

Communimetrics Data Roundtable

Utilizing the Standard Reports to describe your program





Agenda

- Dan Warner Ph.D. Introductions to the Standard Reports
- Invitation to present <u>your organization's data</u> at the **October 2nd** Pre-Conference Visualization Exchange
- Andy Kind-Rubin, Ph.D. Chief Clinical Officer of Child Guidance Resource Centers in Philadelphia, PA.
- Kelly Nardella Psy.D. & Thomas Crotty Ph.D., licensed psychologists who work for Wellspan/Philhaven, a large multi-level mental health facility in Central PA.



Praed Reports Suite

- There are now a vast amount of TCOM implementations
- The Praed Reports Suite 2.0 has standards for how to display the information so that we can compare our projects to others.
- Every TCOM software should be able to do these
 - (You can also often do them in Excel!)

TCOM Report Suite:

Minimum Standards for Vendors and Systems

Version 2.0

A TCOM "Program Profile"



Average Impact

> Needs Profile



Demographics

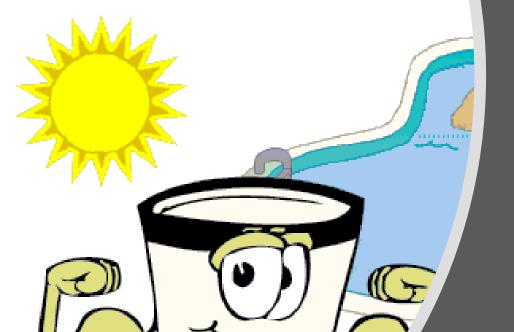
Strengths Profile

Narrative, Details, Background, "Meat on the bones"



October 2nd, Pre-Conference Visualization Exchange

- Participants will organize their TCOM data into the Program Profile, and bring it to share with others.
 - Get a sense for how your program compares to others.
- If you have data, but do not know how to visualize it, reach out to me!
 (dwarner@communitydataroundtable.org). In most cases, we can help
 you get something together for the exchange.
- People will need to sign up early, and a pre-registration form will come around.
 - Also, please note, that if you want to share your data in another form, or have another poster idea, the Convention wants those too! Poster deadline is <u>not yet passed</u>, please submit!





ANDY KIND-RUBIN PH.D.

Child Guidance Resource Centers

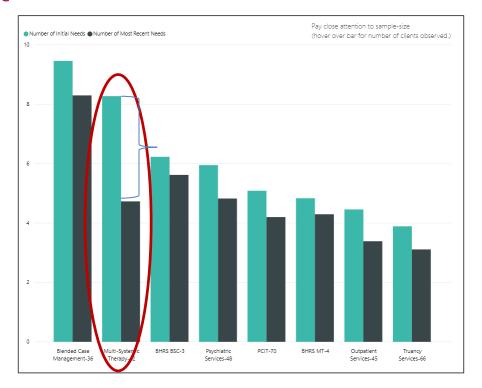


Review of CANS data for MST Program in Montgomery and Delaware Counties

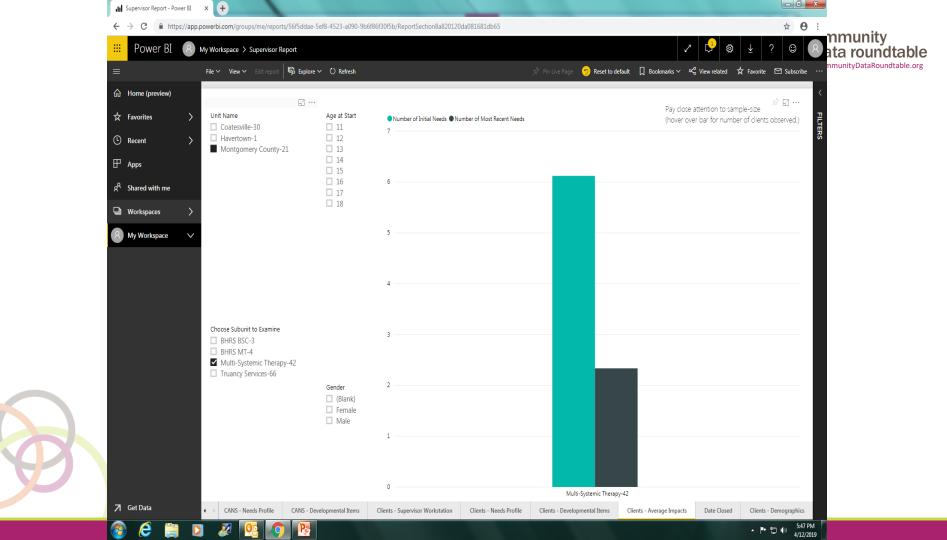
Child Guidance Resource Centers 2000 Old West Chester Pike Havertown, PA 19083 Andrew Kind-Rubin, PhD Chief Clinical Officer

