Linking Multi-Disciplinary Assessment Information Toward Whole Child Service Coordination and Care

KATE CORDELL, PHD, MPH

MENTAL HEALTH DATA ALLIANCE

KATE.CORDELL@MHDATA.ORG

NEW INITIATIVE: OPEEKA

Key Topics Covered

- System of Care – Technologically Actualized
- Data Interoperability
- Shared Data
- AB 2083 – Removing technology barriers
- Health Equity

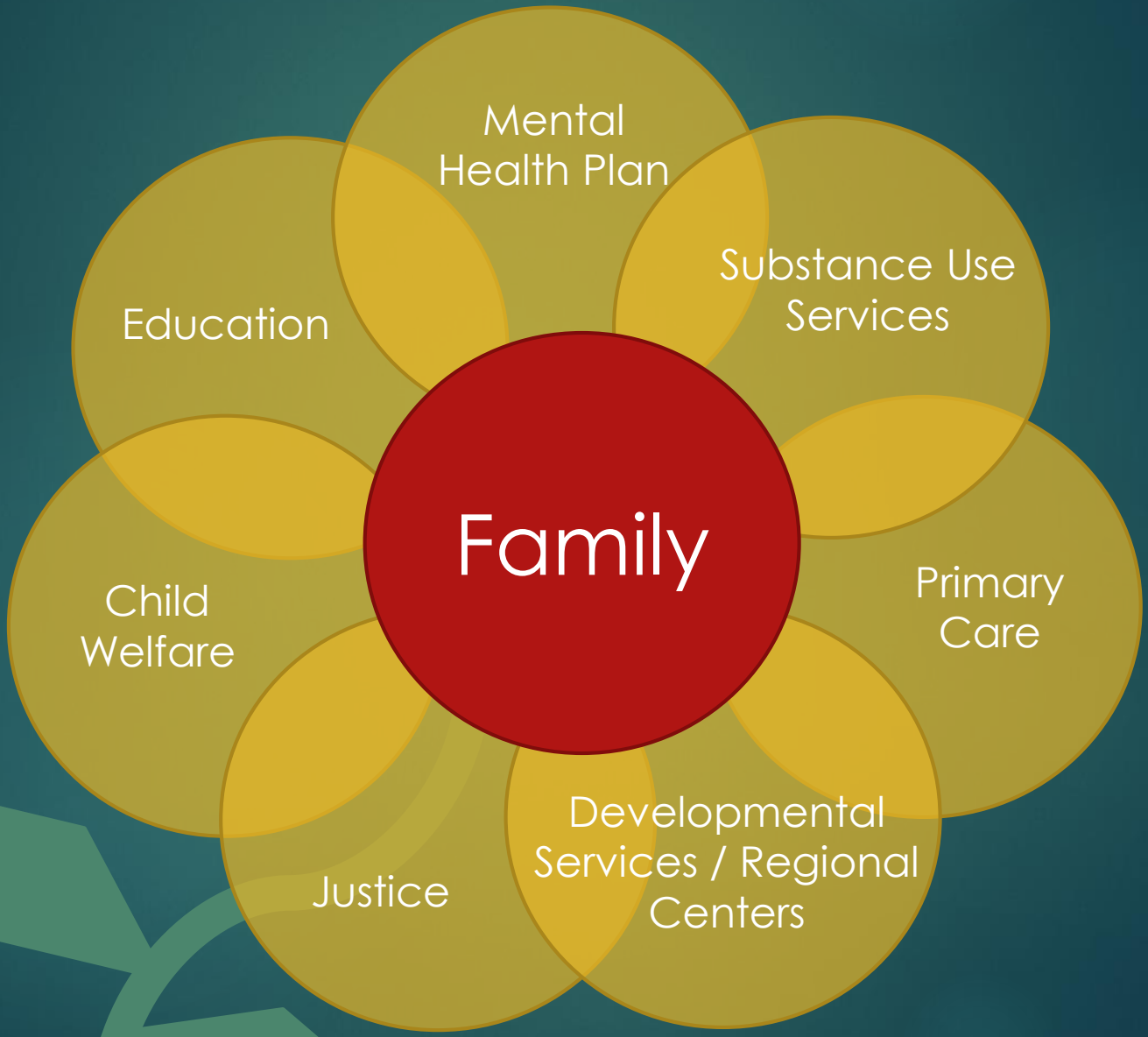
Introduction/Disclosures

- **Kate Cordell, PhD, MPH**
  - Managing Director, Mental Health Data Alliance
  - Co-Founder, Opeeka
  - Assistant Professor, University of Kentucky, Center for Innovation in Population Health (IPH)

- **Goals:**
  - Improve the use of information to support person-centered care
  - Evaluate when individuals and families improve during care
  - Identify what works for whom
  - Develop a movement for Success-Focused Artificial Intelligence (SF-AI)
  - Remove institutional biased decision processes from care

What is the Whole Child?

System of Care



System of Care

MENTAL HEALTH DATA ALLIANCE

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is ***organized into a coordinated network with a supportive infrastructure****, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.*

Stroul, B. a, & Blau, G. M. (2010). Defining the system of care concept and philosophy: to update or not to update? *Evaluation and Program Planning*, *33*(1), 59–62. doi:10.1016/j.evalprogplan.2009.06.003 (Page 61)

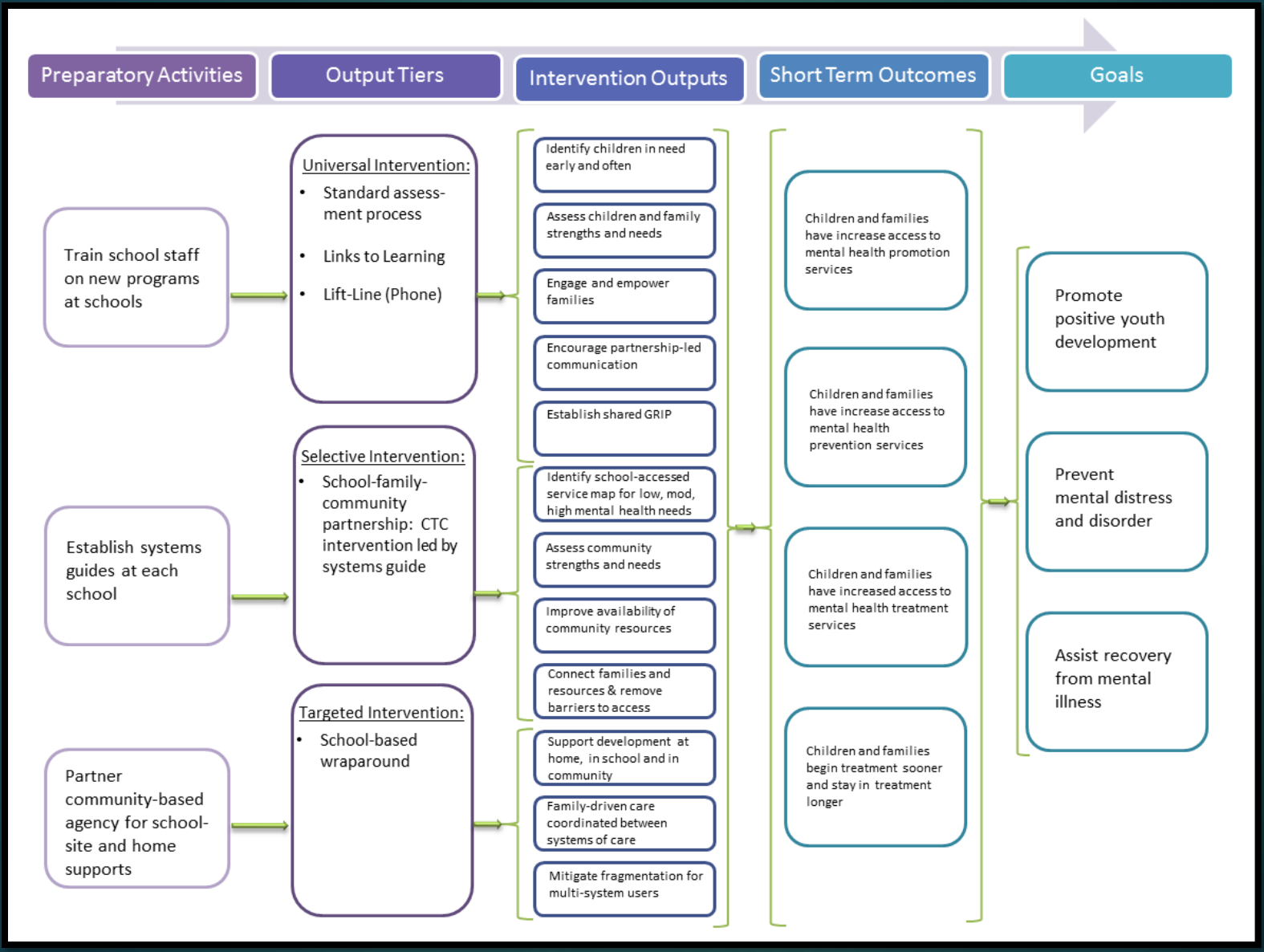
A systems of care for children's mental health necessitates **collaboration** between at least six formal service-providing agencies/sectors: education, specialty mental health, substance abuse, child welfare, juvenile justice, and medical healthcare.

Kazak, A. E., Hoagwood, K., Weisz, J. R., Hood, K., Kratochwill, T. R., Vargas, L. a, & Banez, G. a. (2010). A meta-systems approach to evidence-based practice for children and adolescents. *The American Psychologist*, *65*(2), 85–97. doi:10.1037/a0017784

A systems of care approach is dependent on establishing **a shared set of responsibilities, expectations and goals** between all six sectors.

Hodges, S., Ferreira, K., & Israel, N. (2012). "If We're Going to Change Things, It Has to Be Systemic:" Systems Change in Children's Mental Health. *American Journal of Community Psychology*, *49*(3-4), 526–537. doi:10.1007/s10464-012-9491-0

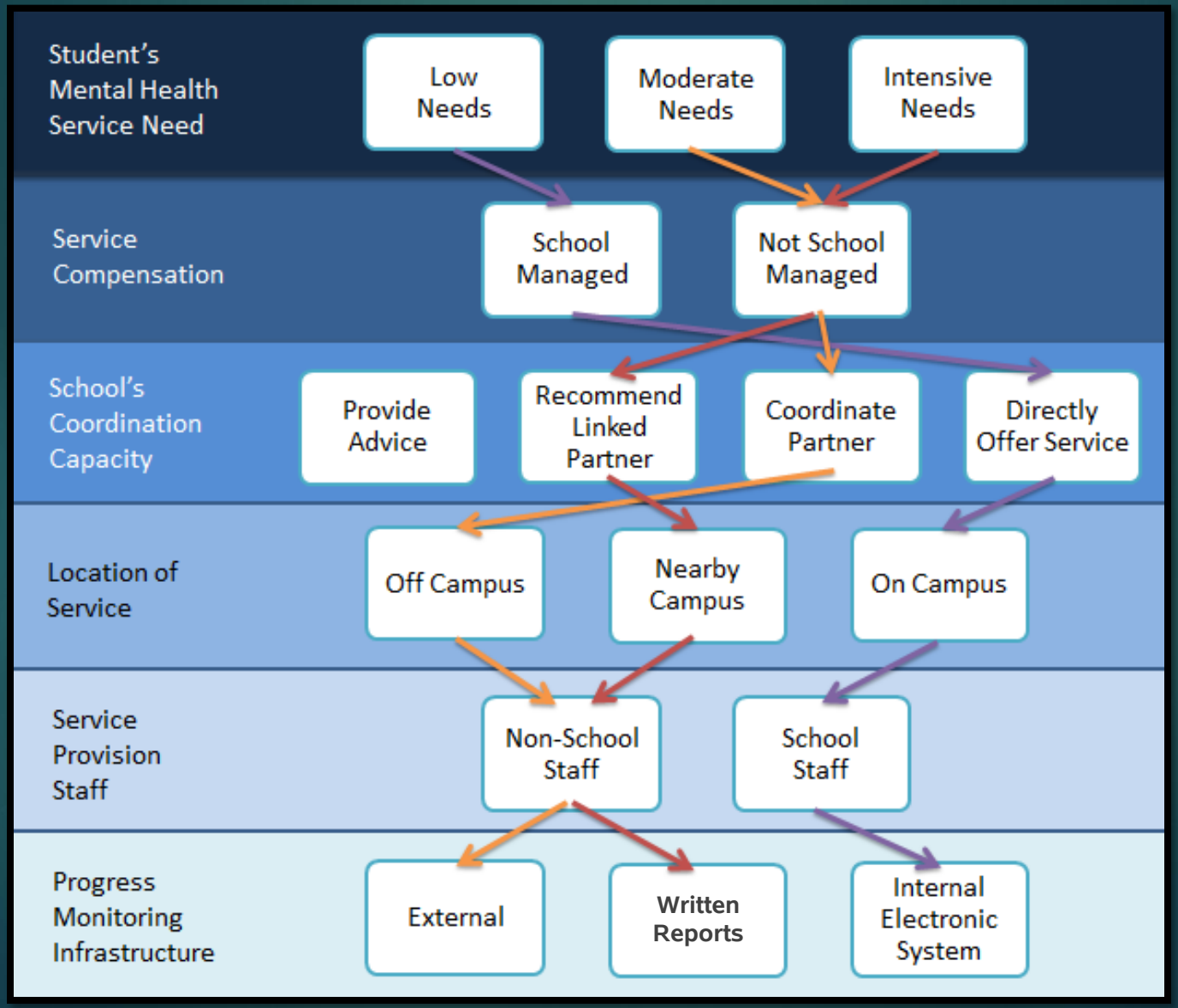
School-Family-Community Partnership



Cordell, K.D. 2014. School-Family-Community Partnerships for Youth Mental Health, Social Welfare Intervention, Family-based Interventions. School of Social Welfare, University of California, Berkeley. (Page 61)

