IMPROVING OUTCOMES WITH AI: AN EQUITABLE APPROACH

MAY 2024

1



Agenda

01

Machine learning evaluations 02

Equitable actionable evidence

03

The Gemma Story

- PRTF
- Outpatient
- Outcomes

04

Discussion

3

How does AI perpetuation bias?



Documents the social bias of humans



In data science predictive modeling is correlational not

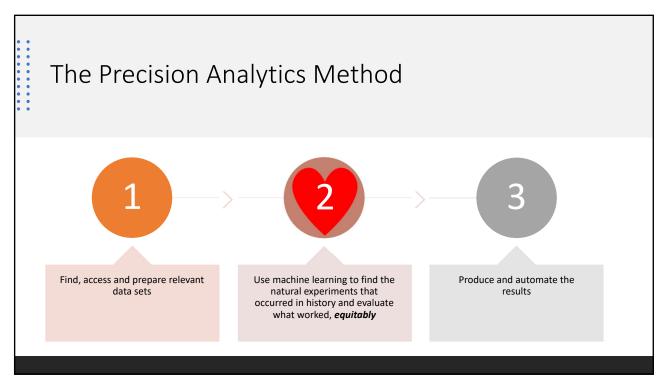


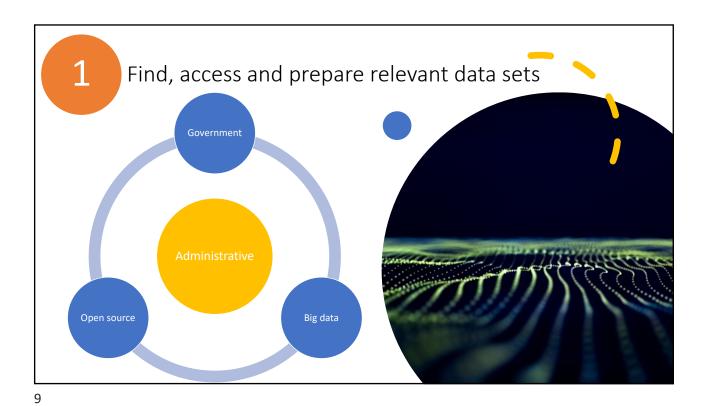


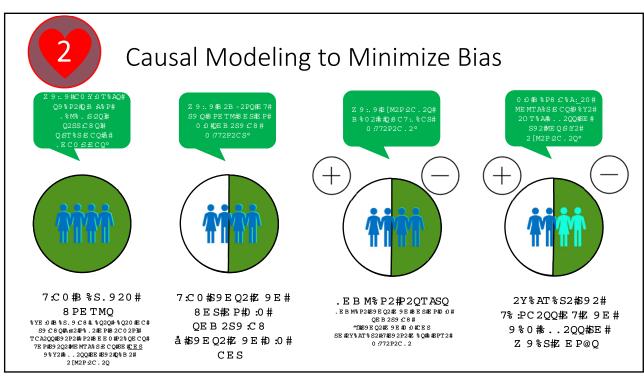
Grounded in a rigorous data-driven research method that's been in use for over 50 years and 100,000+ peer-reviewed studies, and refined using ML for more than 10 years