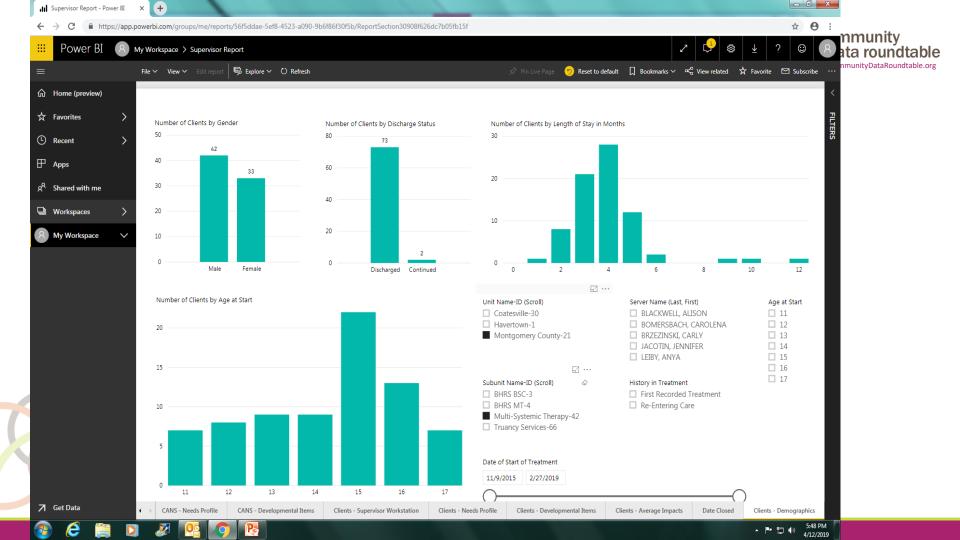


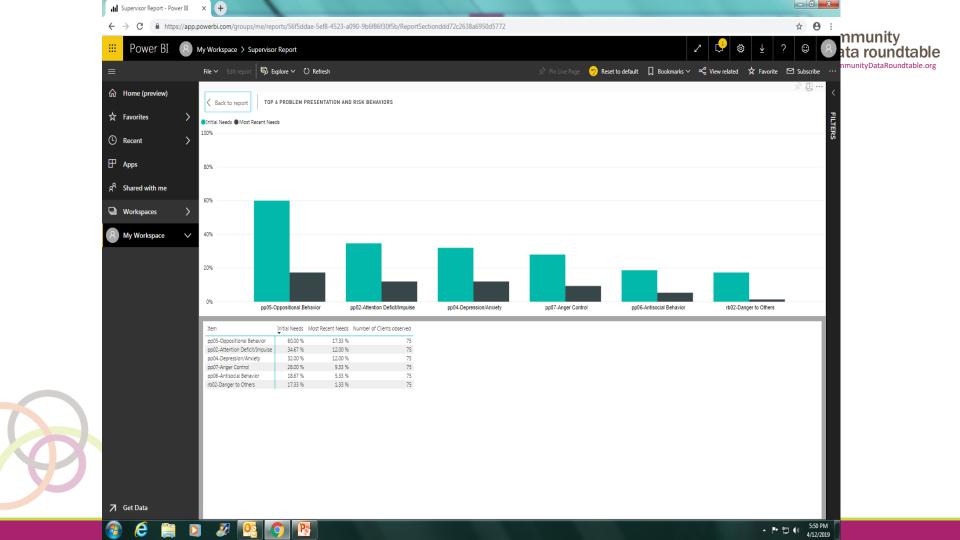
MST in context

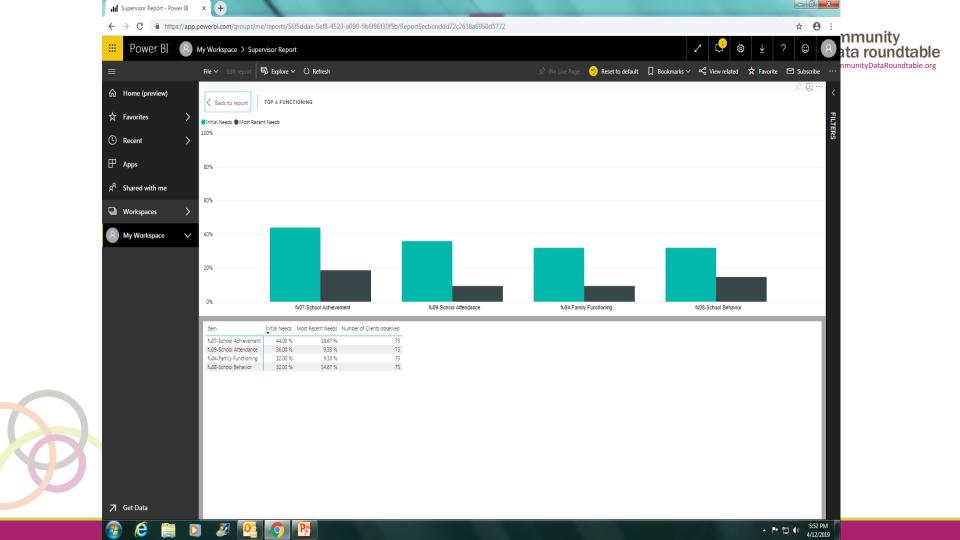


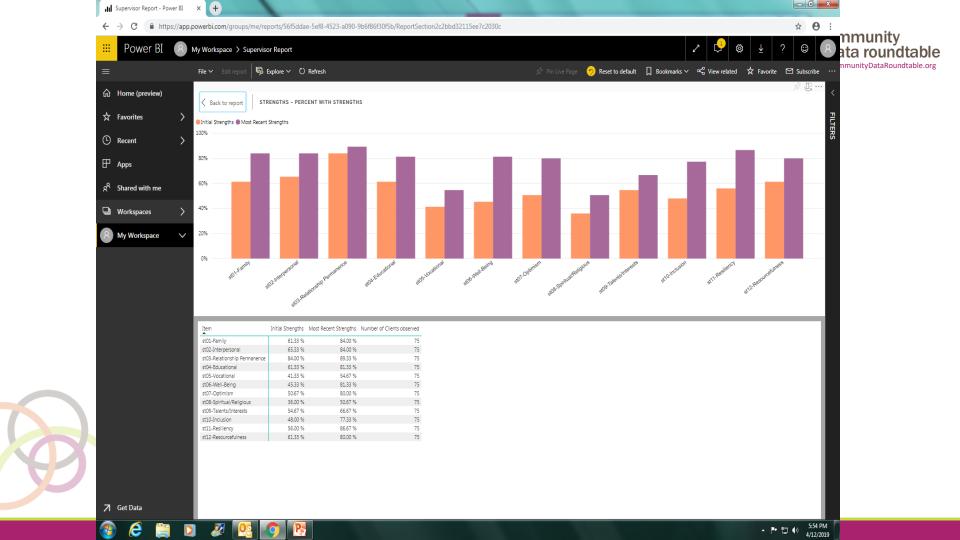


