Clinician Motivation in a Data Driven World

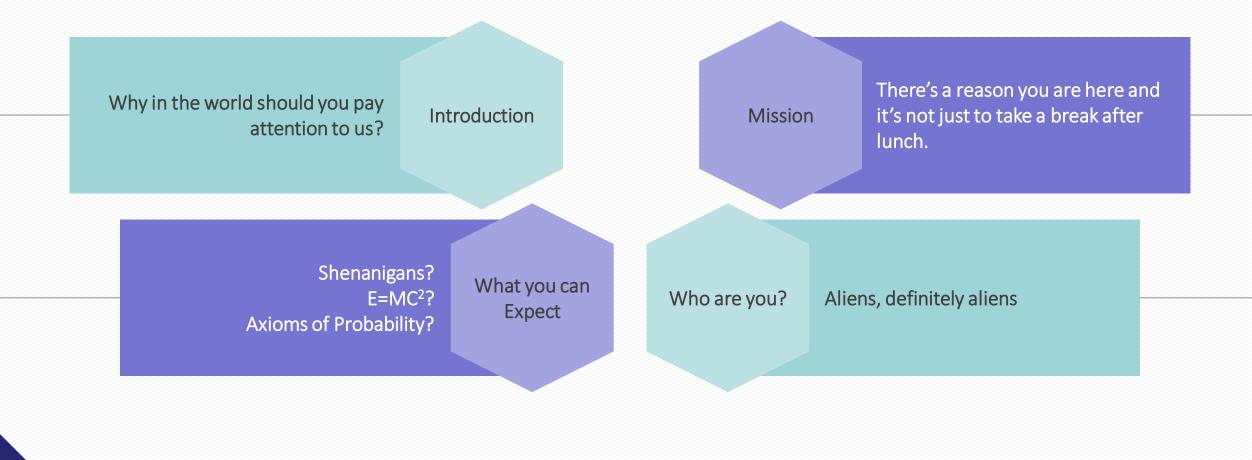
## What the Heck Do These Numbers Mean – and What Do I Do with Them?



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## Welcome



#### When I say DATA, you say?



To inspire individuals and families to achieve a life of unlimited potential by developing and delivering the highest quality evidence-based behavioral health services and training.

Over 35 years ago, Outreach opened its doors as a small assessment and referral center to engage people in the community struggling with addiction to seek help. Since then, its mission evolved to meet more needs and more communities. Today, Outreach inspires adolescents, adults, and their families to achieve a life of unlimited potential through high-quality, evidence-based substance abuse treatment and training programs throughout New York City and Long Island.

Go to http://opiny.org to find out more

#### **Outreach by the Numbers**

14

#### 4,784 2,149

Total Sites

- 5 Outpatient Clinics ٠
- 5 Outpatient Satellite Clinics ٠
- 2 Adolescent Residential ٠
- 2 Adult CR/Reintegration ٠

- Clients served last year
- 69.5% Male/ 30.5% Female ٠
- Ages 14-86
  - Upton, NY to Yonkers, NY ٠
    - and Staten Island

#### Students served last year

- 117 courses ٠
  - Full CASAC program ٠
  - Internal/External Training ٠

#### opportunities

REACH

#### Go to http://opiny.org to find out more



#### Discover of Special Populations



Enhance Program Development

I work with people-

Why does data matter?

