Programming Interface) (Available for English, French and Swedish Questionnaires)

Increasingly, sites expect BCFPI to be fully integrated with their Case Management Information System (CMIS).

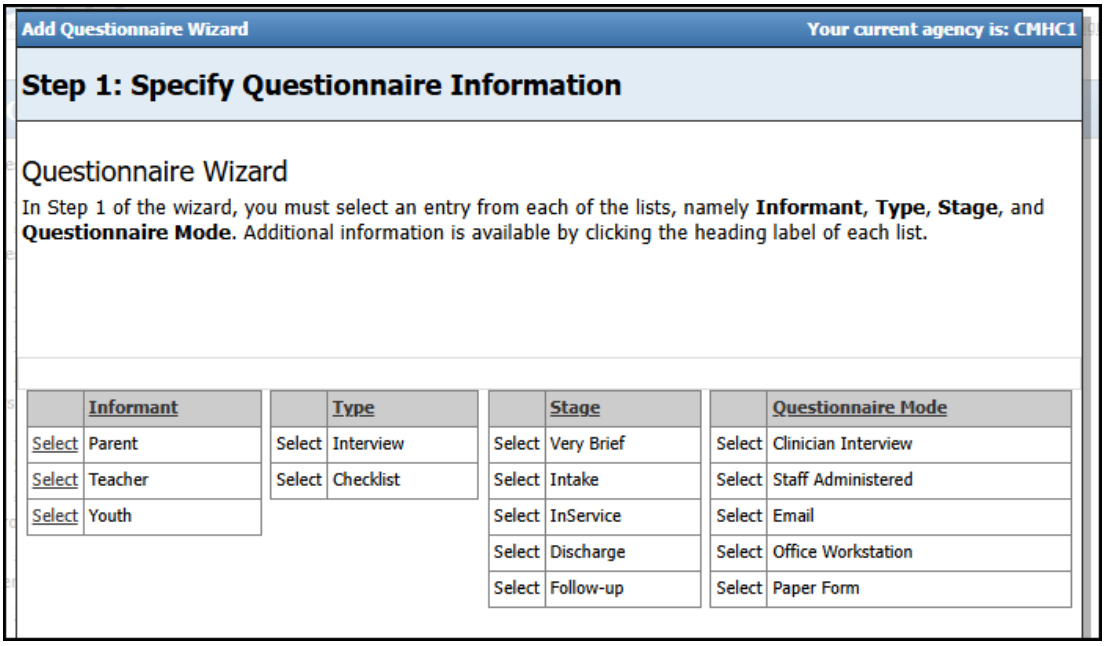
BCFPI is building an API which will provide CMIS software with details about BCFPI Questionnaires and scores for completed BCFPI Questionnaires. CMIS software will manage all desired reporting, data storage, and user interaction. The BCFPI API will not receive any identifying or narrative information and will not store any data beyond usage metrics.

a) SCOPE of CMIS's BCFPI Deployment is Controlled by CMIS

A given CMIS may provide user access to all BCFPI questionnaire types, or may limit questionnaires available to users, based on:

- Informant type (Parent and or Youth; 'Teacher' no longer supported by BCFPI)
- A limited age range (e.g., case age 6 -18; exclude 8 months-5 yrs; columns B-E in pg. 2 table). Case age is calculated based on DOB, and UI warning should be provided if the case age is out of range
- Limited Stages of Service (e.g., Intake only; columns F-J in pg.2 table)
- Limited modes (generic, rather than Clinical interview, Checklist, etc.; 'B' or 'C' in table)

An example of Questionnaire Set-up UI from the web version of BCFPI, covering all of the above options, is shown below:



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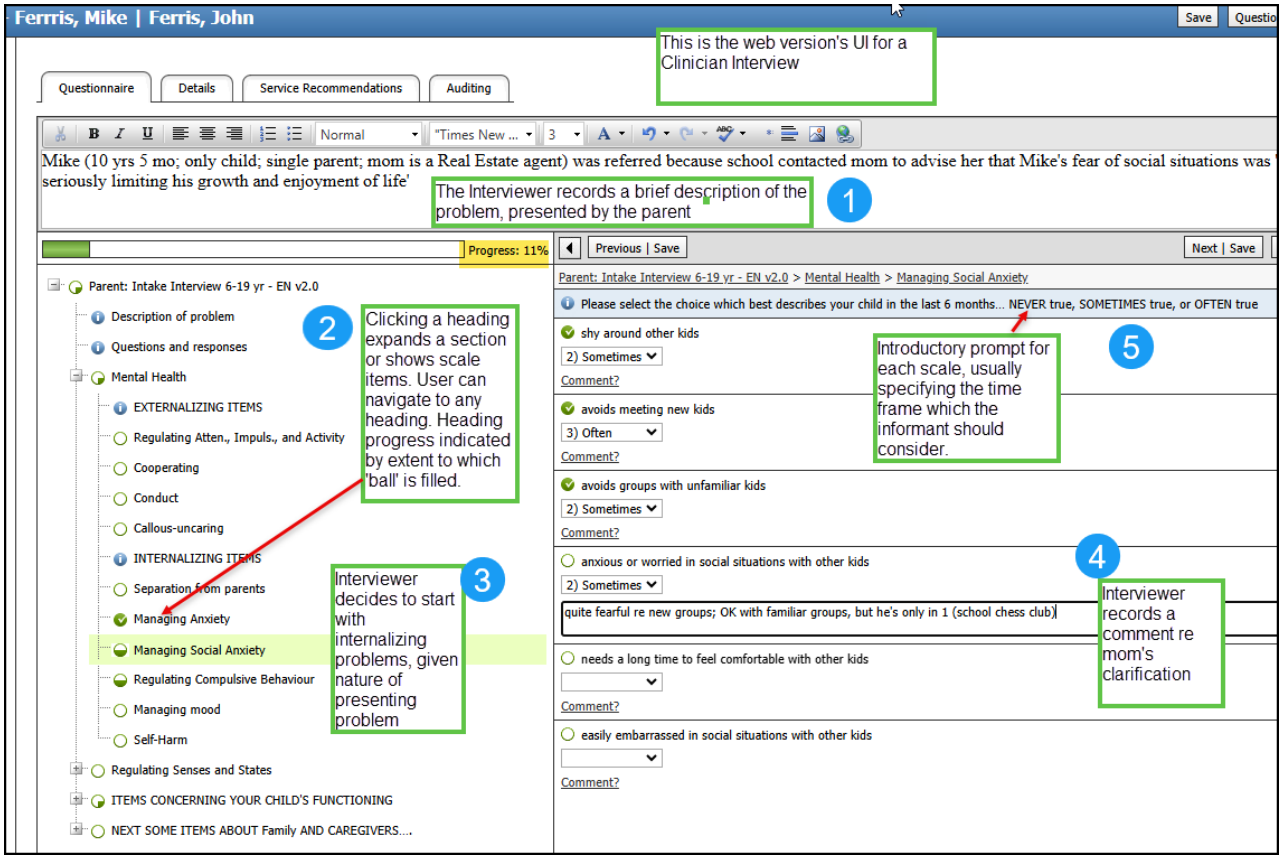
5) Characteristics on the Web Version of BCFPI

CMIS providers will implement BCFPI in a fashion that is compatible with other items in their CMIS. The following sections describe features of the web version of BCFPI that have evolved to be useful to users. CMIS providers are encouraged to consider implementation of these features for BCFPI, in their systems.

a) Questionnaire and UI Differences for Interviews vs Checklists

BCFPI's web version includes a UI intended to support Clinical Interviews …

1. The clinician can record a narrative, on a continuing basis, as the interview continues
2. Clicking a Scale Heading in the 'Interview tree', at left, opens the list of its items, at right
3. The clinician can choose where to start, and how to proceed
4. The interviewer can add comments re responses
5. The system provides introductory section prompts, typically specifying a time frame (also used in checklists)



A (support) staff administered checklist would not have feature 1,2,3, or 4

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Online self-completed checklists should display one item per screen, with the time frame (e.g. last 6 months) specified with each item.