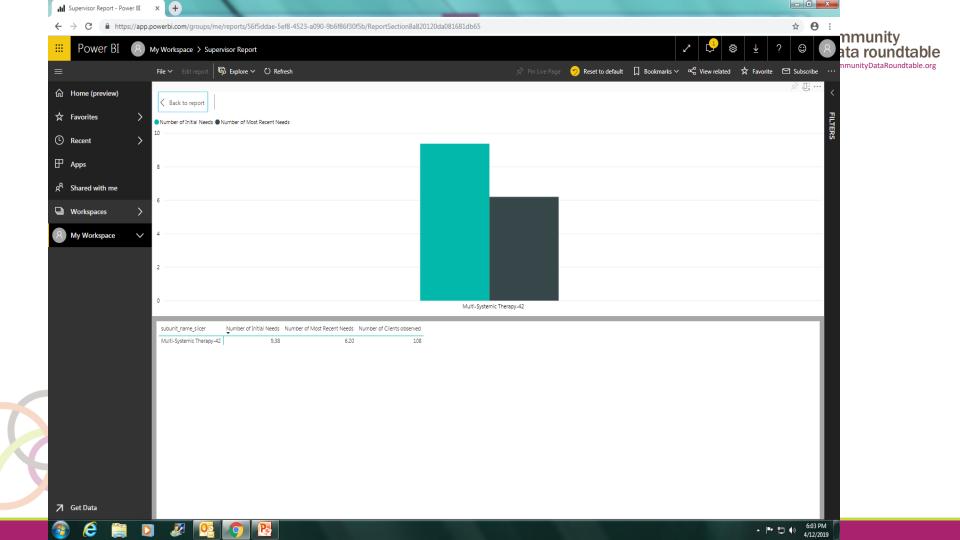


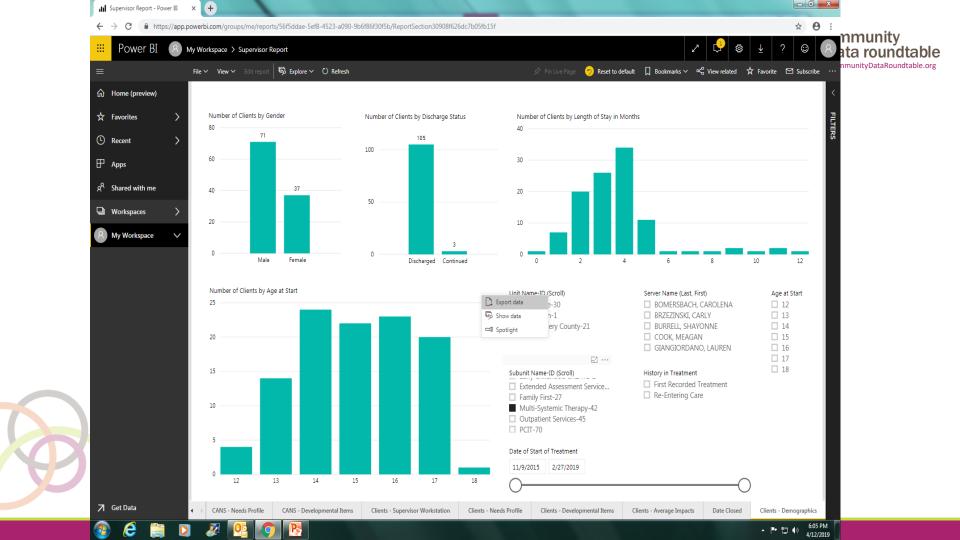


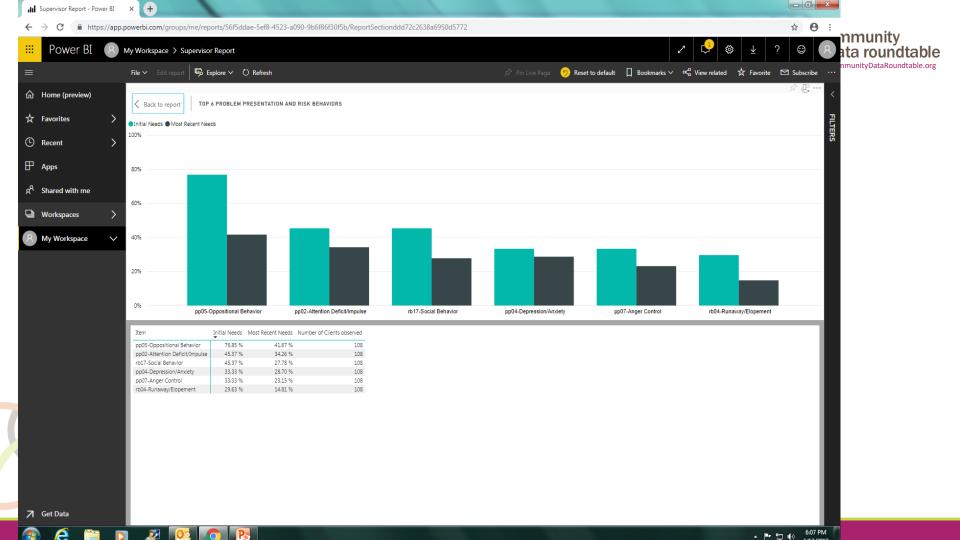


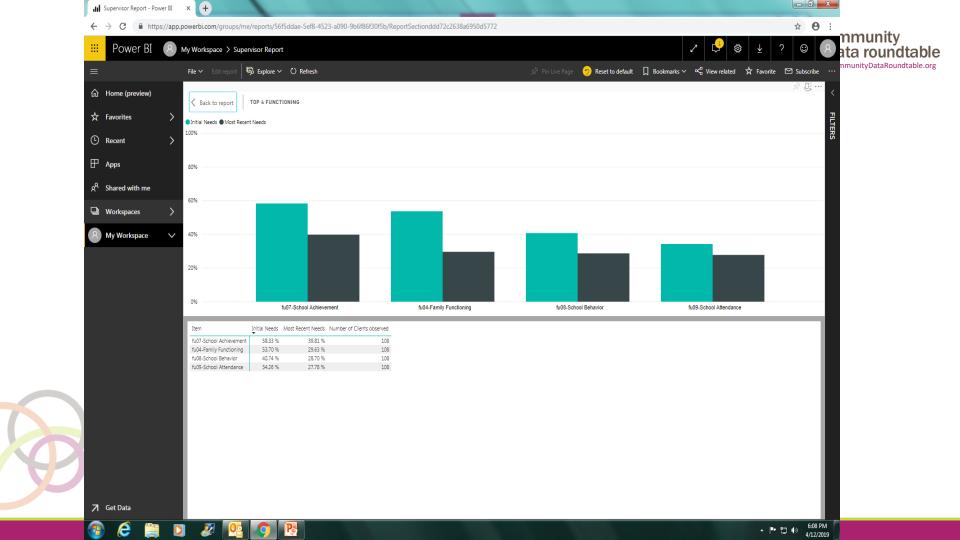


