## Managing and Adapting Practice

# LA PEI Aggregate Program Performance Dashboard Report v2 July/August 2011 Data Submission

#### Prepared by the California Institute for Mental Health (CiMH)

This program performance dashboard report describes children served through the Managing and Adapting Practice (MAP) treatment model in agencies receiving Prevention and Early Intervention (PEI) funding in Los Angeles County. Data were submitted in July and August of 2011, reflecting clients served through the end of June 2011.

Sixty-seven LA PEI-funded private-provider agencies and three LAC DMH directlyoperated clinics submitted data to CIMH in July and August of 2011, reflecting children served in their MAP programs through June of 2011. This report presents data from:

- Alma Family Services
- Almansor Center
- Amanacer
- Aviva
- Bienvenidos Children's Center, Inc.
- Catholic Healthcare West
- Child & Family Center
- Child and Family Guidance Center
- ChildNet
- Children's Bureau
- Children's Hospital, L.A.
- Children's Institute, Inc.
- CIFHS The Family Center
- Community Family Guidance Center
- Counseling4Kids
- David and Margaret
- Didi Hirsch
- D'Veal Family and Youth Services
- Dubnoff Center for Child Development
- Eisner Pediatric & Family Medical Center
- El Centro del Pueblo
- EMQ/FF Hollygrove
- ENKI Health and Research Systems
- Exceptional Children's Foundation
- Five Acres

- Foothill Family Services
- For the Child, Inc.
- Gateways Hospital & Mental Health Center
- Hathaway-Sycamores Child & Family Services
- Helpline Youth Counseling
- Hillsides
- Hillview Mental Health
  Center
- Institute for Multicultural Counseling & Educational Services
- Koreatown Youth & Community Center
- Long Beach Child and Adolescent Program
- Los Angeles Child Guidance Clinic
- Masada Homes
- McKinley Children's Center
- Optimist Youth Homes & Family Services
- Pacific Clinics
- Pasadena Unified School District
- Penny Lane
- Prototypes
- Providence Community Services
- Rosemary Children's Services
- San Antonio Mental Health Center

- San Fernando Mental Health
- San Fernando Valley Mental Health Center
- San Gabriel Children's Center
- Shields for Families
- South Bay Children's Center
- South Central Health & Rehabilitation Center
- Special Service for Groups
- St. Anne's
- St. John's
- Star View Community Services
- Stirling Behavioral Health
- Tarzana Treatment Services
- Tessie Cleveland
- The Children's Center Antelope Valley
- The Guidance Center
- The Help Group
- The Village Family Services
- The Whole Child
- Tobinworld
- Trinity Youth Services
- UCLA Ties for Families
- United American Indian Involvement
- VIP Community Mental Health Center
- Vista del Mar

This dashboard report reflects a total of **2,675** clients referred to MAP programs offered by these 67 private-provider agencies and three directly-operated DMH clinics.

Table 1. LA PEI MAP Status – Entry and Dropout Rates of Referred Clients (N=2,675)					
	Entry Rate	Dropout Rate			
Overall MAP	95.5% n=2,554	12.9% n=330			
Anxiety	not available	12.0% n=60			
Depression	not available	15.6% n=132			
Disruptive Behavior	not available	14.8% n=180			
Trauma	not available	20.5% n=25			

Note1: Overall Entry Rate is defined as clients who were referred to MAP and have a first session documented in one of the four LA PEI MAP treatment foci (anxiety, depression, disruptive behavior, or trauma).

Note2: Dropout Rate is defined as clients who entered LA PEI MAP but did not complete the full intervention as determined by the therapist.

Table 2. Treatment Focus Distribution – All Clients who Entered LA PEI MAP					
	Focus #1 100% (n=2,554)	Focus #2 4.9% (n=124)	Focus #3 0.2% (n=4)	Focus #4 0.1% (n=3)	
Anxiety	18.2% n=466	27.4% n=34	-	33.3% n=1	
Depression	31.4% n=802	33.1% n=41	50.0% n=2	-	
Disruptive Behavior	46.1% n=1,177	30.6% n=38	50.0% n=2	-	
Trauma	4.3% n=109	8.9% n=11	-	66.7% n=2	

Table 3. Demographics – Clients who Entered LA PEI MAP								
	Age	Ger	nder	Ethnicity				
	(average age, in years)	Female	Male	African- American	Asian/ Pacific Islander	Caucasian	Hispanic/ Latino	Other
Overall MAP	11.4	41.2%	58.8%	20.7%	1.1%	7.9%	66.5%	3.5%
N=2,554	n=2,509	n=1,051	n=1,502	n=529	n=29	n=203	n=1,698	n=89
Anxiety	10.9	51.9%	48.1%	12.0%	1.6%	10.0%	72.1%	4.2%
N=501	n=493	n=260	n=241	n=60	n=8	n=50	n=361	n=21
Depression	12.9	53.9%	46.2%	16.5%	1.4%	6.3%	72.4%	3.2%
N=844	n=824	n=453	n=390	n=139	n=12	n=53	n=611	n=27
Disruptive Behavior N=1,216	10.6 n=1,198	29.4% n=358	70.6% n=858	26.8% n=326	0.9% n=11	8.1% n=99	60.6% n=737	3.3% n=40
Trauma	11.5	48.4%	51.6%	30.3%	0.8%	7.4%	55.7%	4.9%
N=122	n=118	n=59	n=63	n=37	n=1	n=9	n=68	n=6

Note1: Percentages may not total100 due to missing data.