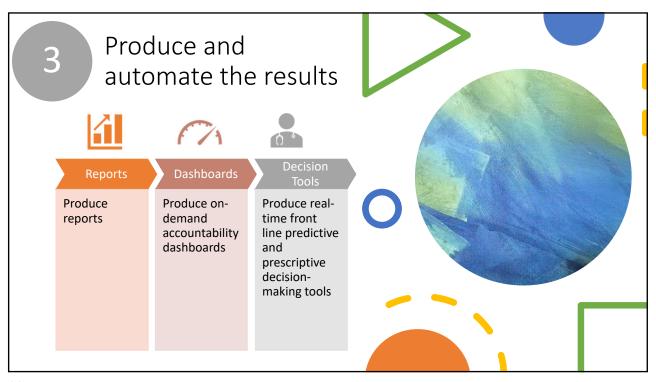
| Victor | Vic

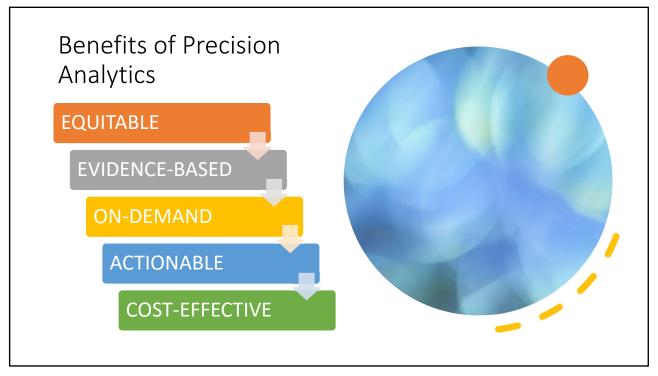




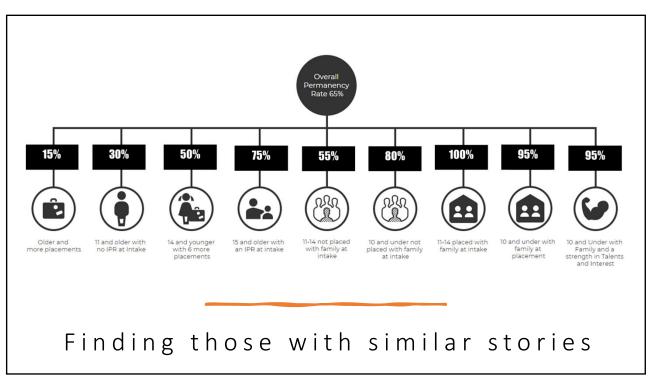


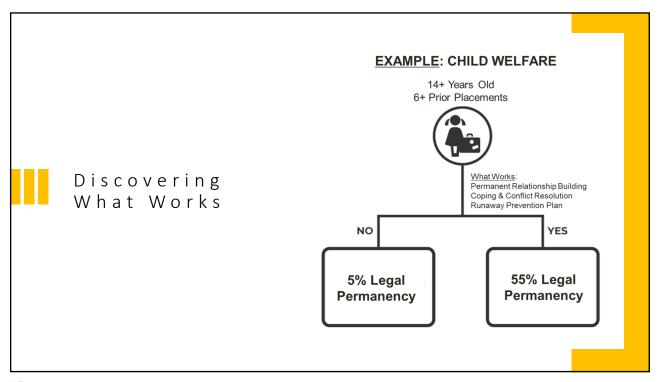


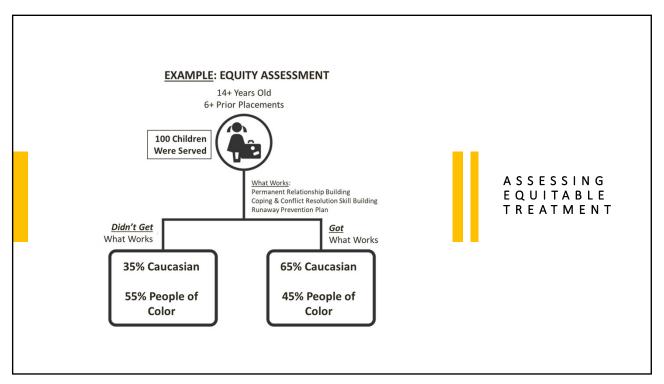


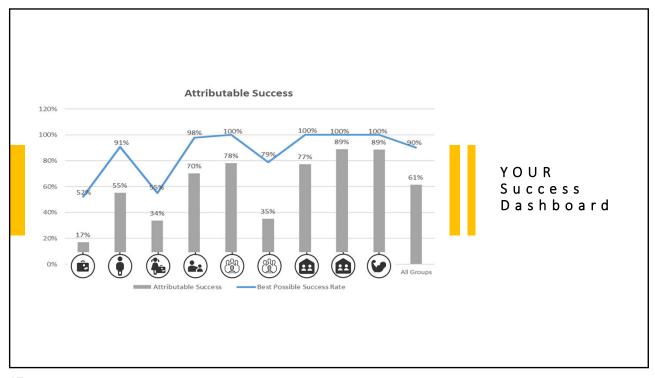


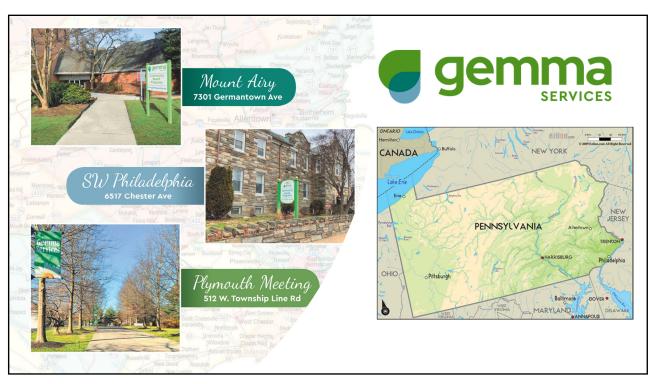












SERVING YOUTH AGES 6 TO 14

The program serves all genders ages 6 to 14 who have experienced loss, unexpected challenges, and/or significant trauma, and whose behaviors are presently too unsafe for them to live in a home or community setting. Our skilled and caring staff members are