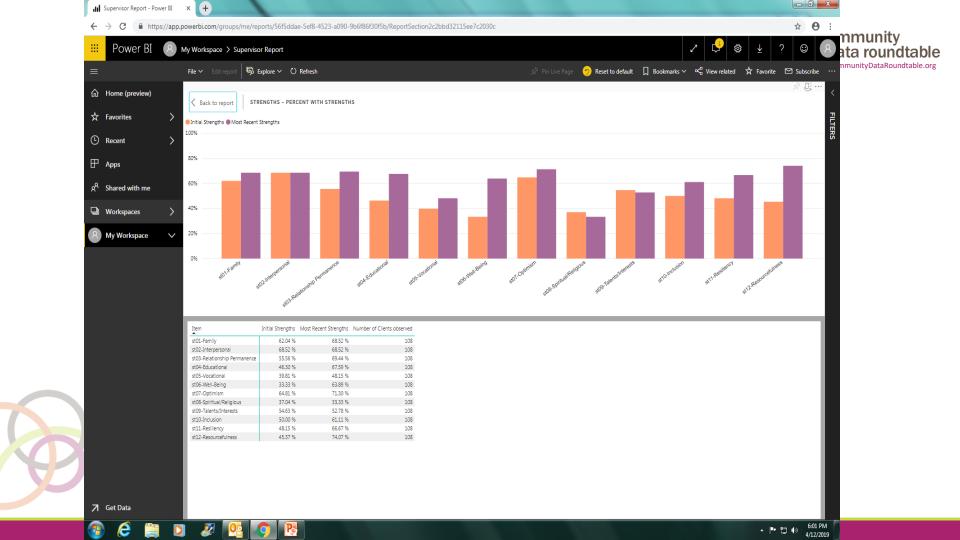














CANS AND BHRS Communimetrics Data Group

Kelly Nardella, Psy.D. and Tom Crotty, Ph.D. April 25, 2019



WellSpan Philhaven BHRS Who We Are

WellSpan Philhaven is central Pennsylvania's most comprehensive behavioral health organization, serving Adams, Dauphin, Lancaster, Lebanon and York counties through 54 programs and 27 care locations.

