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ACE and Digitization in Mental Health: Building a Patient Centered Technologically Enabled Clinical Intervention and Care Coordination

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ACE is one of the most scientific and inexpensive primary indicators of the severity of trauma. There is no systematic use of ACE in Georgia considering ACE's scientific and empirical grounding. ACE could be used as one model to understand the consequences of trauma at the clinical and systemic level. California provides a model for quantifying the impacts of ACE; the cost in 2013 was more than \$100 billion, spread through its social services, healthcare, and legal services. California is investing in training all its healthcare workers, not just mental health professionals, how to assess and use ACE scores to decide on healthcare services. The publicly funded mental health and child protective system of care in Georgia serves a patient population that is in the severe end of the psychopathology spectrum and a provider community that is the least experienced. These clinical and workforce issues could be mitigated by technology and best practices that include measurement-based systems; ACE should be part of the initial and updated assessment. The quantification of severity, including the ACE score early in the treatment process, could help to identify high-risk patients and titrate treatment to improve disparities in treatment outcomes and divert patients from unnecessary hospitalizations. There are significant consequences for lack of quality affordable mental health services; for example, as the burden of trauma gets exacerbated in low resourced communities, between 2007 and 2017, the rate of suicide for African American youths increased by 73%. This increase in the rate of suicide places them at the same level of suicidality. The causes, in addition to social determinants of health, is likely related to untreated, undertreated, and undiagnosed mental health problems. This practice ecosystem is notable for the least experienced mental health professionals, providing services to the most severe patient population, contributing to the long history of disparities in treatment outcomes and cost overrun. Also, patients in this system of care present for mental health services exhibit multiple and, at times, diagnostically unrelated symptoms, partly due to the interaction between developmental disruption, trauma, and social determinants of health.

Objectives:

1. Data from the current pilot on the Adverse Childhood Experiences (ACE) and implications for assessing the severity of the trauma
2. A case study on a comprehensive assessment of trauma symptomology
3. Treatment implications and challenges of addressing complex trauma
4. Does culture have a veto on giving a trauma-related diagnosis

Biography

Yared Alemu is a Founder/CEO of TQIntelligence, a Georgia Tech Health Technology Startup. He is a Moonshot Fellow at the Kravis School of Leadership. He has over 20 years' experience as a therapist, clinical supervisor, researcher, and administrator in the publicly-funded sector. Dr. Alemu has been part of a state-wide effort to address quality and cost, including chairing the Clinical Directors Working Group for Together Georgia. TQIntelligence, in collaboration with the Center for Speech and Image Processing (CSIP) at Georgia Tech, developing a voice-based algorithm to detect, quantify, and predict the severity of emotional/behavioral disturbances for children and adolescents, funded by National Science Foundation.

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