**WHY!?!** 



Improve Staff Wellness/Development

## How comfortable are you using data to inform your clinical and programmatic decisions?

A-Very Uncomfortable

**B-Somewhat Uncomfortable** 

**C**-Neutral

**D-Somewhat Comfortable** 

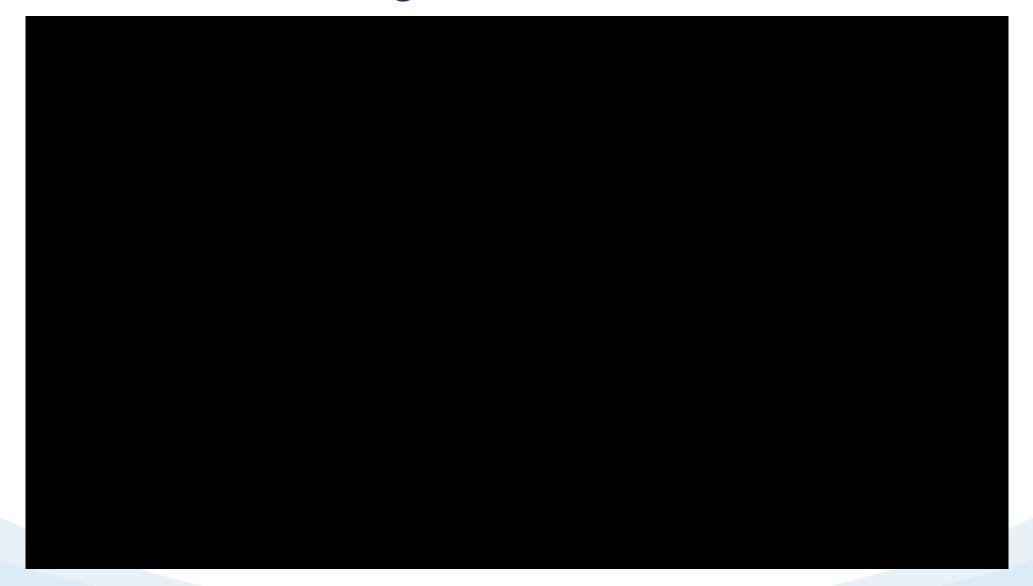
E-Very Comfortable

## How comfortable are you using data to inform your clinical and programmatic decisions?

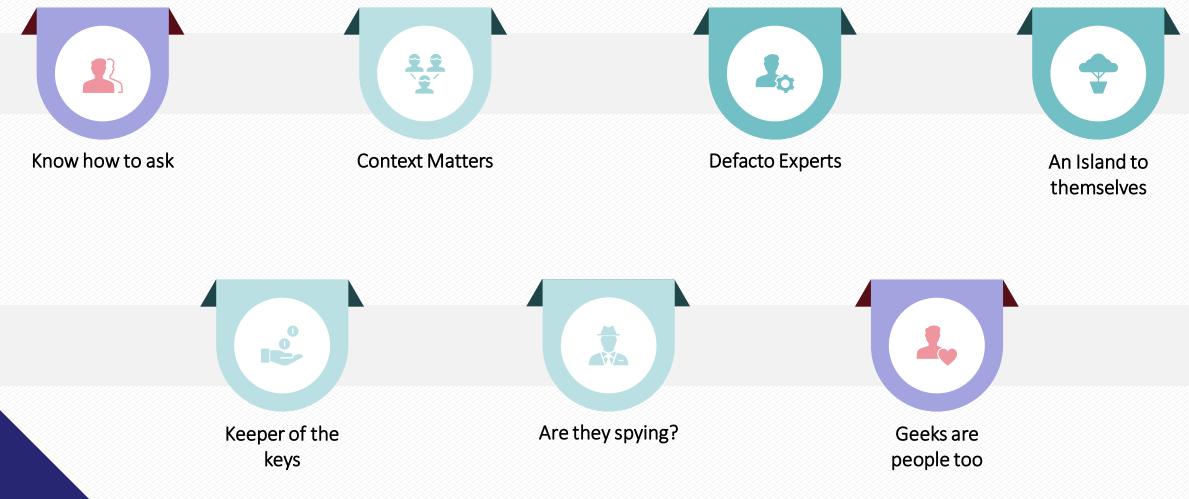


Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

#### The Plight of the Data Geek



## What did I just watch?





## Scenario

Well regarded clinician, Sally, appears to be underperforming regarding units of service.

\*Information pulled from basic internal tracking.



#### Sally's Direct Contact Percentage

Sally appears to only be meeting face-to-face with clients for 30% of her scheduled work hours

## 60%

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#### Program Direct Contact Percentage

The program as a whole, typically sees an average of 60% face-to-face contact for hours scheduled.