School Partnered Care Today

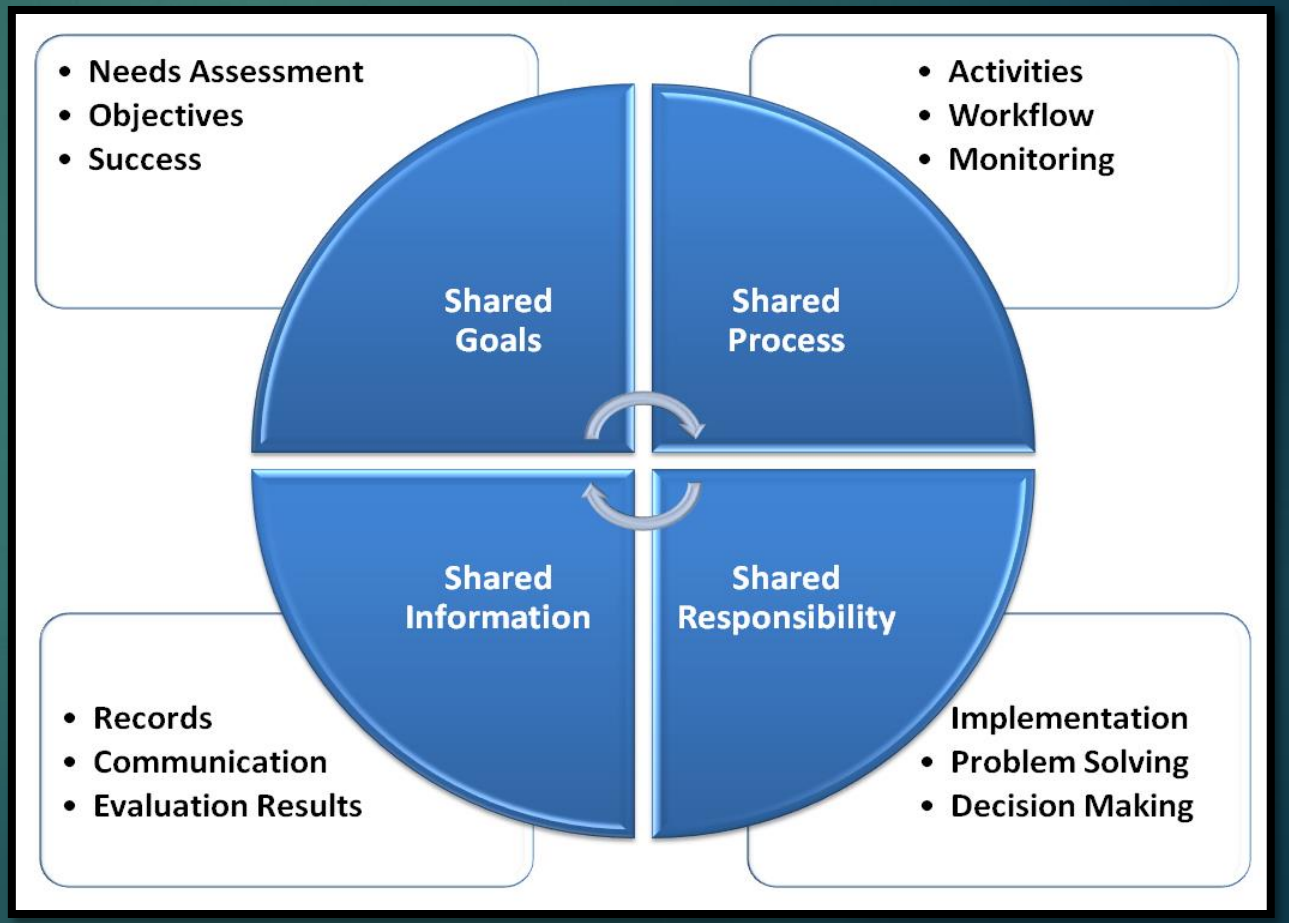
MENTAL HEALTH DATA ALLIANCE



Shared **GRIP**

G - Goals
R - Responsibility
I - Information
P - Process

MENTAL HEALTH DATA ALLIANCE



Cordell, K.D. 2014. School-Family-Community Partnerships for Youth Mental Health, Social Welfare Intervention, Family-based Interventions. School of Social Welfare, University of California, Berkeley. (Page 37).

System of Care

MENTAL HEALTH DATA ALLIANCE

Education

Mental Health Plan

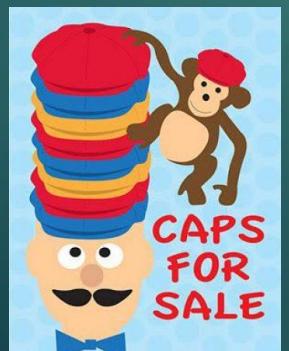
Substance Use Services

Child Welfare

Justice

Developmental Services / Regional Centers

Primary Care



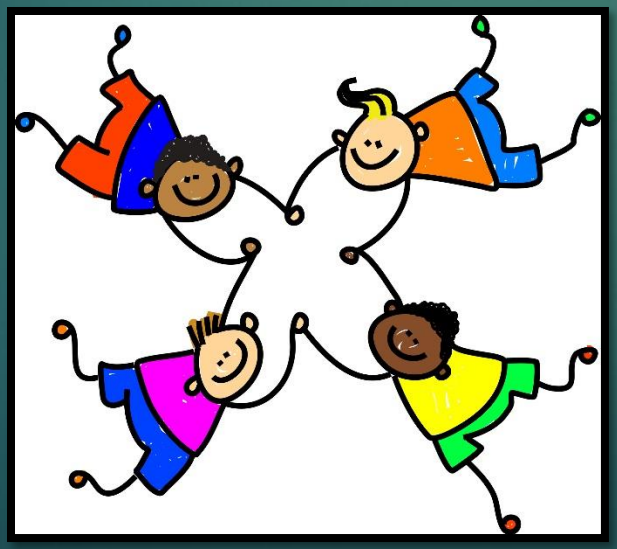
Family

Thought Experiment

MENTAL HEALTH DATA ALLIANCE

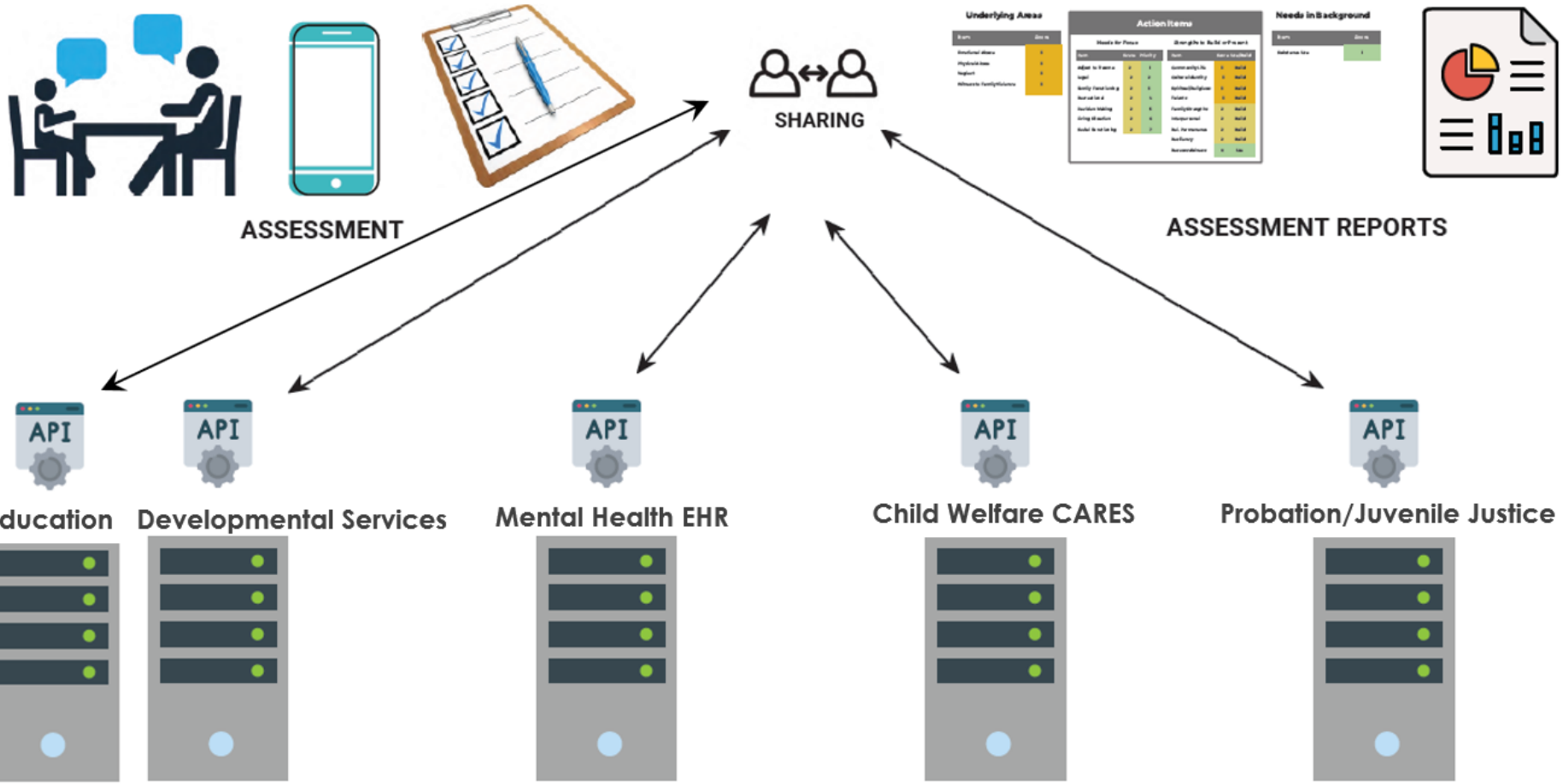
What would a perfect world with shared **GRIP** look like?

- How do we create shared goals?
- How do we effectively share responsibility?
- How do we share information?
- How can we create complimentary processes?



What if we Shared Assessments?

MENTAL HEALTH DATA ALLIANCE



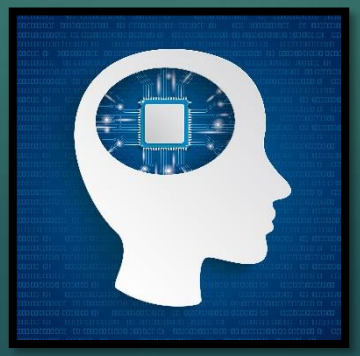
The Whole Child

Assessments – Why?

MENTAL HEALTH DATA ALLIANCE

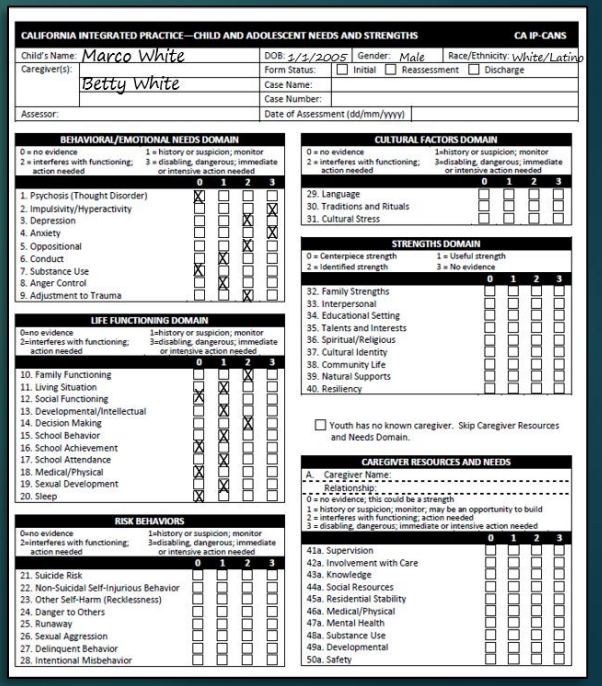
- Assessment: "the evaluation or estimation of the nature, quality, or ability of someone or something"
- Used by Schools, Child Welfare, Juvenile Justice, Developmental Services, Mental Health, Behavioral Health, Primary Care
- Surveys, questionnaires and assessments are the **only approved means for measuring** behavioral health outcomes

England, M. J., Butler, A. S., & Gonzalez, M. L. (2015). Psychosocial Interventions for Mental and Substance Use Disorders. A Framework for Establishing Evidence-Based Standards. (Institute of Medicine, Ed.). Washington: The National Academies Press.