- Informants can skip items (scoring algorithms compensate for up to 1 skipped item per scale
- Showing one item per screen, and moving response choices randomly to different L-R-L screen locations minimizes occurrence of repeated response sets
- BCFPI Inc.'s field experience indicates that many respondents prefer self-completed checklists to on-line interviews. They are described as quick (~ 10 minutes) and convenient, and are congruent with how the population surveys were conducted

b) Single case Reports

The next 2 pages show an example of a BCFPI web-version case report. The graphical summary on page 1 is followed by an Enrolment history on pg. 2, followed by a list of scales, scale item text, and scale item responses. The graphical summary and items list with responses should be replicated in the CMIS's version of a single case report.

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BCFPI
Brief Child and Family Phone Interview

Standard Parent (6-19 years) - No Names

Parent Intake Checklist 6-19 yr - EN v 2.0

Client	ABC ; Male, Age at Questionnaire: 7 years, 5 months
Identifier	**123456789**
Informant	DBC ; Female, Parent
Questionnaire	Conducted by Clinician XYZ

NARRATIVE

This is a report re a questionnaire completed as a 'Checklist'. Users can add comments to this narrative section after checklist data has been entered. These comments will be saved with the questionnaire and appear with any case reports

GRAPH

This 7 yr 5 mo boy had CYMH scores higher than 7% of the Canadian survey sample for 'Reg of Attention', 'Cooperating', 'Conduct', 'Externalizing', Separation', 'Int & Ext',.
He had high Functioning scores for 'School', and 'Global functioning'
His family reports a high level of concern

A t score =>70 reflects a scale symptom frequency as high as **the most symptomatic 2%** of the representative Canadian survey sample
A score =>65 is as high as **the most symptomatic 7%**

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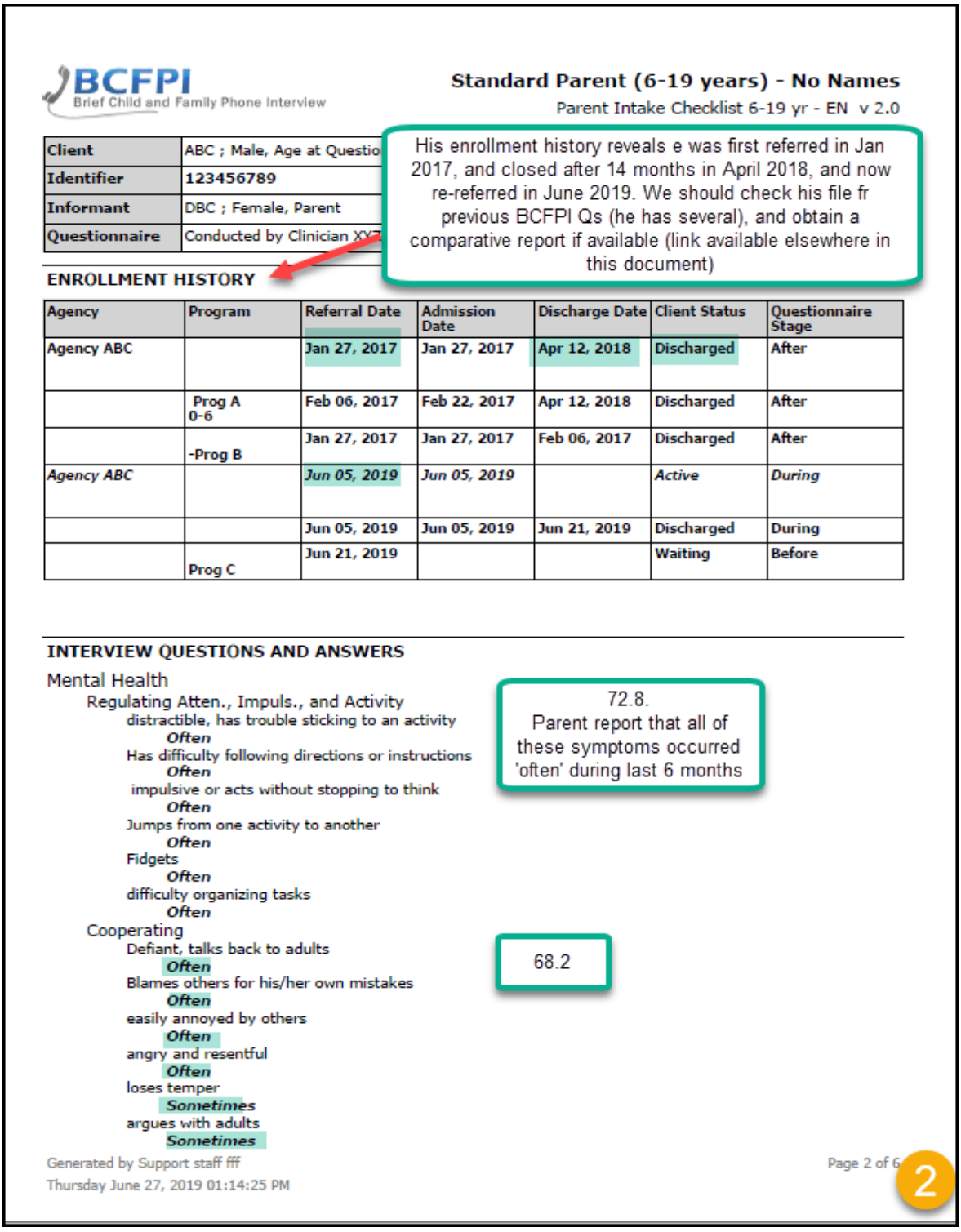

BCFPI
Brief Child and Family Phone Interview

Standard Parent (6-19 years) - No Names

Parent Intake Checklist 6-19 yr - EN v 2.0

Client	ABC ; Male, Age at Questio
Identifier	**123456789**
Informant	DBC ; Female, Parent
Questionnaire	Conducted by Clinician XX

His enrollment history reveals e was first referred in Jan 2017, and closed after 14 months in April 2018, and now re-referred in June 2019. We should check his file fr previous BCFPI Qs (he has several), and obtain a comparative report if available (link available elsewhere in this document)

ENROLLMENT HISTORY

Agency	Program	Referral Date	Admission Date	Discharge Date	Client Status	Questionnaire Stage
Agency ABC		Jan 27, 2017	Jan 27, 2017	Apr 12, 2018	Discharged	After
	Prog A 0-6	Feb 06, 2017	Feb 22, 2017	Apr 12, 2018	Discharged	After
	-Prog B	Jan 27, 2017	Jan 27, 2017	Feb 06, 2017	Discharged	After
Agency ABC		*Jun 05, 2019*	*Jun 05, 2019*		*Active*	*During*
		Jun 05, 2019	Jun 05, 2019	Jun 21, 2019	Discharged	During
	Prog C	Jun 21, 2019			Waiting	Before