#### Caseload

There has been no change in the number of clients on Sally's caseload

#### Work Schedule

There has been no change in Sally's work schedule

#### Where should we look next?

# The case for secret data: What's hidden behind the numbers?



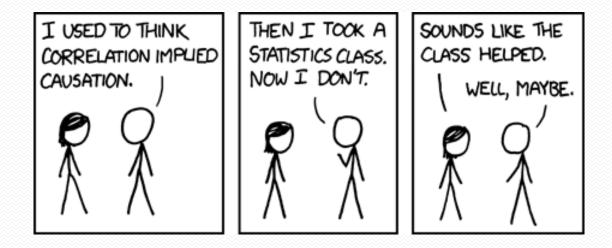
If you want to reduce the murder rate, stop selling ice cream!



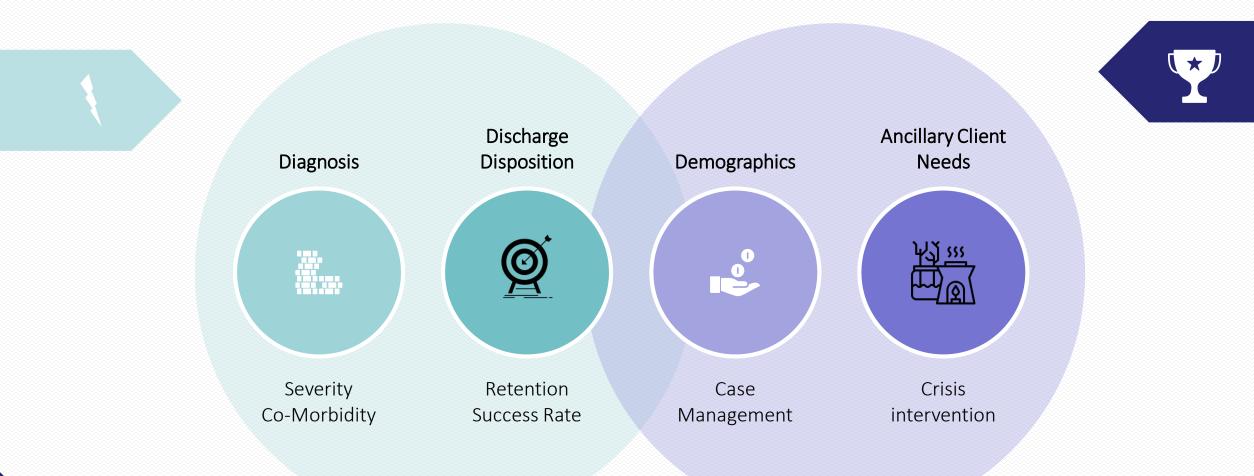
Traditional data collection may not be the answer



Are you asking the right question?