We offer services for all ages and various levels of care, including inpatient hospitalization, day programs, outpatient counseling, and services in the home, school and community.

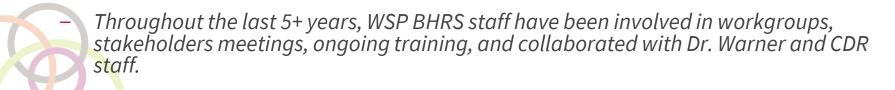
Behavioral Health and Rehabilitative Services (BHRS)

- Behavioral Specialist Consultation (BSC)
- Mobile Therapy
- Therapeutic Staff Support
- Therapeutic After School Programming
- Summer Therapeutic Activities Programming
- ABA Behavioral Health Consultation (ABA BSC)
- Behavior Technician (ABA supervised)



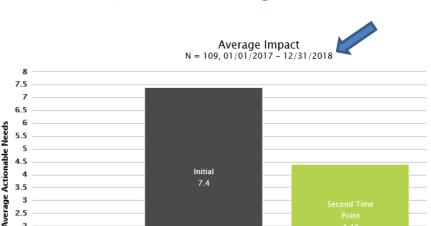
WSP and Capital Area Behavioral Health Collaborative (CABHC)- CANS

- October 2013-Included in in best-practice evaluations (BPE) for BHRS as part of initial CDR CANS pilot
 - Since which time, CANS completed as part of every BPE across all 4 counties
- January 2018- MT/BSCs began completing "discharge" CANS
- March 2018- January 2019- review of quarterly outcomes targets measuring change from "initial" to "discharge" CANS, utilizing WSP BHRS program data exported from CDR CANS portal and analyzed by WSP admin staff
- March 2019- CDR added "end date" filter to web-based app, which allowed our program to begin considering shifting internal QI/outcomes analyses to web-based programing via Praed Standards Report Suite

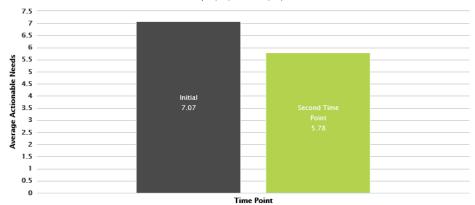


What difference are we making? Average Impact

Non-ASD only, Initial to Discharge









The Mean Change is **Significant** at the .05 level. Negative change implies clients have less actionable needs on average by the Second Time point (95% Confidence Interval -1.56, -1.01)



The Mean Change is **Significant** at the .05 level. Negative change implies clients have less actionable needs on average by the Second Time point (95% Confidence Interval -3.79, -2.17)

Time Point

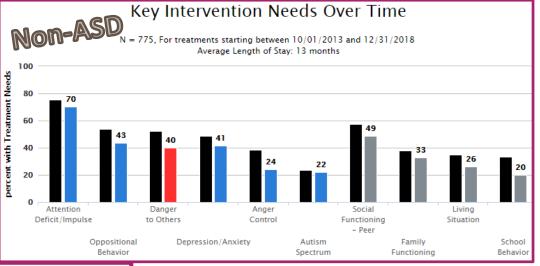
Who do we serve?