What are Assessments Used For?

- Screening
- Referral
- Placement and Level of Care Determination
- Staffing Match (e.g., matching person to staff by language, needs, training/skill)
- Goal Setting
- Safety Planning
- Action Planning
- Service Selection
- Treatment Planning
- Progress Tracking
- Outcomes Management
- Program Completion Decisions
- Transition Planning
- Program Evaluation
  - Fidelity
  - Effectiveness



CALIFORNIA INTEGRATED PRACTICE—CHILD AND ADOLESCENT NEEDS AND STRENGTHS — CA IP-CANS

Child's Name: Marco White | DOB: 1/1/2005 | Gender: Male | Race/Ethnicity: White/Latino
Caregiver(s): Betty White | Form Status: ☐ Initial ☐ Reassessment ☐ Discharge | Case Name: | Case Number:
Assessor: | Date of Assessment (dd/mm/yyyy)

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN
0 = no evidence; 1 = history or suspicion; monitor; 2 = interferes with functioning; action needed; 3 = disabling, dangerous; immediate or intensive action needed

	0	1	2	3
1. Psychosis (Thought Disorder)	X			
2. Impulsivity/Hyperactivity				X
3. Depression			X	
4. Anxiety				X
5. Oppositional			X	
6. Conduct		X		
7. Substance Use	X			
8. Anger Control		X		
9. Adjustment to Trauma			X	

LIFE FUNCTIONING DOMAIN
0=no evidence; 1=history or suspicion; monitor; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
10. Family Functioning			X	
11. Living Situation		X		
12. Social Functioning	X			
13. Developmental/Intellectual		X		
14. Decision Making			X	
15. School Behavior		X		
16. School Achievement	X			
17. School Attendance		X		
18. Medical/Physical	X			
19. Sexual Development		X		
20. Sleep	X			

RISK BEHAVIORS
0=no evidence; 1=history or suspicion; monitor; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
21. Suicide Risk				
22. Non-Suicidal Self-Injurious Behavior				
23. Other Self-Harm (Recklessness)				
24. Danger to Others				
25. Runaway				
26. Sexual Aggression				
27. Delinquent Behavior				
28. Intentional Misbehavior				

CULTURAL FACTORS DOMAIN
0 = no evidence; 1=history or suspicion; monitor; 2 = interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
29. Language				
30. Traditions and Rituals				
31. Cultural Stress				

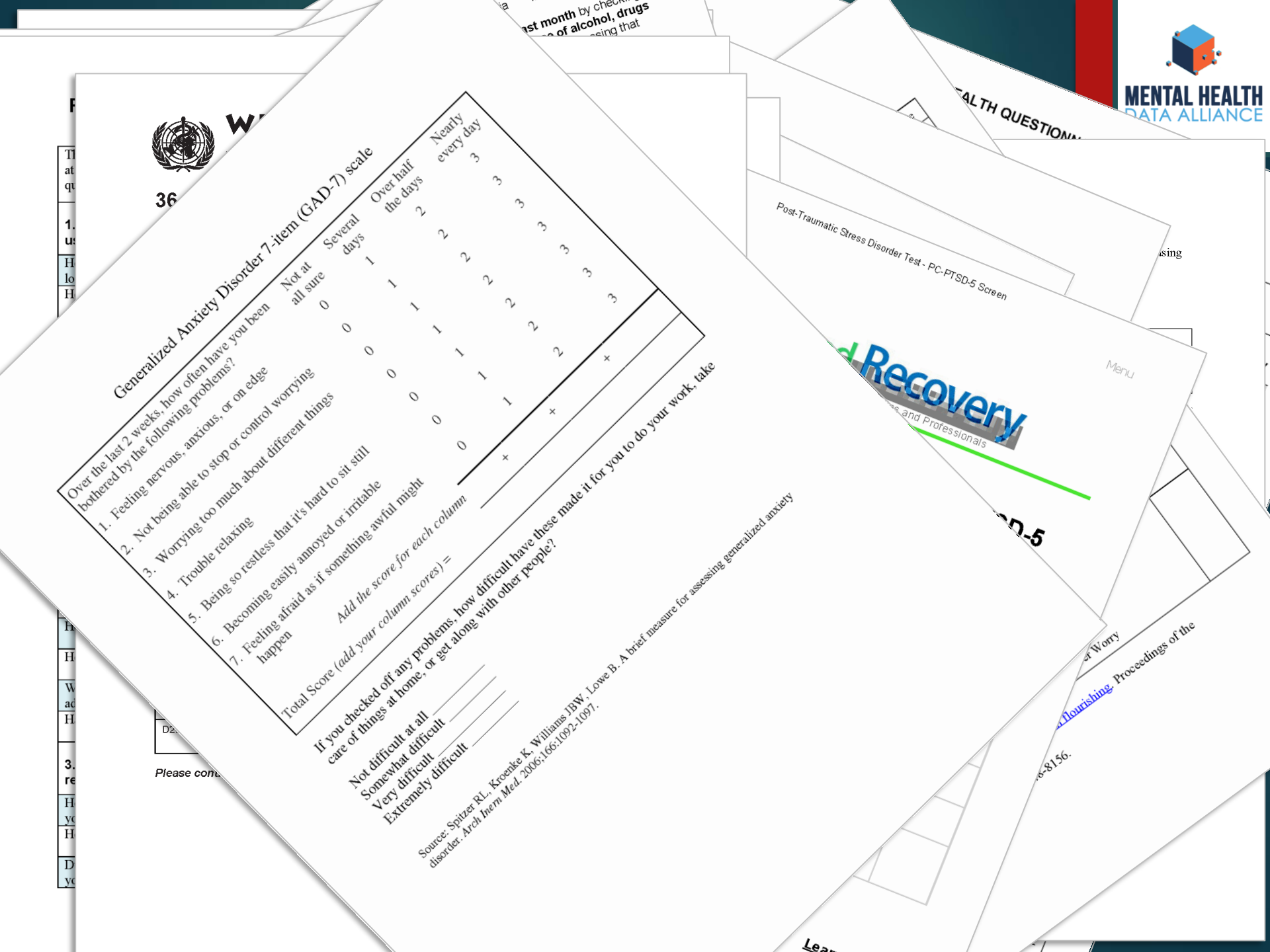
STRENGTHS DOMAIN
0 = Centerpiece strength; 1 = Useful strength; 2 = Identified strength; 3 = No evidence

	0	1	2	3
32. Family Strengths				
33. Interpersonal				
34. Educational Setting				
35. Talents and Interests				
36. Spiritual/Religious				
37. Cultural Identity				
38. Community Life				
39. Natural Supports				
40. Resiliency				

☐ Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

CAREGIVER RESOURCES AND NEEDS
A. Caregiver Name:
Relationship:
0 = no evidence; this could be a strength; 1 = history or suspicion; monitor; may be an opportunity to build; 2 = interferes with functioning; action needed; 3 = disabling, dangerous; immediate or intensive action needed

	0	1	2	3
41a. Supervision				
42a. Involvement with Care				
43a. Knowledge				
44a. Social Resources				
45a. Residential Stability				
46a. Medical/Physical				
47a. Mental Health				
48a. Substance Use				
49a. Developmental				
50a. Safety				


MENTAL HEALTH
DATA ALLIANCE
Generalized Anxiety Disorder 7-item (GAD-7) scale
Over the last 2 weeks, how often have you been bothered by the following problems?
Not at all sure
Several days
Over half the days
Nearly every day
1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it's hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid as if something awful might happen
Add the score for each column
Total Score (add your column scores) =
If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?
Not difficult at all
Somewhat difficult
Very difficult
Extremely difficult
Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Inern Med. 2006;166:1092-1097.
Post-Traumatic Stress Disorder Test - PC-PTSD-5 Screen
Recovery
Menu
Please cont

The Whole Child

Project Goals

MENTAL HEALTH DATA ALLIANCE

1. Collect all types of assessments in the same way
2. Store assessment data in standardized electronically accessible formats
3. Convert responses into meaningful information to support a shared process (P)

1. Provide continuous progress tracking over time (R)
2. Support any definition of success & provide real-time outcomes (G)
3. Share data across the system of care (I)

1. Automate evaluation and continuous quality improvement (CQI)
2. Ascertain what works for whom
3. Identify and remove institutionally biased decision processes

What Is Not Needed

MENTAL HEALTH DATA ALLIANCE

Not another Electronic Record System

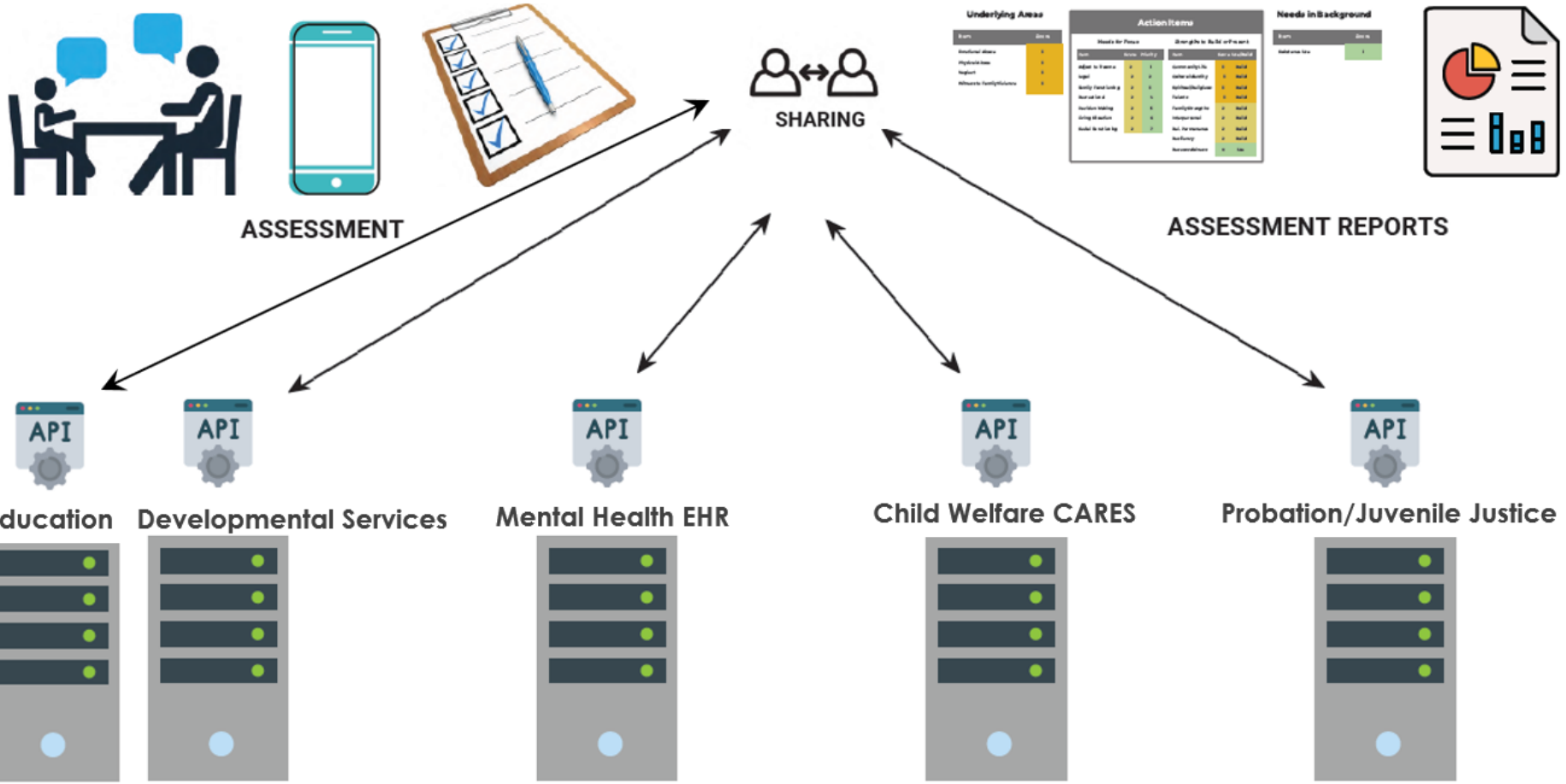
- Specifically designed for a single entity process (not a shared process)
- Oriented toward achieving system's goals (not a person's goals)
- Tend to be rigid toward rules, doesn't adapt or grow as processes mature

Not Survey Monkey (or the like)

- Support questions and answers
- One time (no change over time by individual)
- Responses can be scored for a sample, but that is it
  - Single question analysis
  - Little coordinated processing or visualization of information
  - Can't apply individual level screening rules or algorithms
- No infrastructure for sharing
- Not secure