INTERVIEW QUESTIONS AND ANSWERS

Mental Health
- Regulating Atten., Impuls., and Activity
  - distractible, has trouble sticking to an activity — ***Often***
  - Has difficulty following directions or instructions — ***Often***
  - impulsive or acts without stopping to think — ***Often***
  - Jumps from one activity to another — ***Often***
  - Fidgets — ***Often***
  - difficulty organizing tasks — ***Often***
- Cooperating
  - Defiant, talks back to adults — ***Often***
  - Blames others for his/her own mistakes — ***Often***
  - easily annoyed by others — ***Often***
  - angry and resentful — ***Often***
  - loses temper — ***Sometimes***
  - argues with adults — ***Sometimes***

72.8.
Parent report that all of these symptoms occurred 'often' during last 6 months

68.2

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2

2 of BCFPI's web-version training items provide further suggestion re interpreting BCFPI data:

10.Understanding BCFPI Scores, Scales and Response Patterns (Note pg.1 "The scales are not Diagnostic"

15) Steps in Interpreting a BCFPI Case Report

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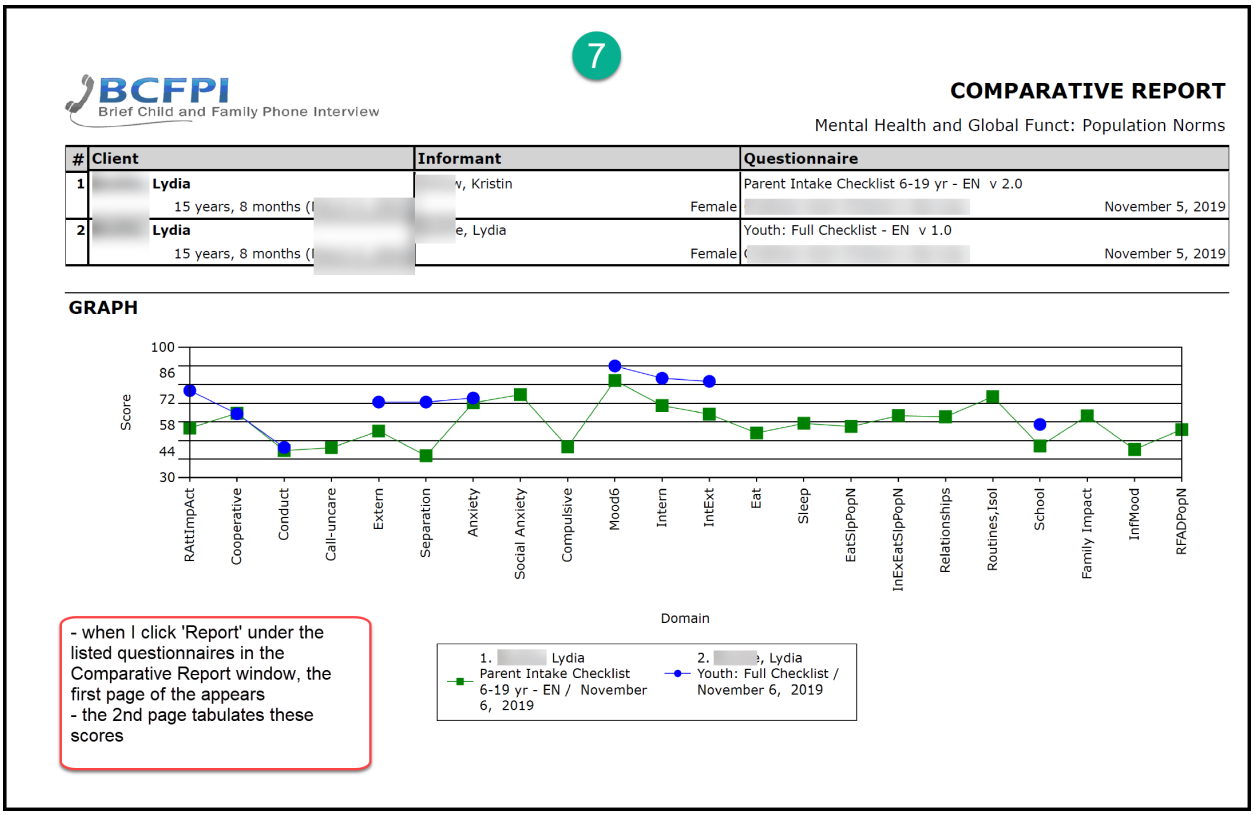
c) Comparative Case Reports

The user selects the questionnaires to be compared… in this example, Parent-completed and a Youth completed Intake Checklists in Nov 2019.

Users can also select and compare a case's Intake, Inservice, Discharge and Follow-up questionnaires, or questionnaires completed by 2 parents, or questionnaires (up to 6) completed by treatment group members.



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d) Aggregate Data Storage and Example Reports

BCFPI Inc. suggests that CMIS providers maintain CMIS system-wide files, **for consenting agencies and cases**, containing non-identifying exports of questionnaires, including:

'Header data', including …

- BCFPI Case ID (non-identifying CMIS encrypted Case Id for export files and aggregate reports)
- Questionnaire Type
- Scheduled Date
- Actual Date
- Mode
- Conducting Agency
- Interview Key
- Informant Type
- Client Gender
- Client Interview Age
- Administrator-defined Treatment Stage

Scale scores, ~ 28 items, including composite DSM scores

and selected, non-scored data items:

- Developmental Ability (7 items; for cases 8 mo. To 5 yrs)
- Developmental Concerns (7 items; for cases 8 mo. To 5 yrs)
- Stressors (8 items; for cases 8 mo. To 5 yrs)
- Other concerns (OC)
- Demographics (8 items)
- Substance use (4 items, Youth Q)
- Satisfaction with service (9 items, Discharge Q)