dedicated to helping children feel valued. We embrace a trauma-informed approach. Each child's family and/or guardians are respected and included as full partners in the care and treatment of their children. Successful treatment is achieved when children can return to their own family, a new family, or to a supportive living setting in the community. And every day, we want each child to experience the joy and happiness of childhood.

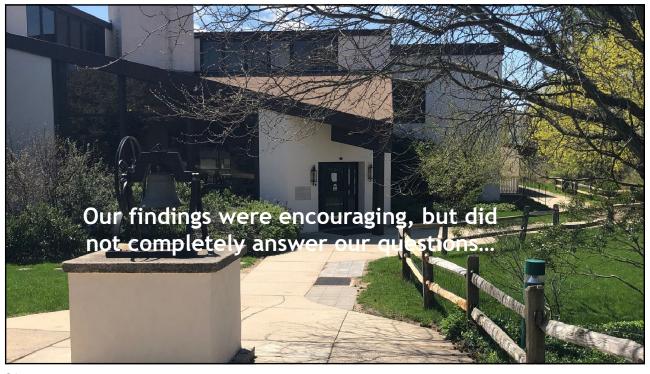
Residential Treatment Program

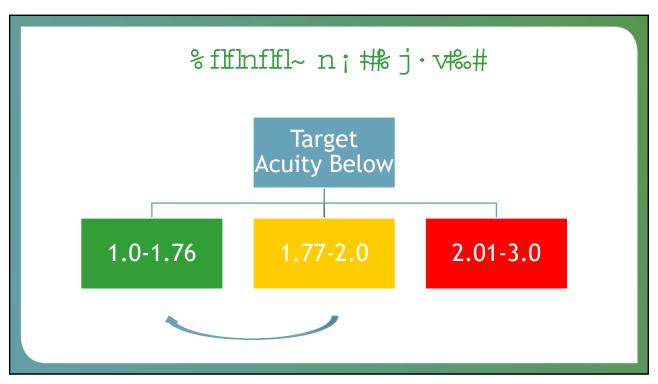
A place for hope and transformative healing through holistic care