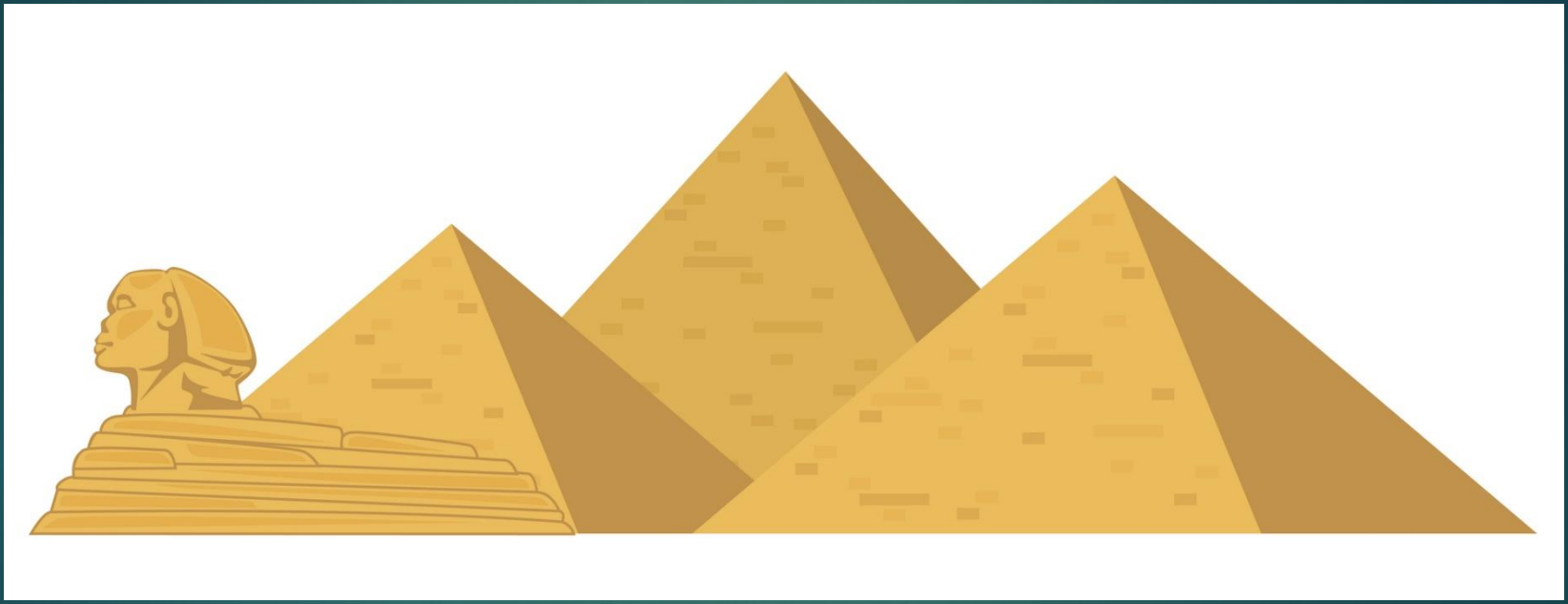
Shared GRIP Via Shared Assessments

MENTAL HEALTH DATA ALLIANCE



Who will build it?

MENTAL HEALTH DATA ALLIANCE



1. Collect all types of assessments in the same way

Standardized Question Handling System

1.	Needs	Can Be Reduced
2.	Strengths	Can Be Built
3.	Traumatic Experiences	Not Modifiable / Preventable
4.	Past Behaviors	Not Modifiable
5.	Support Needs	Can Be Reduced
6.	Support Resources	Can Be Built
7.	Goals	Achievable
8.	Satisfaction	Can Be Improved
9.	Preferences	Can Vary Over Time
10.	Circumstances	Can Vary Over Time

Needs Vs. Strengths

MENTAL HEALTH DATA ALLIANCE

Gather all of the assessments you plan to use and categorize each question.

Read each question. Is worded in a way that it is asking about a need or is it worded to ask about a strength?

1. In the past week, how many times did you feel so angry that you exploded?
   - Need: Anger Control
2. In the past week, how many times when something went wrong were you able to calm yourself down so that you did not explode?
   - Strength: Frustration Management

2. Store assessment data in standardized electronically accessible formats

MENTAL HEALTH DATA ALLIANCE

Standard Relational Data System Across Any Type of Assessment

- Easily add new assessment types in 30 minutes
- Share assessments in standardized format
- Easily connect to analytical engines for processing
- Completed assessments immediately generate visualizations which inform care in real time

3. Response Handling System

MENTAL HEALTH DATA ALLIANCE

Systematize customizable thresholds for taking action on a response (or a combination of responses…)

Category	Item Name	Property	Start Date	End Date	Min Default	Min Threshold	Min Option	Max Default	Max Threshold	Max Option	Alt Default	Alt Option
TSS	Dissociation	Exposure	Jun 15, 2009	Mar 31, 2009	None	0		Underlying	2	✔	Underlying	✔
TSS	Affective a…	Exposure	Jun 15, 2009	Mar 31, 2009	None	0		Underlying	2	✔	Underlying	✔
STR	Family	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Interperson…	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Educationa…	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		None	0	✔	Build	✔
STR	Vocational	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		None	0	✔	Build	✔
STR	Coping and…	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Optimism	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Talent/Inter…	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Spiritual/Re…	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Community…	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Relationshi…	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
STR	Resilience	Strength	Jun 15, 2009	Mar 31, 2009	Use	1		Build	2	✔	Build	✔
LDF	Family	Need	Jun 15, 2009	Mar 31, 2009	None	0		Focus	2	✔	Background	✔
LDF	Living Situa…	Need	Jun 15, 2009	Mar 31, 2009	None	0		Focus	2	✔	Background	✔
LDF	Social Func…	Need	Jun 15, 2009	Mar 31, 2009	None	0		Focus	2	✔	Background	✔
LDF	Developme…	Need	Jun 15, 2009	Mar 31, 2009	None	0		Focus	2	✔	Background	✔

4. Convert Responses into Meaningful Information

Story Maps

TARGETED ACTIONABLE OUTCOMES

Underlying

Item	Score
TRM Emotional Abuse	3
TRM Witness Family Violence	3
TRM Physical Abuse	2
TRM Sexual Abuse	3

Targeted Needs

Item	Score	Priority
BEN Affect Dysregulation	2	1
BEN Depression	2	2
LFD Caregiver Relationship	2	3
BEN Adjustment to Trauma	2	4
LFD Living Situation	2	5
LFD Recreational	2	6
LFD Family	2	7

Useful and Targeted Strengths

Item	Score	Use/Build
STR Family	2	Build
STR Optimism	2	Build
STR Well-Being	1	Build
STR Community Life	1	Use
STR Interpersonal	1	Use
STR Resiliency	1	Use
STR Resourcefulneess	1	Use
STR Educational	0	Use
STR Spiritual Religious	0	Use

Background Needs

Item	Score
RSK Suicide Risk	1
RSK Self-Injurious Behavior	1
BEN Anxiety	1
BEN Anger Control	1
BEN Somatization	1
LFD Social Functioning	1
LFD Medical/Physical	1
LFD Sleep	1
CUL Cultural Stress	1
LFD School Achievement	1

Note: No person's story could ever be captured in a single or multiple assessments or a map.

Family Reports

Name: Delgado, William **ID**: 467617

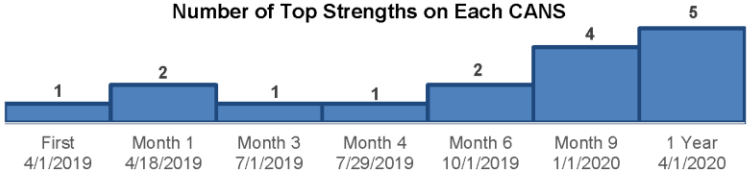
Child/Youth CANS Strengths Report

This report shows a young person's CANS strengths. Strengths are helpful qualities for a young person. The CANS has nine strengths described in the table below. As seen in the key below, top strengths are rated as a 0 or 1. Strengths building are rated as 2. Strengths not identified are rated as 3. Some strengths may not apply or may not be present at first. Strengths may change over time as circumstances change.

Date of Report: 4/13/2020 **Report Period**: 4/1/2019 – 4/1/2020

This section shows that William has 5 top strengths. In the graph below, each bar represents a date when a CANS assessment was completed to show Williams progress over time.

Number of Top Strengths on Each CANS



Latest Progress

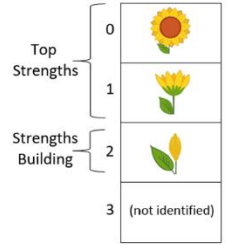
	Strength	Previous 1/1/20	Latest 4/1/20	Description
	Family Strengths			The presence of a sense of family as well as love and communication among family members.
	Interpersonal			The ability to make and maintain long-standing relationships.
★	Educational Setting			The level of support the child/youth receives from the school.
	Talents/ Interests			The hobbies, skills, artistic interests, and talents that are positive ways to spend time, and give pleasure and meaning.
	Spiritual Religious			Receiving comfort and support from religious or spiritual involvement.
★	Cultural Identity			A sense of belonging to a specific cultural group.
★	Community Life			This reflects a connection to people, places, or organized groups in the community.
★	Natural Supports			These are unpaid helpers (coaches, teachers) who provide support to the youth and family.
★	Resiliency			The ability to recognize personal strengths and use them in times of stress & in managing daily life. The ability to bounce back when bad things happen.

Top Strengths!

William has 5 top strengths on 4/1/2020.
Celebrate the stars above!

Strengths Building

CANS Rating Key



William's Notes

These notes are specific to William. They describe the progress that William has made in building strengths over time.

Monitoring Change Over Time

MENTAL HEALTH DATA ALLIANCE

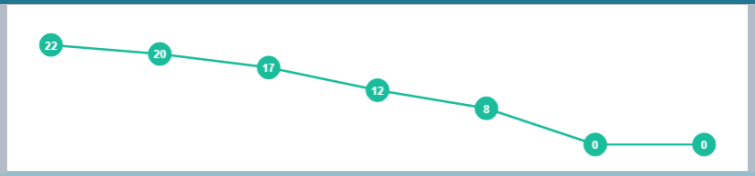
Questionnaire: CANS-TRC

Select filters: Collaboration: Lifetime | Voice Type

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7

Item Types

- [x] Need for Focus
- [ ] Need in Background
- [x] Strength to Build
- [ ] Strength Present
- [ ] Underlying Items