The records in these files should be linked to related CMIS case data including

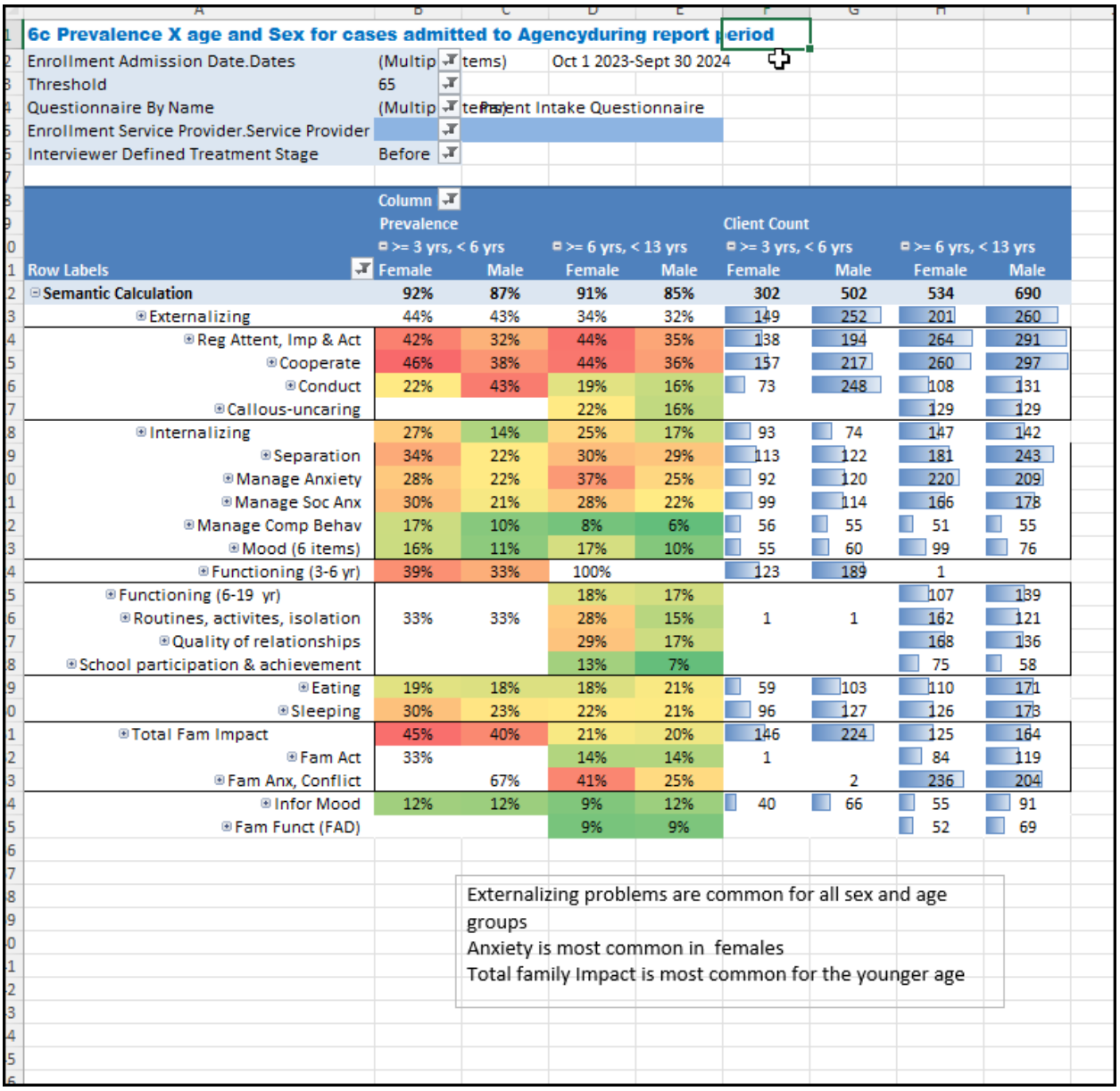
- Agency Referral, Admission and Discharge dates
- Program Referral, Admission and Discharge dates
- Other related Service files, relevant for aggregate reports

If all CMIS providers adopt a similar framework, they could contemplate system-wide aggregate reports for system managers and funders.

Sample report pages from BCFPI's web version follow:

(c) BCFPI Inc.

This example shows % and number of this agency's cases with scale scores comparable to the highest 7% of population scores, X age and X sex



6c Prevalence X age and Sex for cases admitted to Agencyduring report period

Enrollment Admission Date.Dates	(Multip tems) Oct 1 2023-Sept 30 2024
Threshold	65
Questionnaire By Name	(Multip tems) Parent Intake Questionnaire
Enrollment Service Provider.Service Provider	
Interviewer Defined Treatment Stage	Before

	Column Prevalence				Client Count			
	>= 3 yrs, < 6 yrs		>= 6 yrs, < 13 yrs		>= 3 yrs, < 6 yrs		>= 6 yrs, < 13 yrs	
Row Labels	Female	Male	Female	Male	Female	Male	Female	Male
Semantic Calculation	**92%**	**87%**	**91%**	**85%**	**302**	**502**	**534**	**690**
Externalizing	44%	43%	34%	32%	149	252	201	260
Reg Attent, Imp & Act	42%	32%	44%	35%	138	194	264	291
Cooperate	46%	38%	44%	36%	157	217	260	297
Conduct	22%	43%	19%	16%	73	248	108	131
Callous-uncaring			22%	16%			129	129
Internalizing	27%	14%	25%	17%	93	74	147	142
Separation	34%	22%	30%	29%	113	122	181	243
Manage Anxiety	28%	22%	37%	25%	92	120	220	209
Manage Soc Anx	30%	21%	28%	22%	99	114	166	178
Manage Comp Behav	17%	10%	8%	6%	56	55	51	55
Mood (6 items)	16%	11%	17%	10%	55	60	99	76
Functioning (3-6 yr)	39%	33%	100%		123	189	1	
Functioning (6-19 yr)			18%	17%			107	139
Routines, activites, isolation	33%	33%	28%	15%	1	1	162	121
Quality of relationships			29%	17%			168	136
School participation & achievement			13%	7%			75	58
Eating	19%	18%	18%	21%	59	103	110	171
Sleeping	30%	23%	22%	21%	96	127	126	173
Total Fam Impact	45%	40%	21%	20%	146	224	125	164
Fam Act	33%		14%	14%	1		84	119
Fam Anx, Conflict		67%	41%	25%		2	236	204
Infor Mood	12%	12%	9%	12%	40	66	55	91
Fam Funct (FAD)			9%	9%			52	69

Externalizing problems are common for all sex and age groups
Anxiety is most common in females
Total family Impact is most common for the younger age

Senior agency staff will be familiar with the t-scores used in these reports, which show % of cases with a t-score => 65 for the listed scales. The user can select a threshold of 0, 65 or 70 for selecting data for this report.

Pg. 3 of BCFPI Training item [10.Understanding BCFPI Scores, Scales and Response Patterns] also explains BCFPI scale scores used in these reports

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This example shows % and number of cases referred in successive quarters, with high scale scores

6d Prevalence, X Quarter, for Last 4 Quarters, for Admitted Cases

Threshold	65
Questionnaire By Name	(Multipl
Status	Admitte
Enrollment Service Provider.Service Pr	
Interviewer Defined Treatment Stage	Before

Parent Intake, 3 yr- 19 y

Jul 1 2024-Sep 30 2024

Jul 1 2024-Sep 30 2024

	Quarterly results. Last 4 quarters								Totals, last 12 months	
Column										
	Prevalence				Client Count				Total Prevalence	Total Client Count
	2023	2024			2023	2024				
Row Labels	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3		
Semantic Calculation	***87%***	***92%***	***85%***	***90%***	**506**	**541**	**390**	**294**	**88%**	**1705**
Externalizing	38%	44%	44%	46%	223	257	202	152	42%	823
Reg Attent, Imp & Act	41%	45%	42%	43%	240	268	194	144	43%	835
Cooperate	41%	44%	45%	48%	234	264	206	159	44%	854
Conduct	27%	28%	28%	33%	152	163	131	109	29%	548
Callous-uncaring	19%	24%	25%	24%	69	84	67	40	23%	257
Internalizing	18%	19%	14%	15%	106	113	62	51	17%	322
Separation	26%	28%	21%	20%	152	166	95	65	24%	469
Manage Anxiety	26%	25%	20%	22%	154	146	88	72	24%	449
Manage Soc Anx	22%	23%	18%	19%	125	138	78	63	21%	392
Manage Comp Behav	8%	10%	10%	10%	50	56	47	35	10%	186
Mood (6 items)	14%	13%	11%	13%	79	76	49	42	13%	241
Functioning (3-6 yr)	35%	41%	37%	32%	79	90	70	52	36%	286
Functioning(6-19yr)	19%	23%	23%	22%	62	79	60	35	22%	234
Routines, activites, isolation	23%	22%	23%	25%	82	79	57	41	23%	255
Quality of relationships	24%	25%	27%	25%	85	86	70	43	25%	280
School participation & achievement	9%	13%	10%	9%	33	45	26	16	11%	119
Eating	19%	22%	20%	21%	106	130	90	66	20%	386
Sleeping	24%	22%	22%	24%	138	129	96	76	23%	434
Total Fam Impact	30%	33%	35%	29%	170	187	157	97	32%	607
Fam Act	15%	17%	20%	16%	52	63	52	27	17%	193
Fam Anx, Conflict	35%	36%	36%	30%	122	130	93	49	35%	391
Infor Mood	12%	12%	12%	15%	70	66	52	45	13%	232
Fam Funct (FAD)	9%	8%	10%	13%	31	30	23	22	9%	105
Grand Total	**87%**	**92%**	**85%**	**90%**	**506**	**541**	**390**	**294**	**88%**	**1705**