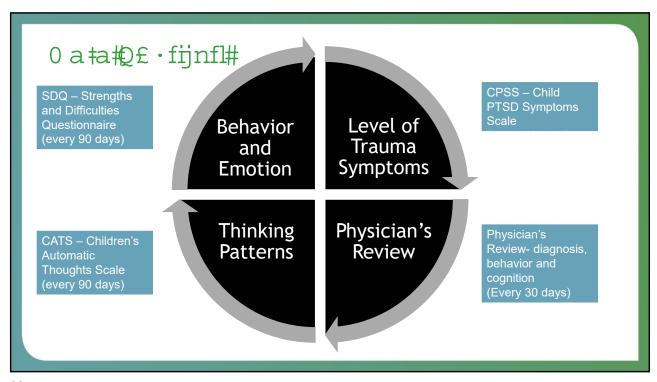
gemma | where hope shines

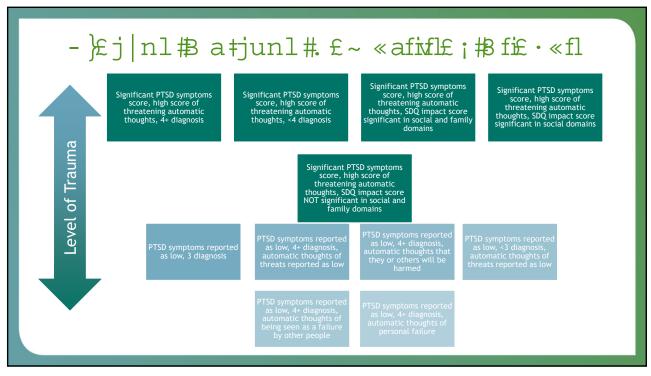
19

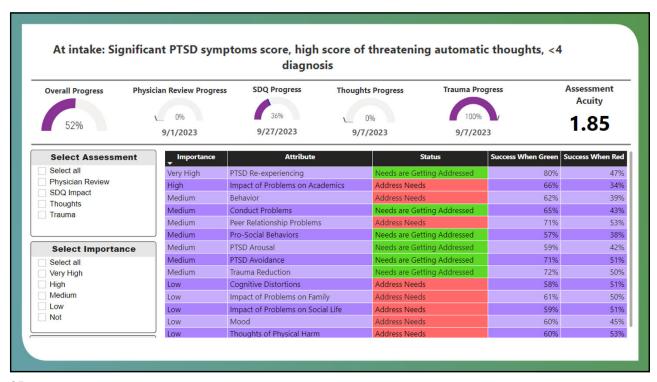
















Assessment Acuity

2.46

Cluster: Significant PTSD symptoms score, high score of threatening automatic thoughts, SDQ impact score significant in social and family domains

Importance	Attribute	Status	Success When Green	Success When Red
Very High	PTSD Arousal	Address Needs	100%	64%
Very High	PTSD Re-experiencing	Address Needs	92%	61%
Very High	Thoughts of Failure	Address Needs	100%	63%
Very High	Thoughts of Hostility	Address Needs	95%	63%
Very High	Thoughts of Physical Harm	Address Needs	95%	63%
Very High	Thoughts of Social Rejections	Address Needs	96%	60%
Very High	Trauma Reduction	Address Needs	92%	61%

27

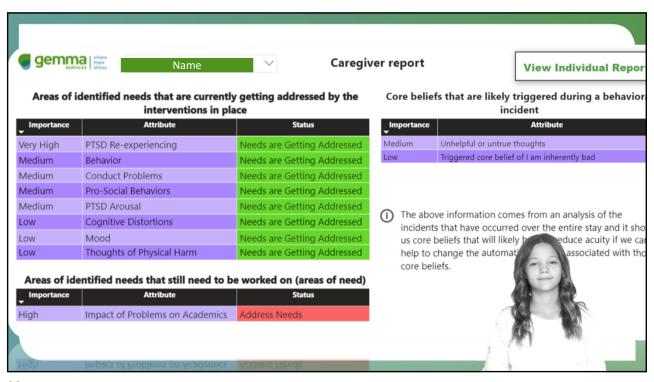
Importance Attribute

Low Core belief of inadequacy triggered

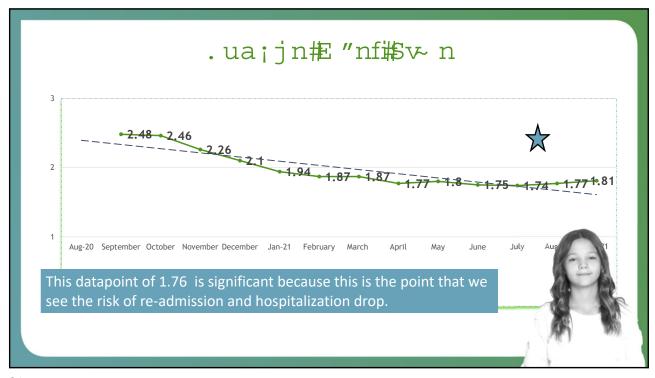
Core Beliefs of Inadequacy Triggered

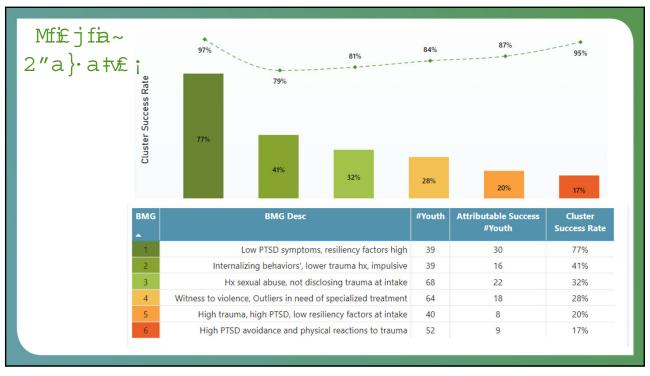
- Tell the child that they are loveable and that they matter.
- Tell the child that you don't see them as bad, and you want to help them feel better.
- Ask questions to prompt Catch, Check and Changing unhelpful or untrue thoughts.
- Provide behavior specific praise so that they know exactly what they did that was being praised.