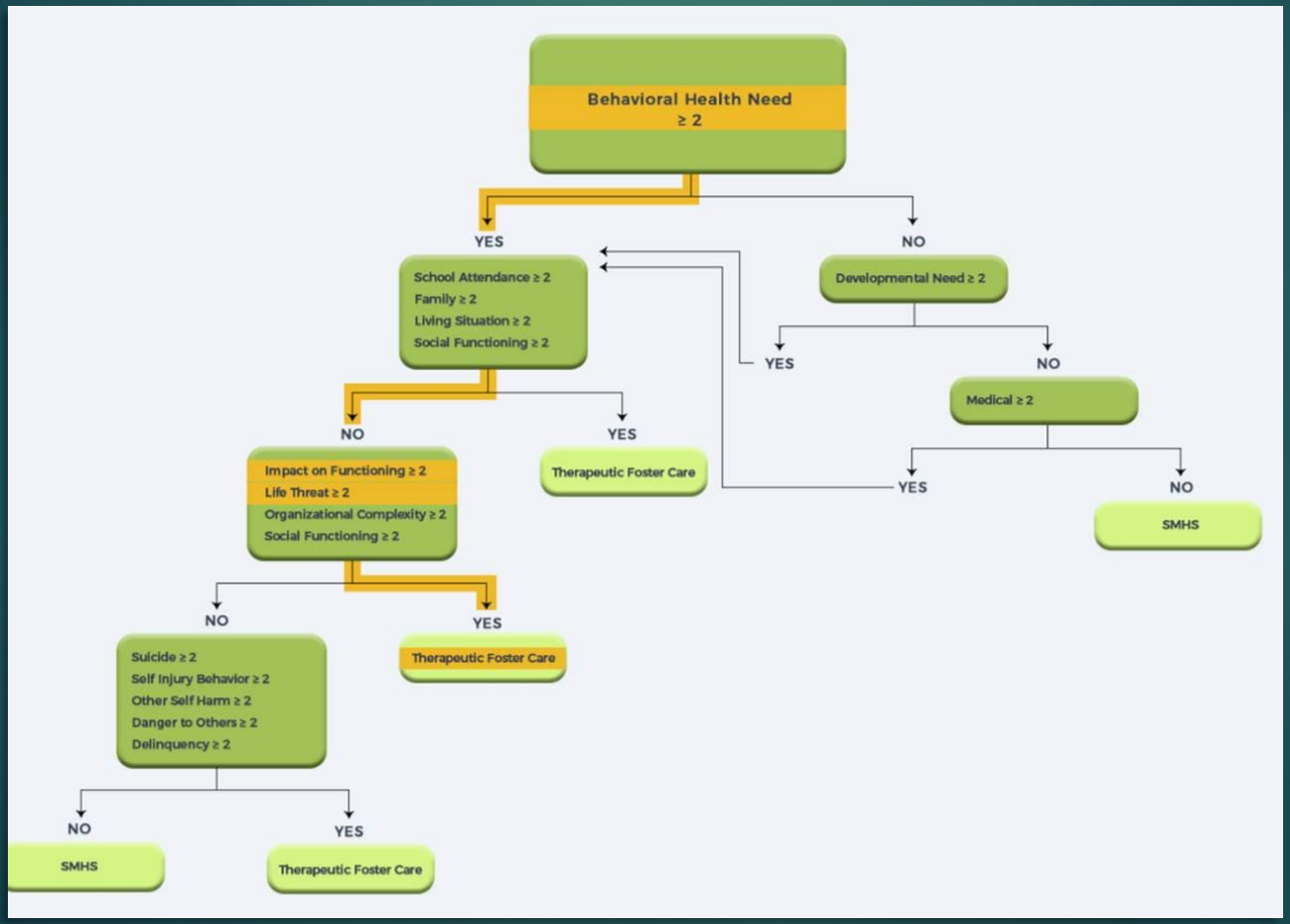


	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7	ADD
Status	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted	In Progress	
Voice Type	Commun...	Commun...	Commun...	Commun...	Commun...	Commun...	Commun...	
Days in Care	1	183	368	550	734	914	935	
Time Period	Month 1	Month 7	Yr1 Mo1	Yr1 Mo7	Yr2 Mo1	Yr2 Mo7	Yr2 Mo7	
Date	02/10/2017	08/11/2017	02/12/2018	08/13/2018	02/13/2019	08/12/2019	09/02/2019	
Person Score	48	42	34	27	15	10	2	
Timmy Trent	-	-	-	-	-	-	-	
TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES	2	2	1	1	1	0	0	
TRAUMATIC STRESS SYMPTOMS	0	0	0	0	0	0	0	
CHILD STRENGTHS	7	6	5	5	5	5	0	
LIFE DOMAIN FUNCTIONING	19	18	14	12	6	2	2	
Family	3	3	2	2	2	1	1	
Living Situation	2	2	2	2	2	1	1	
Social Functioning	2	2	1	1	1	0	0	
Developmental/ Intellectual	0	0	0	0	0	0	0	
Recreational	0	0	0	0	0	0	0	
Legal	0	0	0	0	0	0	0	
Medical	0	0	0	0	0	0	0	
Physical	0	0	0	0	0	0	0	
Sleep	2	2	2	1	1	0	0	
Sexual Development	1	1	1	0	0	0	0	
School Behavior	3	2	2	2	0	0	0	
School Achievement	3	3	2	2	0	0	0	
School Attendance	3	3	2	2	0	0	0	

5. Level of Care/Placement

MENTAL HEALTH DATA ALLIANCE

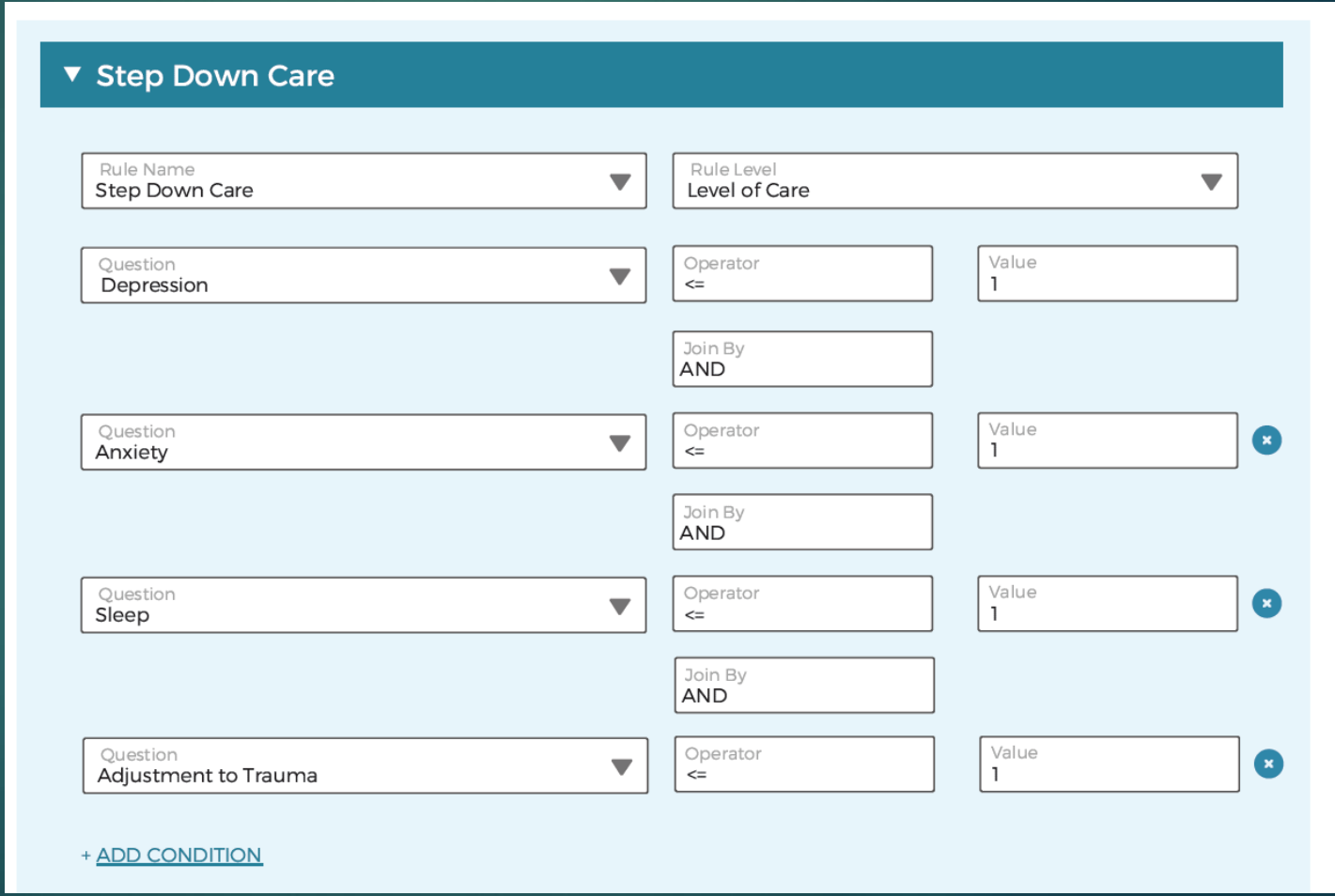
Automate Decision Algorithms or Assessment Score Threshold



6. Automatic Alerts to Step Up or Step Down Care/Placement

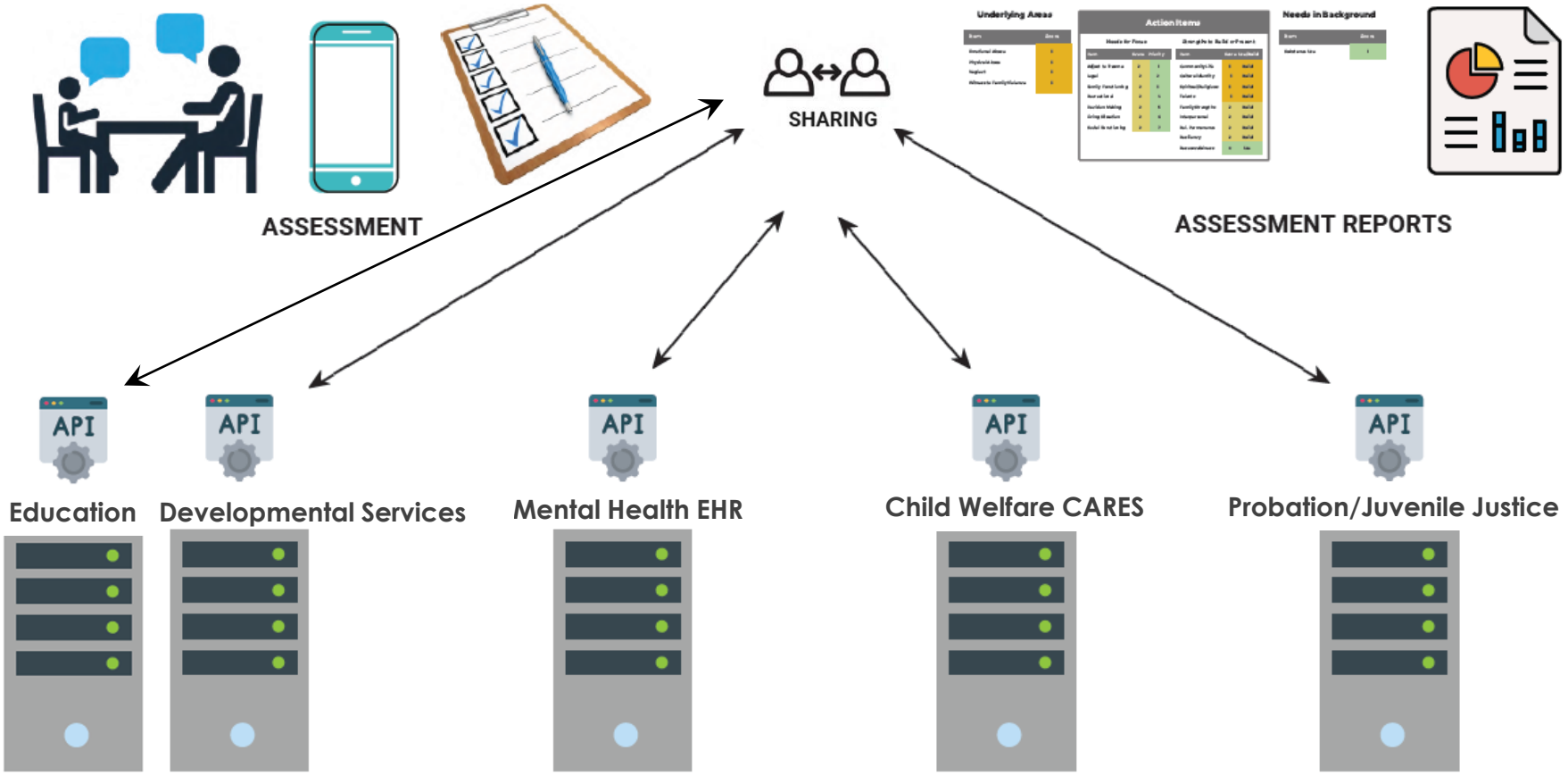
MENTAL HEALTH DATA ALLIANCE

Determination recommendation made in real-time as soon as assessment is complete.