90% of Q3(Jul 1 2024-Sep 30 2024) cases had at least 1 score >65, which places them in the most symptomatic 7% of the population.

Symptom severity for Cooperativeness problems has increased steadily over the last 4 quarters

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This example shows descriptive data re Developmemtal issues and concerns

6f Developmental Concerns, kids 8 mo - 6 yr, for cases admitted during report period

Enrollment Admission Date.Dates	(Multiple Items) Oct 1 2023-Sep 30 2024
Questionnaire By Name	(Multiple) 8 mo - 6 yr Intake Qs
Enrollment Service Provider.Service Provider	
Interviewer Defined Treatment Stage	Before

Answer A Count	Parents judgement re 'degree of difficulty', compared to kids in same age group			Degree of parent concern re child's skill level				
Column L								
Row Labels	has a lot more difficulty	has a little more difficulty	About the same	A lot	A little	None	Answer Not Recorded	% expressing 'A little' or 'A a lot' of concern
Semantic Question								
Exp lang/peer	43	132	801				44	
Informant concern-Exp lang				93	233	668	26	33%
Soc play /peer	**62**	**280**	650				28	
Informant concern-Soc play				164	427	401	28	60%
Rec Lang /peer	10	106	869				35	
Informant concern-Rec Lang				59	250	685	26	31%
Learning/peer	15	122	854				29	
Informant concern-learning				41	229	726	24	27%
ADL/peer	**49**	**230**	711				30	
Informant concern-ADL				85	310	597	28	40%
Gross motor/peer	4	17	908				91	
Informant concern-Gross motor				24	67	897	32	9%
Fine motor/peer	3	40	910				67	
Informant concern-Fine motor				23	75	896	26	10%

Families of kids aged 3 -6 yrs, reported kids having 'A lot of Concern' for the first 4 developmental domains listed on the above table, ranging from 27% (Learning- 60%(Socialization).
ECE supports could be consdered for these cases

This is a Satisfaction report, for cases closed in the previous 12 months

8a Satisfaction Reported by cases Discharged during the report period

Enrollment Discharge Date.I	(Multiple Items) Oct 1 2023-Sep 30 2024
Enrollment Service Provider.	
Questionnaire By Name	(Multiple Items)

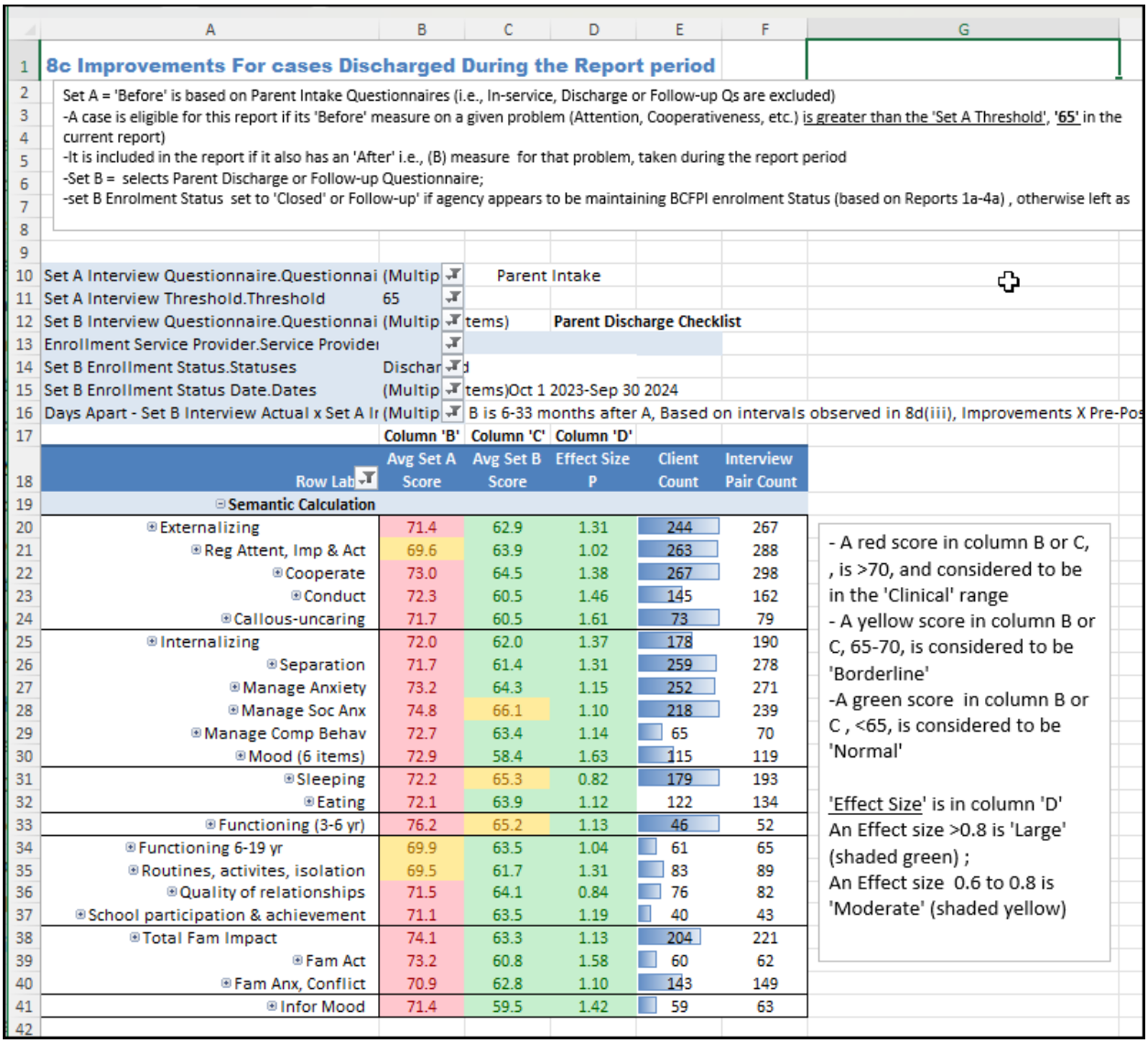
Satisfaction , for cases that were closed during the report

Column	Excellent		Very good		Good		Fair		Poor	
Row Labels	Client Count	Row %	Client Count	Row %	Client Count	Row %	Client Count	Row %	Client Count	Row %
Semantic Question										
Overall quality	474	57%	243	29%	94	11%	17	2%	3	0%
Helpfulness of service	428	52%	250	30%	117	14%	32	4%	3	0%
Useful techniques	409	49%	272	33%	127	15%	27	3%	3	0%
Information re problem	465	56%	245	30%	100	12%	25	3%	1	0%
Location convenient	538	67%	164	20%	95	12%	13	2%	2	0%
Participation in planning	319	40%	268	34%	151	19%	55	7%	9	1%
Staff courtesy	676	82%	109	13%	40	5%	5	1%	3	0%
Time on WL	47	6%	84	10%	209	26%	284	35%	204	25%
Service time of day	366	44%	253	31%	169	20%	46	6%	3	0%

(c) BCFPI Inc.