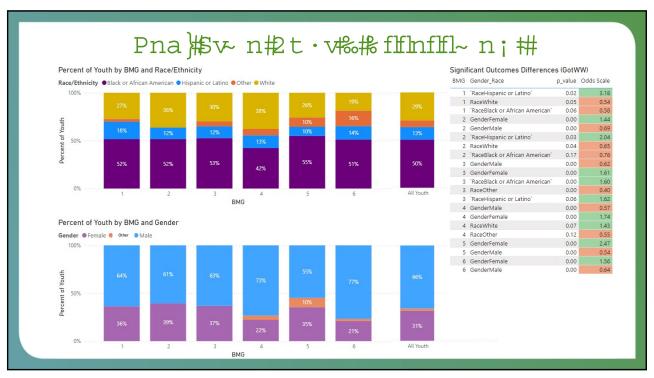














E · +j£∼ nfl

August 2020 start use of Insight Generator

64 completed cases (entered and exited) in that time

Pre and Post Groups of Youth over 2-year time span

• 8/2018-7/31/2020 and 8/1/2020 -7/31/2022



35

35

E · +j£~ nfl

Years 1 &2

- Reduced Average Length of Stay by 29 Days
- Increased Prevention of Return to Outof-Home Care, One Year Post-Discharge

Year 3

 Reduction in length of stay for nonchild welfare discharge resources

Outpatient Behavioral Health Services



Outpatient Behavioral Health Services include individual therapy, family therapy, and medication management for children and teens, ages 2 to 18. Credentialed therapists use evidence-based practices including Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT) in working with children and teens.



37

Blocked Matching/ Clustering



Cluster 1: Experienced unwanted touching and intercourse



Cluster 2: Cognition intact, young, separation from caregiver



Cluster 3: Young, male, inattentive/impulsive or hyperactive



Cluster 4: Tween, makes friends easily, experienced trauma, grief and loss

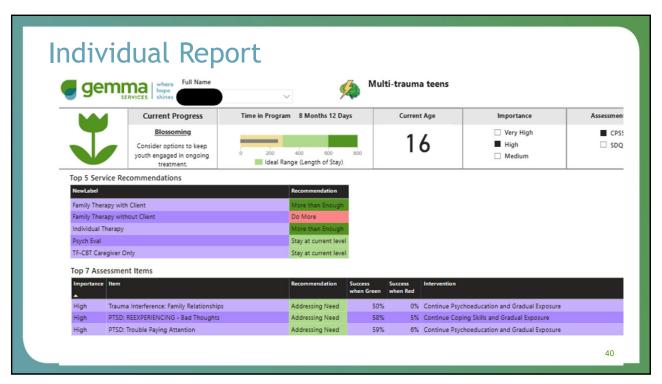


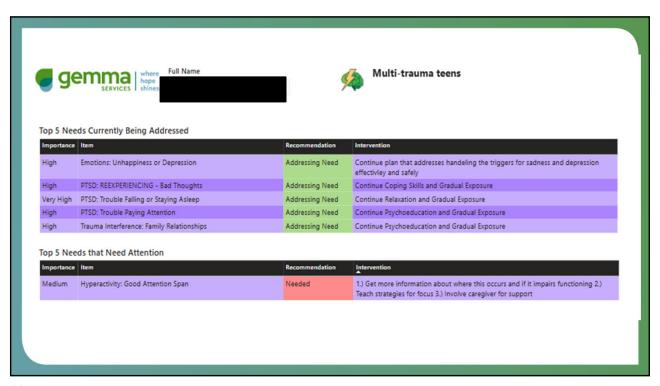
Cluster 5: Young, developmental delays, experienced neglect



Cluster 6: Teenagers who have experiences multiple traumas









B MPE Y :C 8 #59 2 #Q\QS2B



Gemma has a small data-set by ourselves



Collaboration among providers for research and use



Data Sharing (de-identified)



Impact, do tools like this improve outcomes

43

Common Questions?

What kind of data do I need to do this?

Do we need to enter data into another system?

Will staff use this?





.£;ŧaj#;;s£fi~ aŧv£;

Kate Ryan, LCSW
Director of Special Projects
kryan@gemmaservices.org
www.gemmaservices.org



Pete York, MSSA
Principal/Vice President of
Analytic Solutions

pyork@bctpartners.com