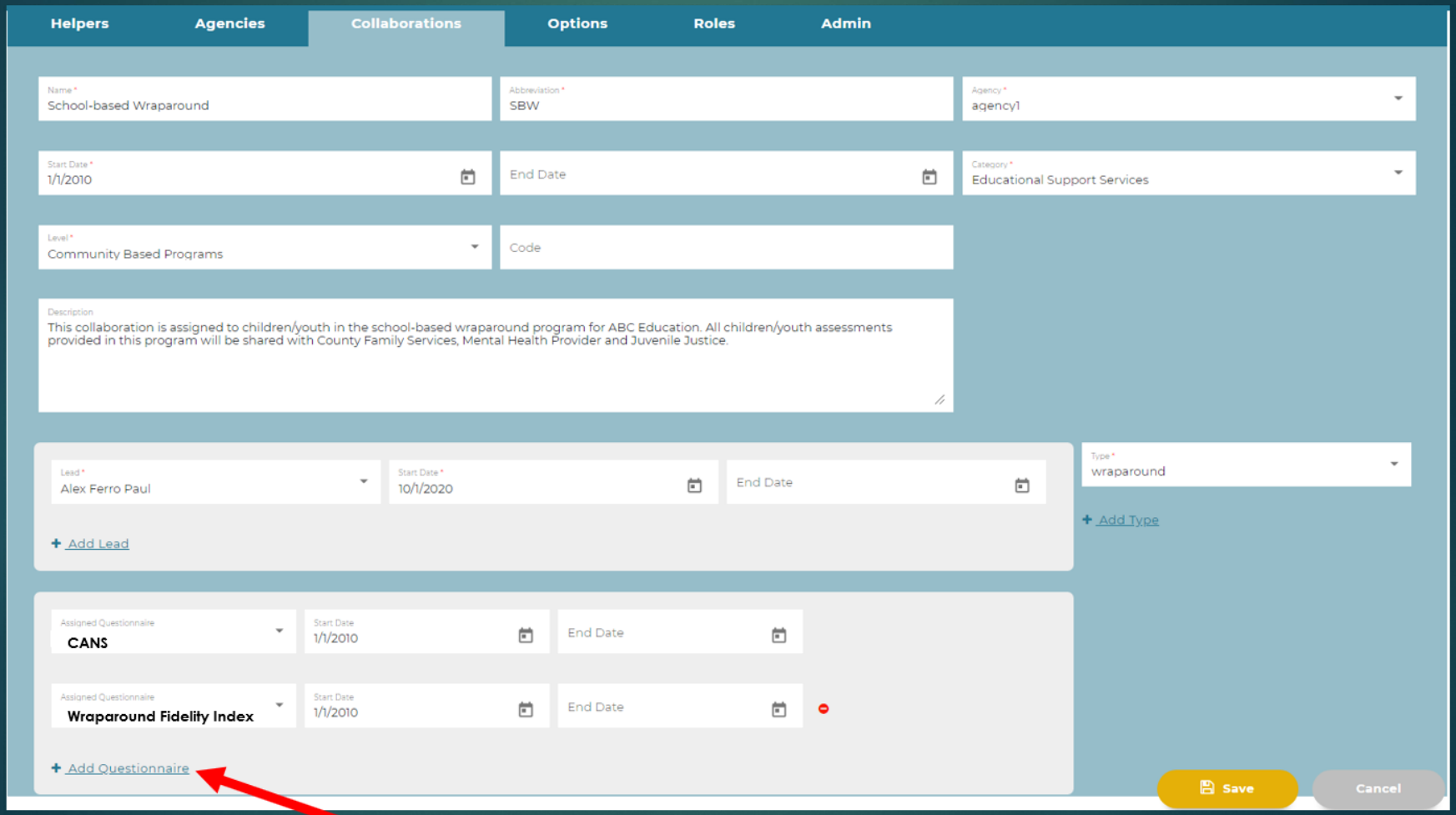
7. Assessment & Outcome Sharing

MENTAL HEALTH DATA ALLIANCE

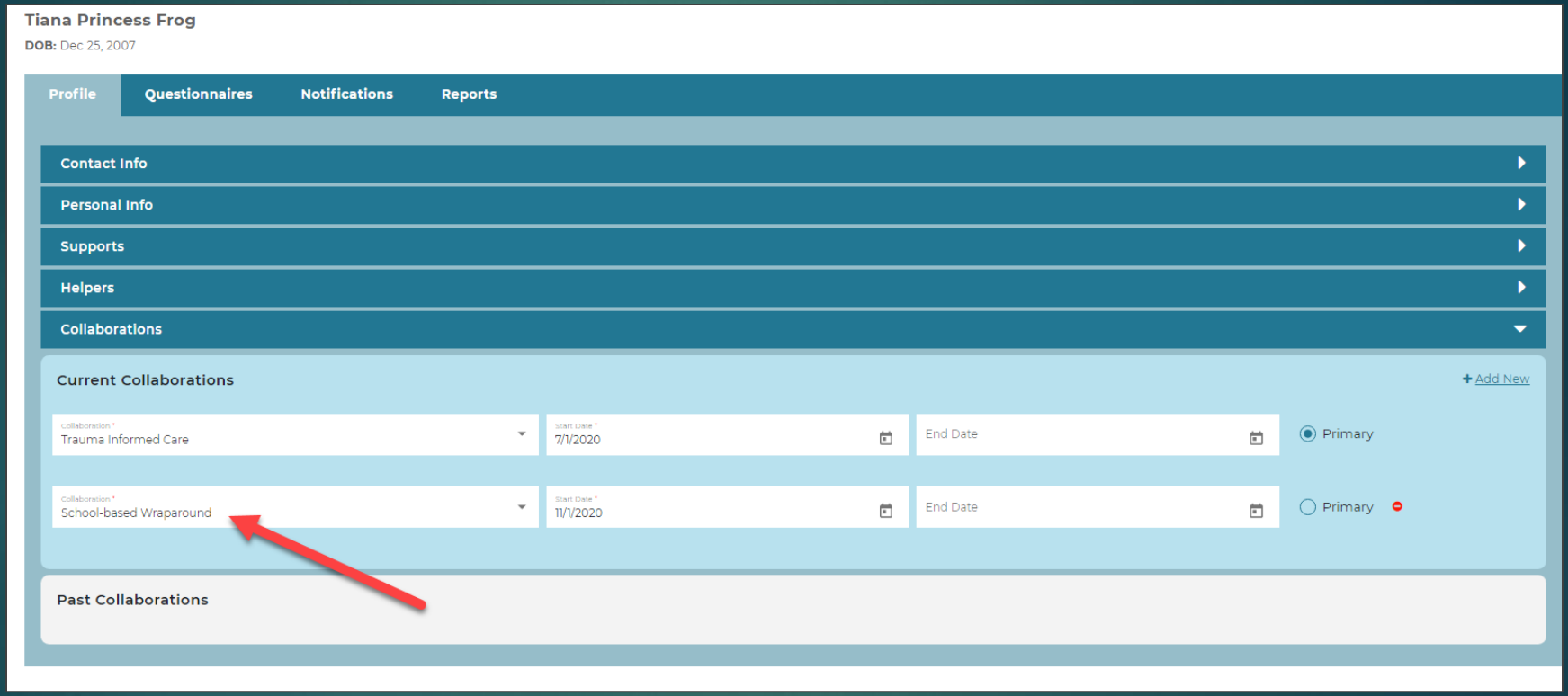


A. Set Up Collaborations for Sharing & Associate shared Assessment Types

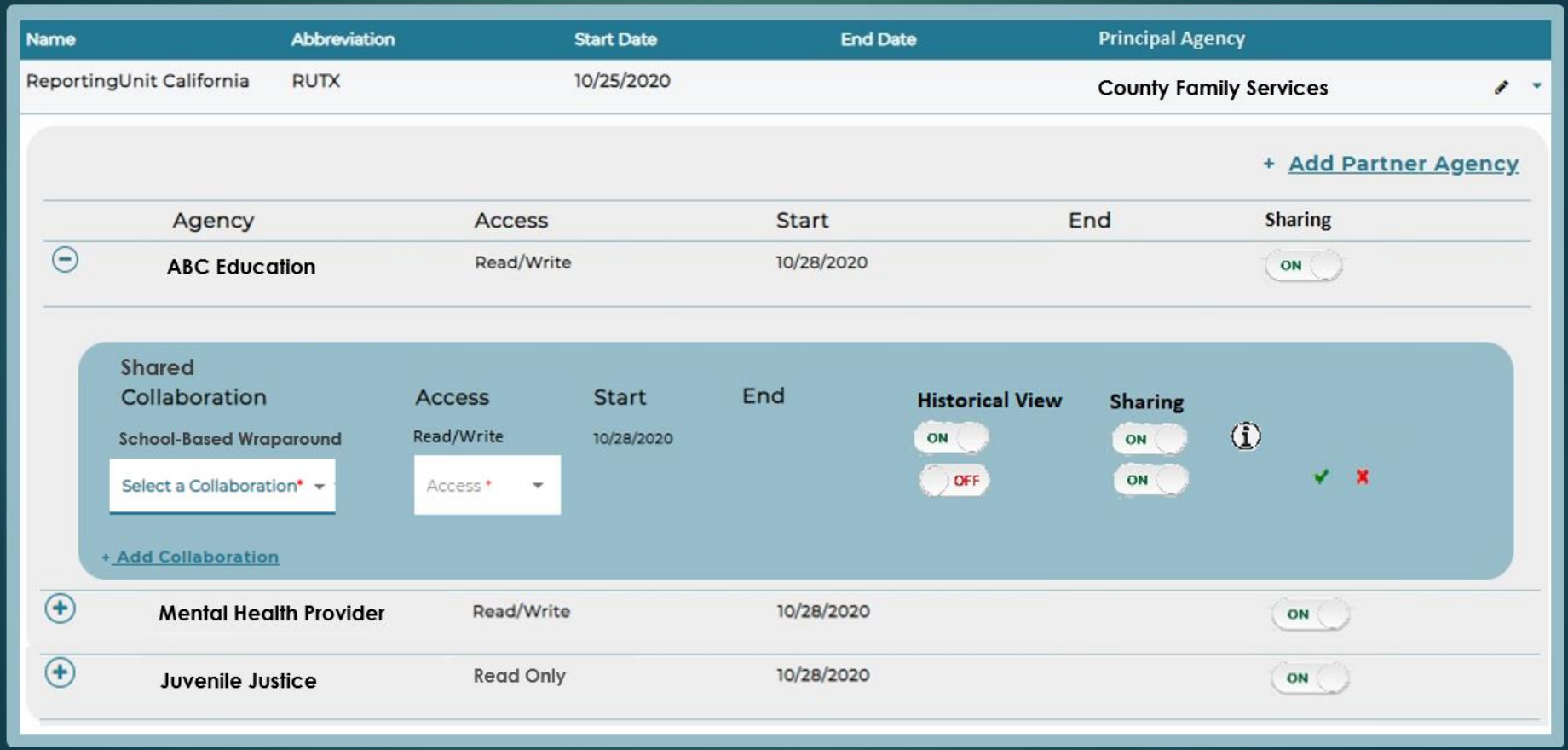
MENTAL HEALTH DATA ALLIANCE



B. Enroll People in Collaboration



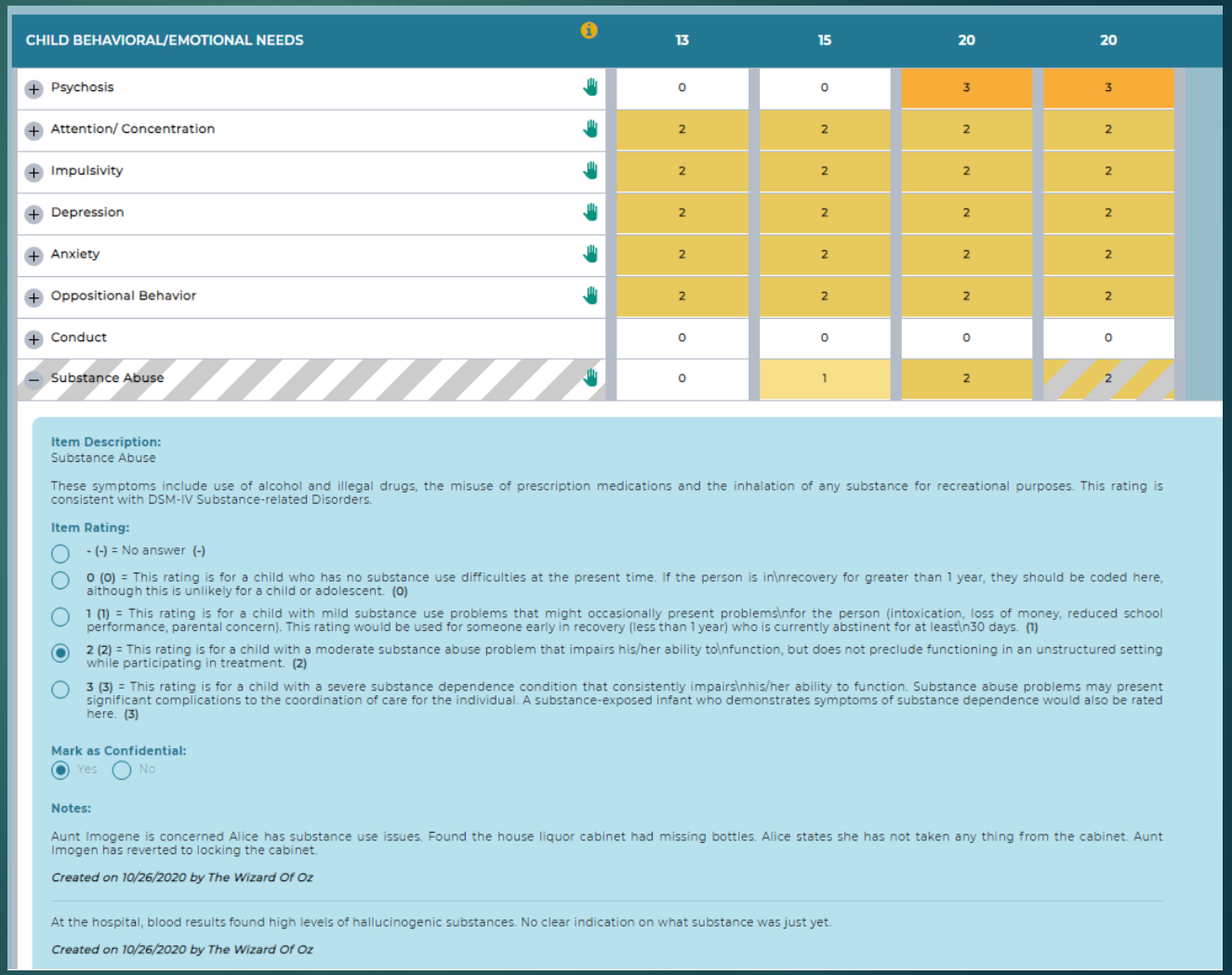
C. Assign Collaborations to Reporting Unit containing Partner Agencies



8. Assessment Shared in Real-Time

Partner agency staff can help complete assessments.

Questions marked as confidential are not shared.