This example shows changed severity from Referral to Discharge

Discahrge checkists are sent ad hoc by staff when a case is discharged



8c Improvements For cases Discharged During the Report period

Set A = 'Before' is based on Parent Intake Questionnaires (i.e., In-service, Discharge or Follow-up Qs are excluded)
-A case is eligible for this report if its 'Before' measure on a given problem (Attention, Cooperativeness, etc.) is greater than the 'Set A Threshold', '65' in the current report)
-It is included in the report if it also has an 'After' i.e., (B) measure for that problem, taken during the report period
-Set B = selects Parent Discharge or Follow-up Questionnaire;
-set B Enrolment Status set to 'Closed' or Follow-up' if agency appears to be maintaining BCFPI enrolment Status (based on Reports 1a-4a) , otherwise left as

Set A Interview Questionnaire.Questionnai	(Multip Parent Intake
Set A Interview Threshold.Threshold	65
Set B Interview Questionnaire.Questionnai	(Multip tems) **Parent Discharge Checklist**
Enrollment Service Provider.Service Provide	
Set B Enrollment Status.Statuses	Dischar d
Set B Enrollment Status Date.Dates	(Multip tems)Oct 1 2023-Sep 30 2024
Days Apart - Set B Interview Actual x Set A I	(Multip B is 6-33 months after A, Based on intervals observed in 8d(iii), Improvements X Pre-Pos

Row Lab	Column 'B' Avg Set A Score	Column 'C' Avg Set B Score	Column 'D' Effect Size P	Client Count	Interview Pair Count
Semantic Calculation					
Externalizing	71.4	62.9	1.31	244	267
Reg Attent, Imp & Act	69.6	63.9	1.02	263	288
Cooperate	73.0	64.5	1.38	267	298
Conduct	72.3	60.5	1.46	145	162
Callous-uncaring	71.7	60.5	1.61	73	79
Internalizing	72.0	62.0	1.37	178	190
Separation	71.7	61.4	1.31	259	278
Manage Anxiety	73.2	64.3	1.15	252	271
Manage Soc Anx	74.8	66.1	1.10	218	239
Manage Comp Behav	72.7	63.4	1.14	65	70
Mood (6 items)	72.9	58.4	1.63	115	119
Sleeping	72.2	65.3	0.82	179	193
Eating	72.1	63.9	1.12	122	134
Functioning (3-6 yr)	76.2	65.2	1.13	46	52
Functioning 6-19 yr	69.9	63.5	1.04	61	65
Routines, activites, isolation	69.5	61.7	1.31	83	89
Quality of relationships	71.5	64.1	0.84	76	82
School participation & achievement	71.1	63.5	1.19	40	43
Total Fam Impact	74.1	63.3	1.13	204	221
Fam Act	73.2	60.8	1.58	60	62
Fam Anx, Conflict	70.9	62.8	1.10	143	149
Infor Mood	71.4	59.5	1.42	59	63

- A red score in column B or C, , is >70, and considered to be in the 'Clinical' range
- A yellow score in column B or C, 65-70, is considered to be 'Borderline'
-A green score in column B or C , <65, is considered to be 'Normal'

'Effect Size' is in column 'D'
An Effect size >0.8 is 'Large' (shaded green) ;
An Effect size 0.6 to 0.8 is 'Moderate' (shaded yellow)

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This example shows how discharge and follow-up scores change for each scale, for increasing intervals after Referral

This agency's software file has been configured to send out semi-annual follow emails for 3 years after discharge.. hence this data entails $0 cost for the agency

Longer Term Improvements grouped by 3 month Intervals after Intake, up to 3 years

Set A = 'Before' is based on Parent Intake Questionnaires (i.e., In-service, Discharge or Follow-up Qs are excluded)
-A case is eligible for this report if its 'Before' measure on a given problem (Attention, Cooperativeness, etc.) is greater than the 'Set A Threshold', '65' in the current report)
-It is included in the report if it also has 'Follow-up' i.e., (B) measure for that problem, taken during the report period
-Set B = selects Parent Follow-up Questionnaire;
-set B Enrolment Status set to 'Discharged or Follow-up' if agency appears to be maintaining BCFPI enrolment Status (based on Reports 1a-4a) , otherwise left as 'All'
- the intervals in the table below refer to the time between the Intake checklist and the follow-up checklist

-This agency is emailing ad hoc Duscharge Checklist data requests when the case is closed.
- the system will auto-send a Follow-up checkist to cases who consnent to recieve the 1 year post discharge follow-up data request, after completing the discharge checklist

- A red score in column B or C, , is >70, and considered to be in the 'Clinical' range
- A yellow score in column B or C, 65-70, is considered to be 'Borderline'
-A green score in column B or C , <65, is considered to be 'Normal'
'Effect Size' is in column 'D'
An Effect size >0.8 is 'Large' (shaded green) ;
An Effect size 0.6 to 0.8 is 'Moderate' (shaded yellow)

Set A Interview Questionnaire.Questionnaire B	(Multipl
Set A Interview Threshold.Threshold	65
Set B Interview Questionnaire.Questionnaire B	(Multipl
Set B Interview Actual Date.Dates	All
Enrollment Service Provider.Service Provider Ty	Agency
Set B Enrollment Status.Statuses	Discharg
Enrollment Service Provider.Service Provider	Canadi

Parent Intake Q

Parent Follow-up Q

Row Lab	Column 'B' Avg Set A Score	Column 'C' Avg Set B Score	Column 'D' Effect Size P	Client Count	Interview Pair Count
Semantic Calculation					
Externalizing					
9-12 Months After	70.2	60.4	1.47	184	189
12-15 Months After	72.5	62.1	1.37	194	198
15-18 Months After	71.1	61.1	1.49	207	213
18-21 Months After	72.8	62.1	1.59	162	167
21-24 Months After	74.0	65.5	1.11	64	66
Reg Attent, Imp & Act					
9-12 Months After	69.2	61.3	1.43	239	244
12-15 Months After	70.0	62.3	1.37	208	209
15-18 Months After	69.5	61.4	1.43	241	249
18-21 Months After	69.8	61.5	1.38	157	158
21-24 Months After	71.1	64.3	1.19	46	47
Cooperate					
9-12 Months After	72.1	62.3	1.57	235	242
12-15 Months After	72.9	62.8	1.54	226	231
15-18 Months After	72.5	61.9	1.62	267	276
18-21 Months After	73.6	63.5	1.48	182	189
21-24 Months After	73.8	64.8	1.32	74	75
Callous-uncaring					
9-12 Months After	72.8	61.7	1.24	64	65
12-15 Months After	74.4	62.9	1.21	67	67
15-18 Months After	71.6	61.6	1.21	66	67
18-21 Months After	73.9	62.0	1.49	58	58
21-24 Months After	76.5	61.8	1.79	18	19
Conduct					