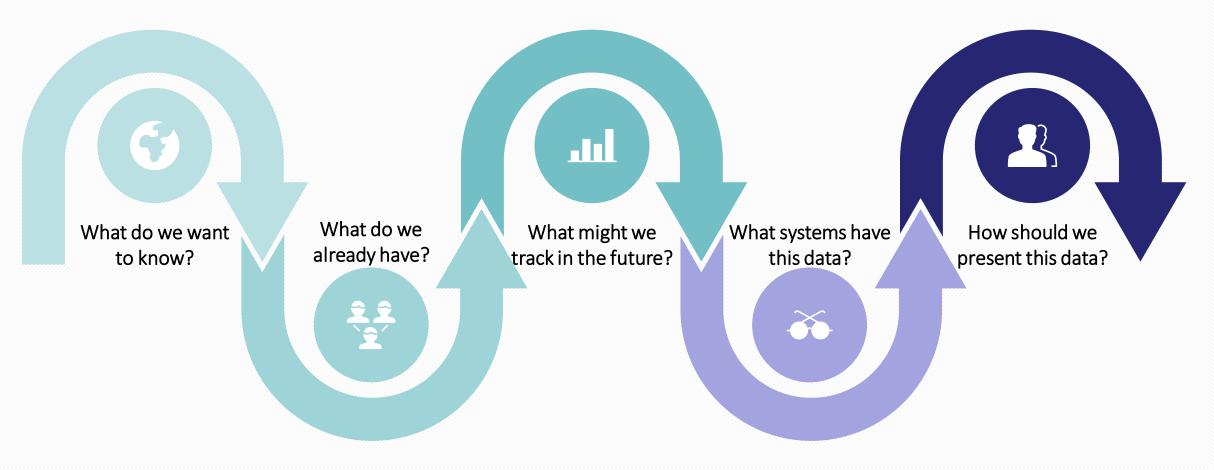


## What haven't we thought of?



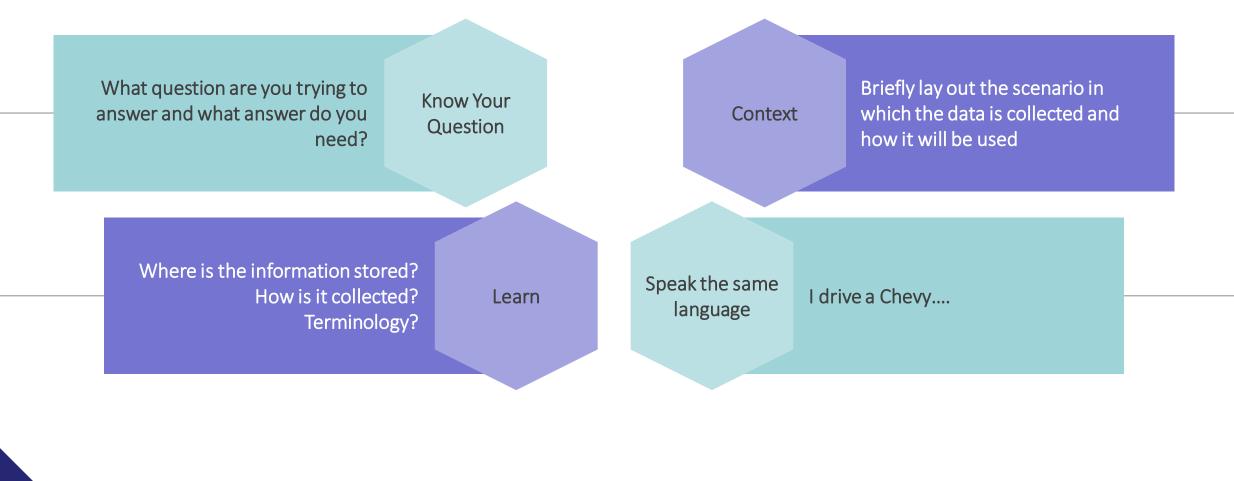
Comprehensive data always shows a more complete picture

## How do we get there from here?



Begin with the end in mind.

## Speak with Your Geek!





#### Assigned more higher need clients

## Managerial Bias



## Had a mixed caseload (drug use versus drug crimes)



Higher level of mandate reporting involved





## Scenario: Closeout

So what happened? Analyzing the Phenomenon

~

35%

25%

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#### Programming Changes

New programming was implemented for clients with legal involvement.

#### Increased client retention

Improved flexibility allowed for higher needs clients to receive the services they needed.

#### Increased client success rate

Safer spaces within groups improved client success rate for both populations.

#### Clinician Wellness

Staff felt validated and heard while also feeling accomplished in improving client care.

## Initiating GOD MODE





Are we the gatekeeper?