CHILD BEHAVIORAL/EMOTIONAL NEEDS	13	15	20	20
Psychosis	0	0	3	3
Attention/ Concentration	2	2	2	2
Impulsivity	2	2	2	2
Depression	2	2	2	2
Anxiety	2	2	2	2
Oppositional Behavior	2	2	2	2
Conduct	0	0	0	0
Substance Abuse	0	1	2	2

Item Description:
Substance Abuse

These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM-IV Substance-related Disorders.

Item Rating:

- ( ) - (-) = No answer **(-)**
- ( ) 0 (0) = This rating is for a child who has no substance use difficulties at the present time. If the person is in\nrecovery for greater than 1 year, they should be coded here, although this is unlikely for a child or adolescent. **(0)**
- ( ) 1 (1) = This rating is for a child with mild substance use problems that might occasionally present problems\nfor the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least\n30 days. **(1)**
- (•) 2 (2) = This rating is for a child with a moderate substance abuse problem that impairs his/her ability to\nfunction, but does not preclude functioning in an unstructured setting while participating in treatment. **(2)**
- ( ) 3 (3) = This rating is for a child with a severe substance dependence condition that consistently impairs\nhis/her ability to function. Substance abuse problems may present significant complications to the coordination of care for the individual. A substance-exposed infant who demonstrates symptoms of substance dependence would also be rated here. **(3)**

Mark as Confidential:
(•) Yes ( ) No

Notes:

Aunt Imogene is concerned Alice has substance use issues. Found the house liquor cabinet had missing bottles. Alice states she has not taken any thing from the cabinet. Aunt Imogen has reverted to locking the cabinet.

Created on 10/26/2020 by The Wizard Of Oz

At the hospital, blood results found high levels of hallucinogenic substances. No clear indication on what substance was just yet.

Created on 10/26/2020 by The Wizard Of Oz

9. Capture Youth Voice

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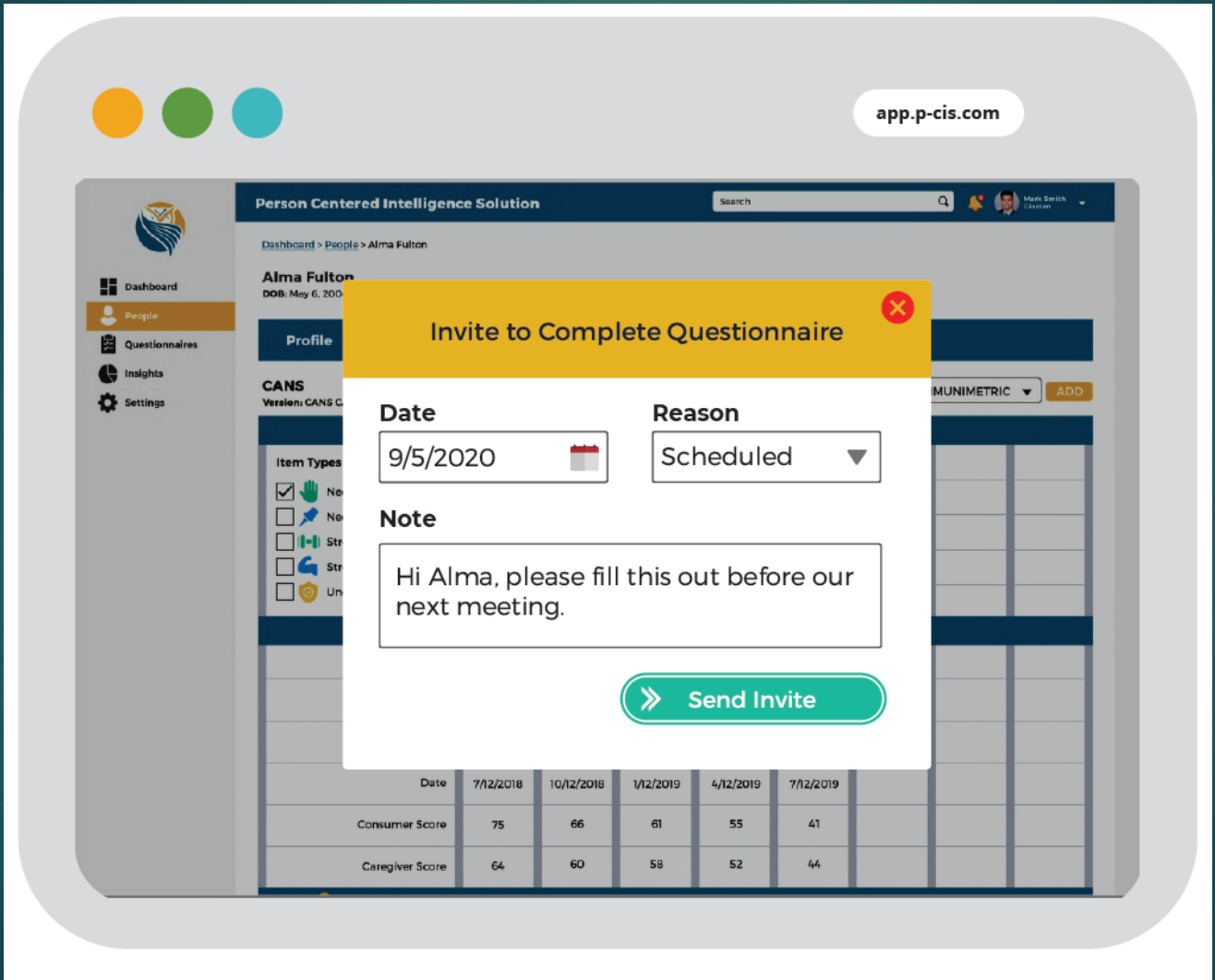
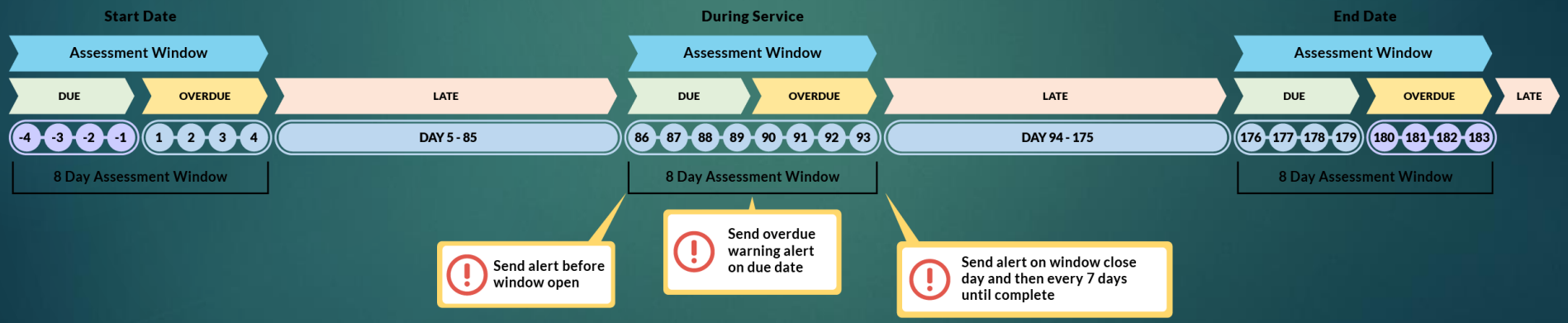


10. Support Data Quality

- Coordinate schedules of assessments between systems
- Reminders to avoid missing assessments
- Intelligence to learn when assessments don't look right



11. Promote Health Equity across Assessments & Outcomes

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J Anxiety Disord. 2015 Apr;31:38-42. doi: 10.1016/j.janxdis.2015.01.005. Epub 2015 Feb 7.

Cultural-based biases of the GAD-7

Holly A Parkerson [1], Michel A Thibodeau [1], Charles P Brandt [2], Michael J Zvolensky [2], Gordon J G Asmundson [3]

Affiliations + expand

PMID: 25725310 DOI: 10.1016/j.janxdis.2015.01.005

Abstract

The GAD-7 is a popular measure of generalized anxiety disorder (GAD) symptoms that has been used across many cultural groups. Existing evidence demonstrates that the prevalence of GAD varies across self-identified ethnic/cultural groups, a phenomenon that some researchers attribute to cross-cultural measurement error rather than to actual differences in rates of GAD. Nonetheless, the effect of culture on factor structure and response patterns to the GAD-7 have not been examined and could result over- or under-estimated GAD-7 scores across different cultural groups. The current investigation assessed the factor structure of the GAD-7 in White/Caucasian, Hispanic, and Black/African American undergraduates and tested for cultural-based biases. A modified one-factor model exhibited good fit across subsamples. Results revealed that Black/African American participants with high GAD symptoms scored lower on the GAD-7 than other participants with similar GAD symptoms. Results highlight the need for culturally sensitive GAD screening tools.

12. Immediate Real-Time Insights

Because all assessment data is in standard format and we have typified questions – we can connect directly to analytical engines

- Automate evaluation and continuous quality improvement (CQI)
- Ascertain what works for whom
- Identify and remove institutionally biased decision processes

- As soon as an assessment is completed, its data points added to the system's repository for learning what works for whom

All data captured from any type of assessment funnels directly into intelligent dashboards with filters which drill into insights for specific populations. The dashboards continuously learn about an agency, program, supervisor and staff's service population, updating insights based on who is served and what works for whom.

13. Remove Bias

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Success-Focused Insights

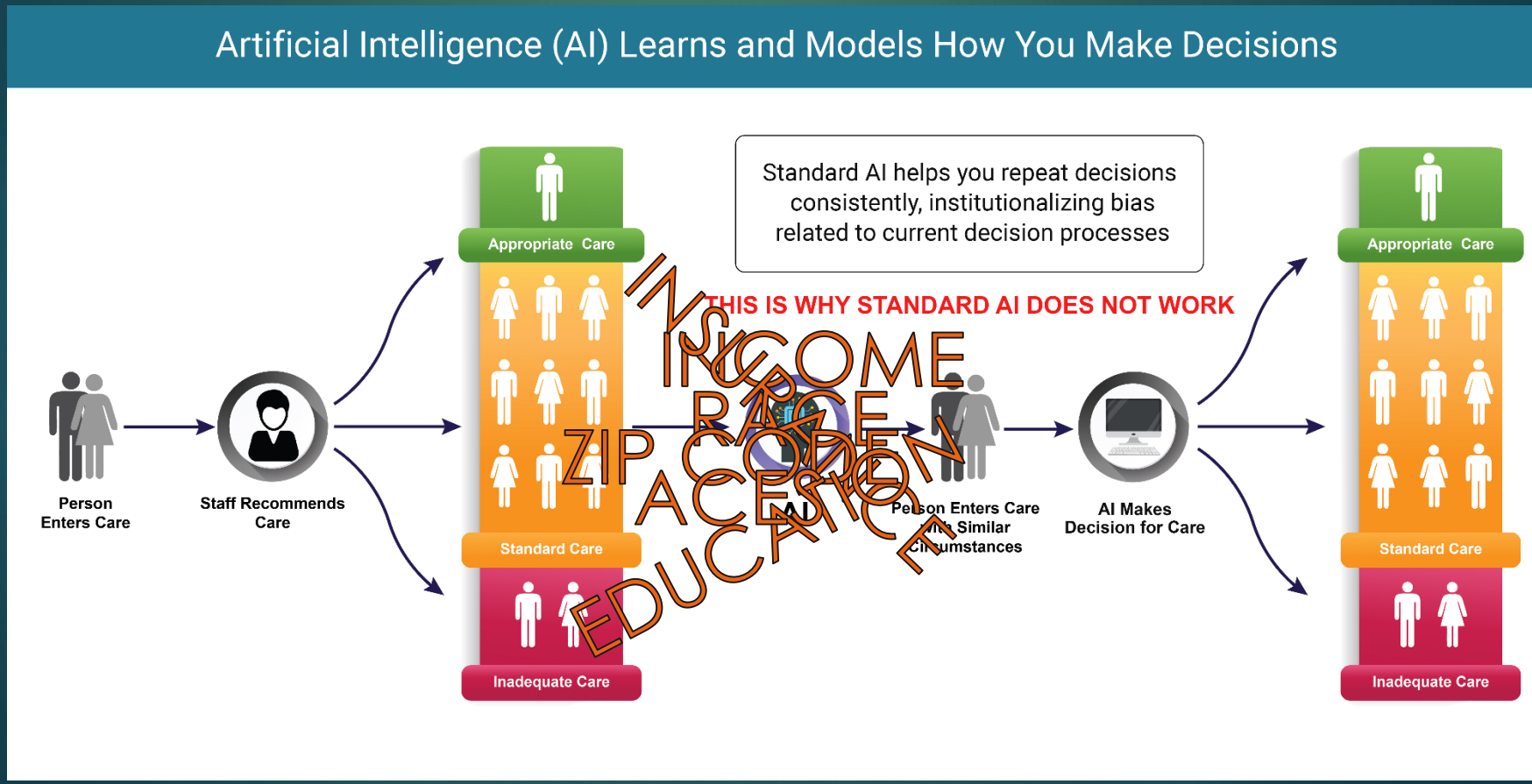
- When and for whom do we achieve success?
- What care did we provide?
- Who are we serving well?
- Where can we improve?