41% of consenting parents provided follow-up data, up to 24 months after discharge.
The symptom severit y leves for most domains continued in in non-clinical range (<65)

This is a very good result, particularly for a prevention-oriented. parent-skills

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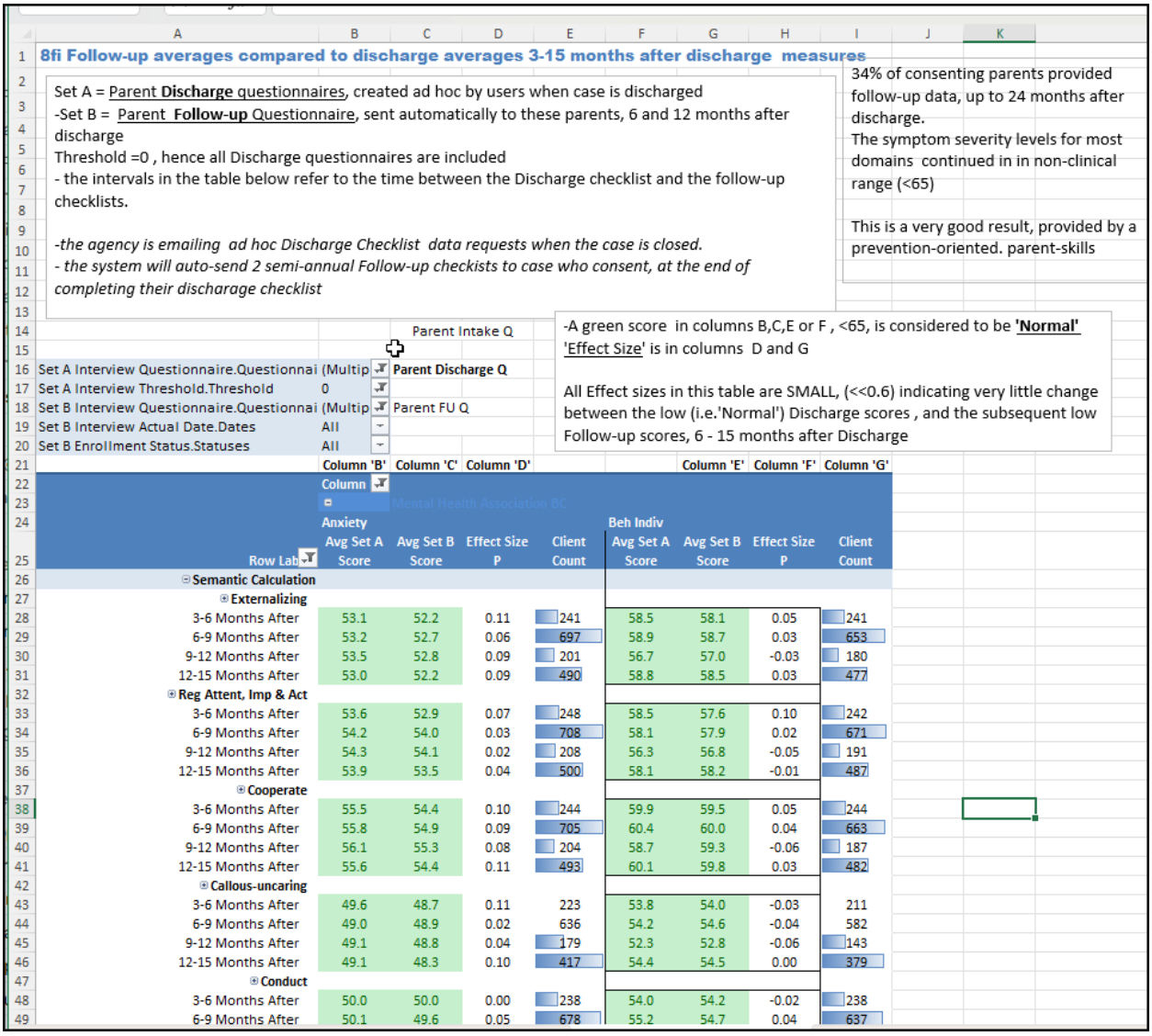
This example compares discharge and follow-up scores, over time



8fi Follow-up averages compared to discharge averages 3-15 months after discharge measures

Set A = Parent **Discharge** questionnaires, created ad hoc by users when case is discharged
-Set B = Parent **Follow-up** Questionnaire, sent automatically to these parents, 6 and 12 months after discharge
Threshold =0 , hence all Discharge questionnaires are included
- the intervals in the table below refer to the time between the Discharge checklist and the follow-up checklists.

-the agency is emailing ad hoc Discharge Checklist data requests when the case is closed.
- the system will auto-send 2 semi-annual Follow-up checkists to case who consent, at the end of completing their discharage checklist

34% of consenting parents provided follow-up data, up to 24 months after discharge.
The symptom severity levels for most domains continued in in non-clinical range (<65)

This is a very good result, provided by a prevention-oriented. parent-skills

-A green score in columns B,C,E or F , <65, is considered to be **'Normal'**
'Effect Size' is in columns D and G

All Effect sizes in this table are SMALL, (<<0.6) indicating very little change between the low (i.e.'Normal') Discharge scores , and the subsequent low Follow-up scores, 6 - 15 months after Discharge

	Parent Intake Q
Set A Interview Questionnaire.Questionnai	(Multip) Parent Discharge Q
Set A Interview Threshold.Threshold	0
Set B Interview Questionnaire.Questionnai	(Multip) Parent FU Q
Set B Interview Actual Date.Dates	All
Set B Enrollment Status.Statuses	All

	Column 'B'	Column 'C'	Column 'D'		Column 'E'	Column 'F'	Column 'G'	
Column	Mental Health Association BC							
	Anxiety				Beh Indiv			
Row Labels	Avg Set A Score	Avg Set B Score	Effect Size P	Client Count	Avg Set A Score	Avg Set B Score	Effect Size P	Client Count
Semantic Calculation								
Externalizing								
3-6 Months After	53.1	52.2	0.11	241	58.5	58.1	0.05	241
6-9 Months After	53.2	52.7	0.06	697	58.9	58.7	0.03	653
9-12 Months After	53.5	52.8	0.09	201	56.7	57.0	-0.03	180
12-15 Months After	53.0	52.2	0.09	490	58.8	58.5	0.03	477
Reg Attent, Imp & Act								
3-6 Months After	53.6	52.9	0.07	248	58.5	57.6	0.10	242
6-9 Months After	54.2	54.0	0.03	708	58.1	57.9	0.02	671
9-12 Months After	54.3	54.1	0.02	208	56.3	56.8	-0.05	191
12-15 Months After	53.9	53.5	0.04	500	58.1	58.2	-0.01	487
Cooperate								
3-6 Months After	55.5	54.4	0.10	244	59.9	59.5	0.05	244
6-9 Months After	55.8	54.9	0.09	705	60.4	60.0	0.04	663
9-12 Months After	56.1	55.3	0.08	204	58.7	59.3	-0.06	187
12-15 Months After	55.6	54.4	0.11	493	60.1	59.8	0.03	482
Callous-uncaring								
3-6 Months After	49.6	48.7	0.11	223	53.8	54.0	-0.03	211
6-9 Months After	49.0	48.9	0.02	636	54.2	54.6	-0.04	582
9-12 Months After	49.1	48.8	0.04	179	52.3	52.8	-0.06	143
12-15 Months After	49.1	48.3	0.10	417	54.4	54.5	0.00	379
Conduct								
3-6 Months After	50.0	50.0	0.00	238	54.0	54.2	-0.02	238
6-9 Months After	50.1	49.6	0.05	678	55.2	54.7	0.04	637