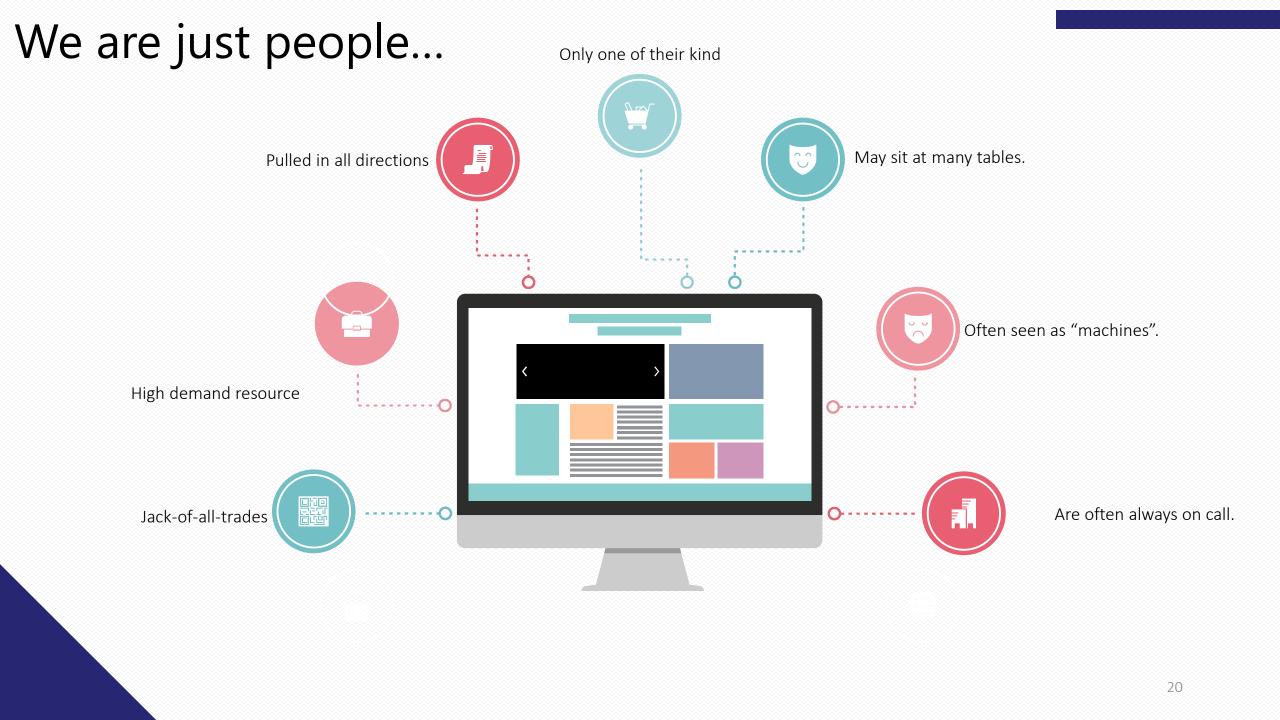


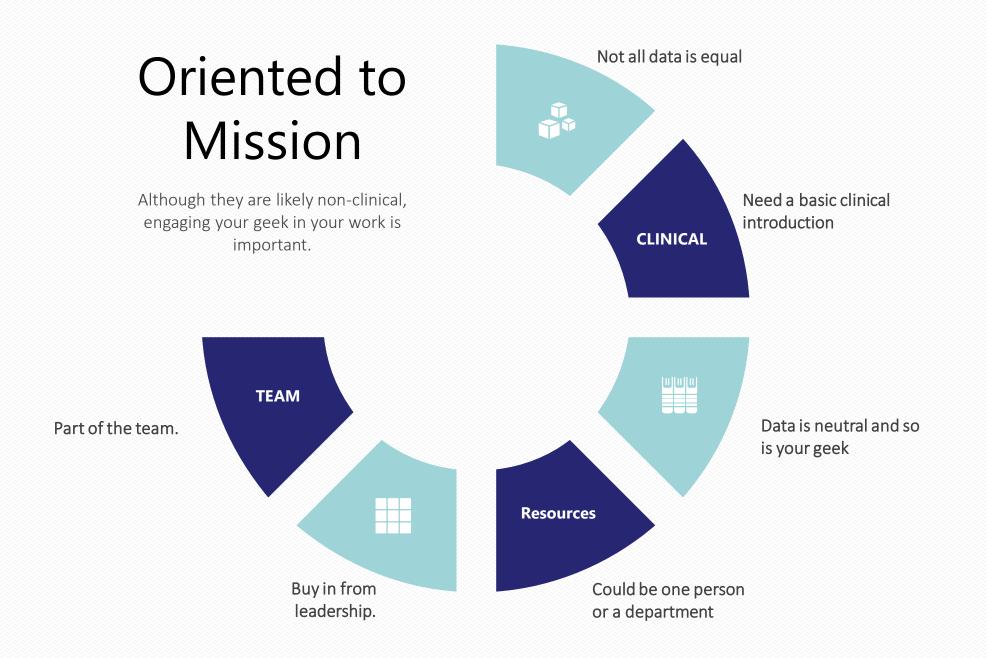




Or Maybe....











## THANK YOU