Don't predict who will fail.

Visualize who could succeed.

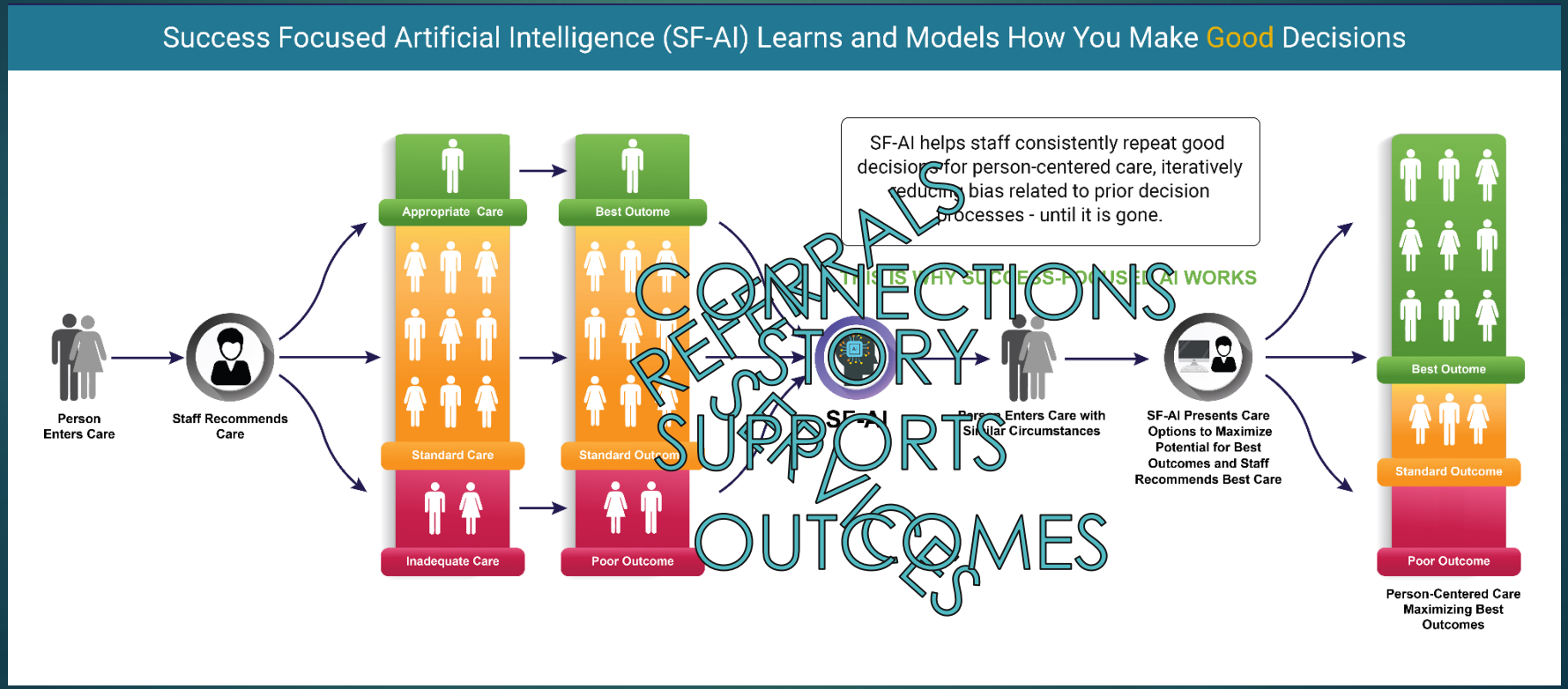
Bias in Care/Placement Determination

- Standard automation institutionalizes care decisions



Removing Bias in Care/Placement Determination

- Success-Focused Intelligence improves care decisions



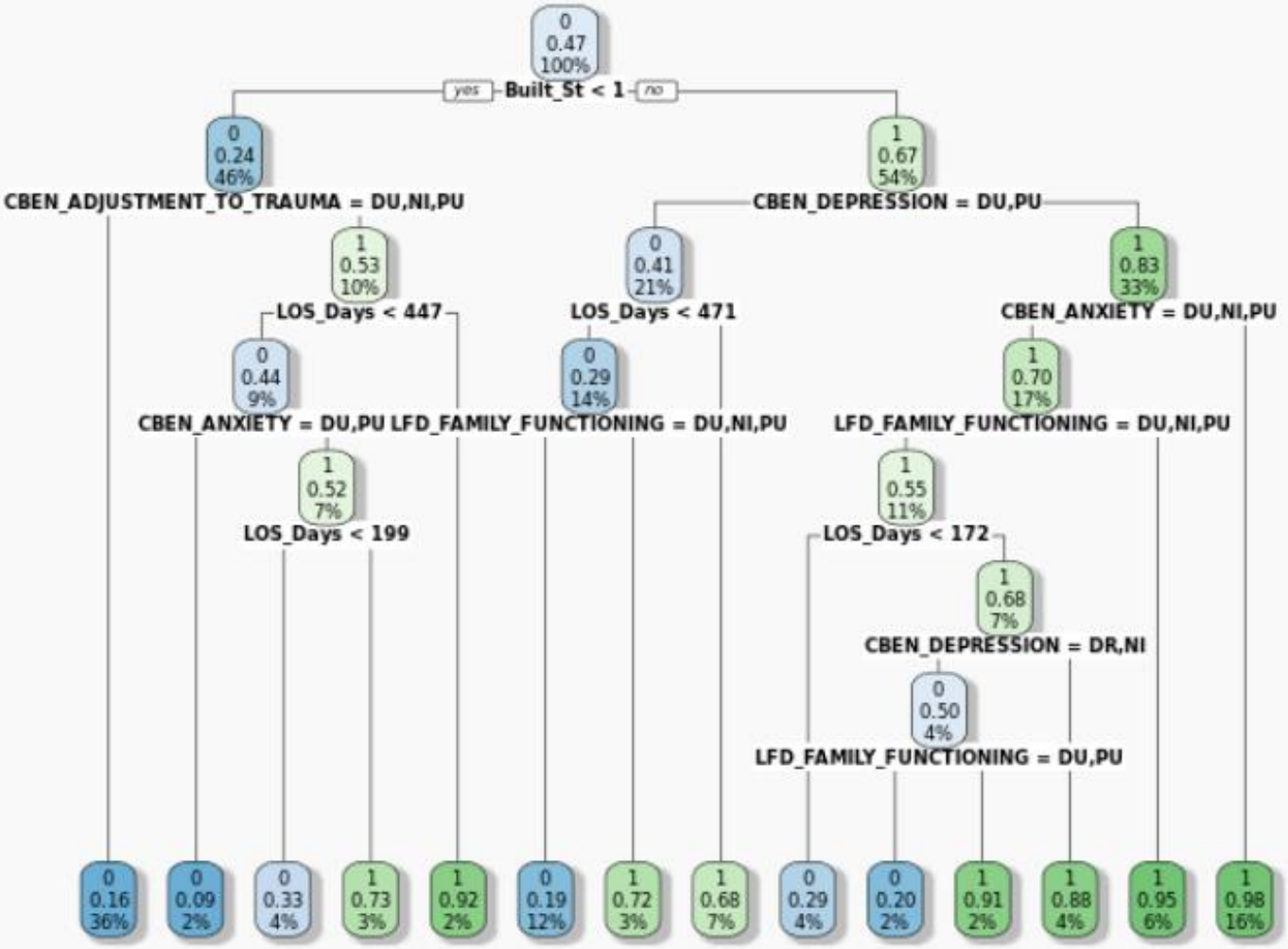
FILTERS (5) ▾ Success_Needs_Addressed 40% Success_Strengths_Built 0 Success_Caregiver_Addressed 0% Indicated_Item CANS-SEXUAL ABUSE DateRange All Dates

Patterns and Priorities of Success

670

Group Characteristics

SUCCESS	PEOPLE	M	F	AGE	ACES	LOS	ASMT
Success	315	23.2%	76.5%	13.2	1.3	579	4
Not Success	355	27.6%	72.1%	14.3	2.3	280	2



Model Prediction Accuracy

RESULTS	ACCURACY
Specificity	84.7%
Sensitivity	83.9%

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We're Ready.
Let's Begin Collaborating Across the System of Care Today.

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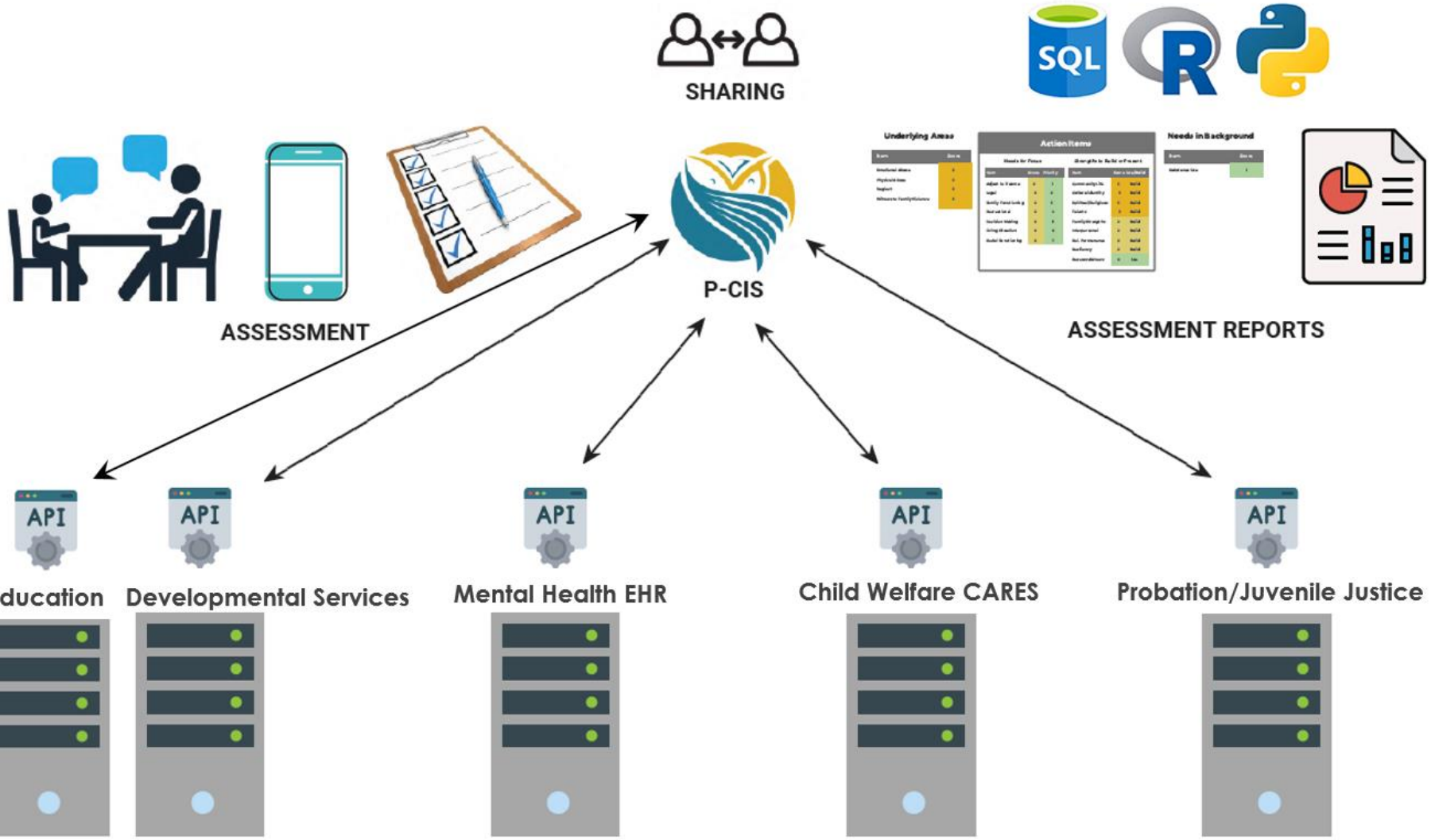

Discussion/Conclusions

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- Whole child care considers whole child well-being
- Person & process measures are captured through assessments
- Assessments capture needs, strengths, exposures, past behaviors, support needs, support resources, circumstances, preferences, opinions & goals
- Sharing select assessments across agencies can support shared GRIP
- Tracking changes in assessment responses over time → outcomes
- Each entity can create their own definition of success but share common goals
- When we begin to look across system levels, we will begin to learn our own system's strengths and areas for growth
- We can identify and remove institutionalized bias in decision processes
- Over time, as the system uses information intelligently, we will learn what works for whom in support of person-centered care
- Let's start today

Linking Multi-Disciplinary Assessment Information Toward Whole Child Service Coordination and Care

KATE CORDELL, PHD, MPH

MENTAL HEALTH DATA ALLIANCE

KATE.CORDELL@MHDATA.ORG

NEW INITIATIVE: OPEEKA