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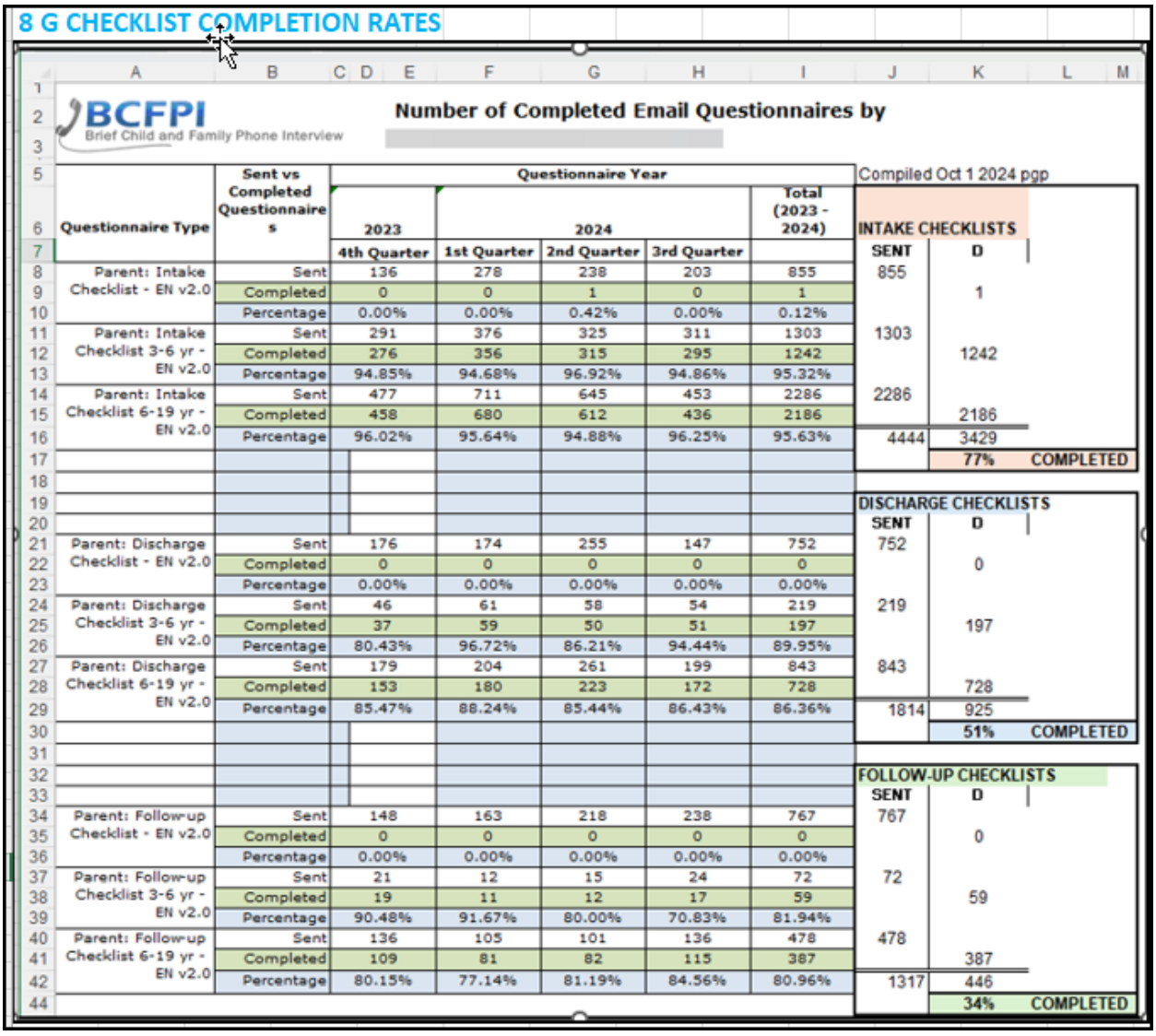
e) Response Rates

Reponse rates support judgements re the validity of aggregate results. In the following example, Assessement Response rates for Intake checklists @77% are good… comparable to field completion rates for Interviews

This example shows limitations of preceding discharge and follow-up results; 51% of cases completed discharge checklists, and 34% completed follow-up checklists. While low, these are good response rates for semi-automatically acquired field data.



8 G CHECKLIST COMPLETION RATES

BCFPI
Brief Child and Family Phone Interview

Number of Completed Email Questionnaires by

Compiled Oct 1 2024 pgp

Questionnaire Type	Sent vs Completed Questionnaires	Questionnaire Year 2023 4th Quarter	2024 1st Quarter	2024 2nd Quarter	2024 3rd Quarter	Total (2023 - 2024)
Parent: Intake Checklist - EN v2.0	Sent	136	278	238	203	855
	Completed	0	0	1	0	1
	Percentage	0.00%	0.00%	0.42%	0.00%	0.12%
Parent: Intake Checklist 3-6 yr - EN v2.0	Sent	291	376	325	311	1303
	Completed	276	356	315	295	1242
	Percentage	94.85%	94.68%	96.92%	94.86%	95.32%
Parent: Intake Checklist 6-19 yr - EN v2.0	Sent	477	711	645	453	2286
	Completed	458	680	612	436	2186
	Percentage	96.02%	95.64%	94.88%	96.25%	95.63%
Parent: Discharge Checklist - EN v2.0	Sent	176	174	255	147	752
	Completed	0	0	0	0	0
	Percentage	0.00%	0.00%	0.00%	0.00%	0.00%
Parent: Discharge Checklist 3-6 yr - EN v2.0	Sent	46	61	58	54	219
	Completed	37	59	50	51	197
	Percentage	80.43%	96.72%	86.21%	94.44%	89.95%
Parent: Discharge Checklist 6-19 yr - EN v2.0	Sent	179	204	261	199	843
	Completed	153	180	223	172	728
	Percentage	85.47%	88.24%	85.44%	86.43%	86.36%
Parent: Follow-up Checklist - EN v2.0	Sent	148	163	218	238	767
	Completed	0	0	0	0	0
	Percentage	0.00%	0.00%	0.00%	0.00%	0.00%
Parent: Follow-up Checklist 3-6 yr - EN v2.0	Sent	21	12	15	24	72
	Completed	19	11	12	17	59
	Percentage	90.48%	91.67%	80.00%	70.83%	81.94%
Parent: Follow-up Checklist 6-19 yr - EN v2.0	Sent	136	105	101	136	478
	Completed	109	81	82	115	387
	Percentage	80.15%	77.14%	81.19%	84.56%	80.96%

INTAKE CHECKLISTS	
SENT	D
855	
	1
1303	
	1242
2286	
	2186
4444	3429
	77% COMPLETED

DISCHARGE CHECKLISTS	
SENT	D
752	
	0
219	
	197
843	
	728
1814	925
	51% COMPLETED

FOLLOW-UP CHECKLISTS	
SENT	D
767	
	0
72	
	59
478	
	387
1317	446
	34% COMPLETED

f) References

See 155) References and 157) Theses and Dissertations for further information

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