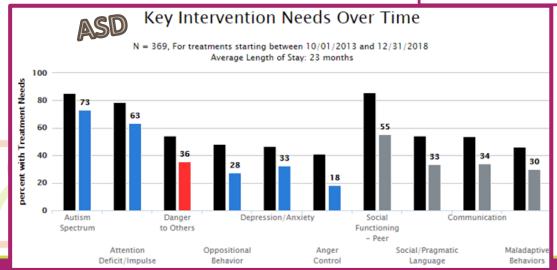


ative_formulation_reports?cohort=all&date_type=start&diagnostic_group=all&end_date=12%2F31%... **T** FILTERS Key Intervention Needs Over Time N = 1144, For treatments starting between 10/01/2013 and 12/31/2018Average Length of Stay: 16 months 100 Treatment Treatment with Treatment Needs End Date Start Date 80 Between This Date 10/01/2013 And This Date 12/31/2018 Oppositional Social Deficit/Impulse Behavior Behavior Spectrum Functioning - Peer Danger Depression/Anxiety Anger Living Family ■ All Lengths of Stays to Others Control Situation Functioning Most Recent Assessment Risk Item Problem Presentation/Mental Health Problem Functioning Problem 2 Most Recent Assessments Export CANS Length of Stay 36+ Mons. 30 Days Time points Initial through Discharge ^ □ (£ (1))

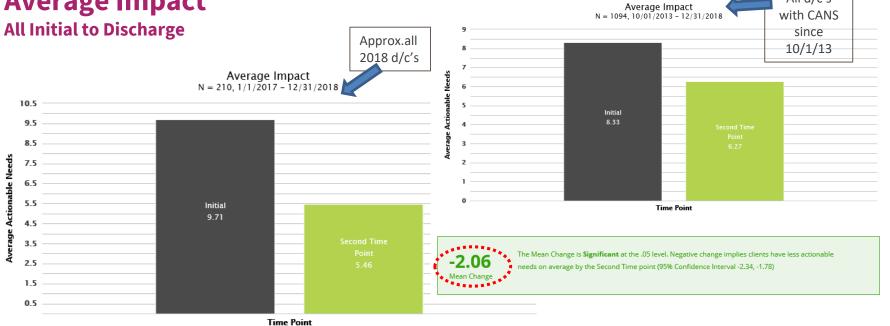
Who do we serve?

- Risk Item
- Problem Presentation/Mental Health Problem
- Functioning Problem





What difference are we making?? Average Impact



community

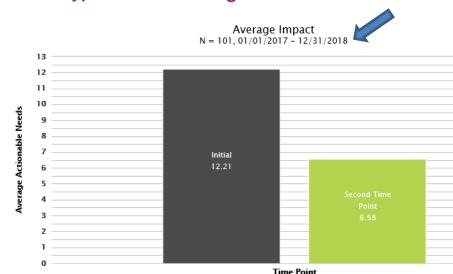
data roundtable
CommunityDataRoundtable.org
All d/c's



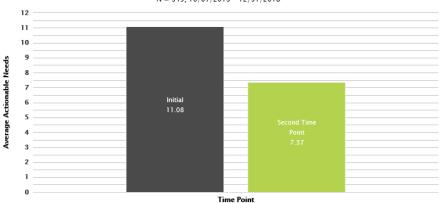
The Mean Change is **Significant** at the .05 level. Negative change implies clients have less actionable needs on average by the Second Time point (95% Confidence Interval -4.95, -3.56)

What difference are we making? Average Impact

ASD only, Initial to Discharge







-3.71 Mean Change

The Mean Change is **Significant** at the .05 level. Negative change implies clients have less actionable needs on average by the Second Time point (95% Confidence Interval -4.34, -3.09)



The Mean Change is **Significant** at the .05 level. Negative change implies clients have less actionable needs on average by the Second Time point (95% Confidence Interval -6.73, -4.52)



Take Aways and Next Steps...

- Average Impact for both ASD and non-ASD shows decrease in actionable needs from Initial to Discharge that is statistically and clinically meaningful.
- Decrease in percentage of clients for all of the most frequently rated Problem Presentation/Mental Health Problems and Functioning Problems for both ASD and non-ASD clients.
- Key Intervention Needs Over Time highlights both similarities and differences in the ASD and non-ASD populations
- Further "drill-down" into outcomes based on various factors (e.g., Length of stay, etc.) and into identifying who clients are that are not showing improvement
- Further distribution of data to consumers (families), clinicians (MT/BSCs) and program managers