Note2: Age calculated as the difference between the date of the first session and the client's date of birth.

Table 4. DSM-IV Primary Axis I Diagnosis – Clients who Entered LA PEI MAP								
	Anxiety Disorders	Depressive Disorders	Disruptive Behavior Disorders	Post- Traumatic Stress Disorder	Attention Deficit/ Hyper- activity Disorders	Psychotic Disorders	Other	Missing
Overall MAP	13.4%	34.5%	26.9%	3.4%	15.4%	3.1%	2.6%	0.9%
N=2,554	n=342	n=881	n=686	n=87	n=393	n=78	n=65	n=22
Anxiety	59.9%	16.0%	5.8%	3.8%	6.8%	2.8%	3.6%	1.4%
N=501	n=300	n=80	n=29	n=19	n=34	n=14	n=18	n=7
Depression	3.3%	81.3%	4.6%	2.3%	3.2%	3.2%	1.1%	1.1%
N=844	n=28	n=686	n=39	n=19	n=27	n=27	n=9	n=9
Disruptive Behavior N=1,216	2.4% n=29	11.6% n=140	51.2% n=622	1.1% n=13	27.5% n=333	3.1% n=37	2.8% n=34	0.7% n=8
Trauma	6.7%	23.3%	14.2%	38.5%	5.0%	7.5%	5.0%	0.8%
N=122	n=8	n=28	n=17	n=47	n=6	n=9	n=6	n=1

Table 5. Process Data by Treatment Focus – Clients who Entered LA PEI MAP						
	Clients With At Least One* Required Target-Specific Outcome Measure Completed Prior to Treatment	Clients With At Least One* Required Outcome Measure of General Mental Health Functioning (YOQ or YOQ-SR) Prior to Treatment				
Overall MAP	35.6%	70.9%				
N=2,554	n=908	n=1,810				
Anxiety	47.9%	66.3%				
N=501	n=240	n=332				
Depression	33.5%	69.9%				
N=844	n=283	n=590				
Disruptive Behavior N=1,216	19.9% n=242	72.9% n=886				
Trauma	53.3%	78.7%				
N=122	n=65	n=96				

<sup>\*</sup>Including parent/caregiver report and/or child/youth self-report.

<sup>&</sup>lt;sup>±</sup>Please see Appendix A. for a description of the four target-specific outcome measures and the measure of general mental health functioning.

Table 6. Service Delivery Data by Treatment Focus – Clients who Completed One or More Foci						
	Number of Clients who Completed	Average Length of Treatment	Average Number of Sessions			
Overall MAP N=2,554	n=250	22.6 weeks ( <u>+</u> 14.1) Range: 1 - 94 weeks n=236	19.4 ( <u>+</u> 13.1) Range: 1 - 73 sessions n=240			
Anxiety N=501	n=75	20.1 weeks ( <u>+</u> 13.0) Range: 3 - 54 weeks n=70	16.2 ( <u>+</u> 13.2) Range: 1 - 73 sessions n=66			
Depression N=844	n=98	20.1 weeks ( <u>+</u> 11.7) Range: 1 - 62 weeks n=93	16.9 ( <u>+</u> 10.8) Range: 1 - 64 sessions n=94			
Disruptive Behavior N=1,216	n=113	22.7 weeks ( <u>+</u> 13.7) Range: 2 - 52 weeks n=105	21.1 ( <u>+</u> 13.0) Range: 3 - 59 sessions n=107			
Trauma N=122	n=18	17.8 weeks ( <u>+</u> 7.2) Range: 2 - 28 weeks n=15	17.8 ( <u>+</u> 7.8) Range: 7 - 30 sessions n=18			

Note1: Completion is defined as having a "yes" documented for completion status.

Note2: Length of treatment is calculated as the difference between the date of the last session and the date of the first session, summed across treatment foci.

Note3: + indicates the standard deviation

Table 7. Overall LA PEI MAP Outcome Data <sup>±</sup> – Clients who Completed MAP (n=250)						
	Youth Outcome Questionnaire (YOQ and YOQ-SR)  Total Score					
	Percent Improvement* From the Average Pre- Effect Size Change* from Pre-MAP to Post					
	MAP Score to the Average Post-MAP Score	Estimate <sup>±</sup> (Cohen's <i>d</i> )	Positive Change	No Change	Negative Change	
Parent/Caregiver	52.6%* n=53 [pre=52.0]	1.28	73.6% n=39	26.4% n=14	0% n=0	
Child/Youth	27.8% n=29 [pre=45.2]	.44	37.9% n=11	41.4% n=12	20.7% n=6	

<sup>&</sup>lt;sup>±</sup>Please see Appendix A. for a description of the MAP outcome measures and the outcome indicators (percent improvement in average scores; effect size estimate; and, percent of clients showing reliable change).

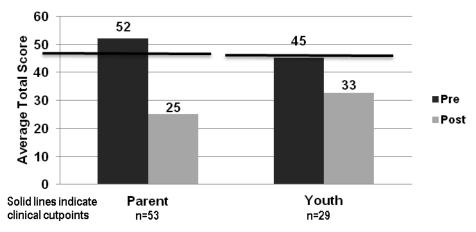
Note1: Possible YOQ and YOQ-SR Total Scores range from -16 – 240, with a clinical cutpoint of 47 for parent/caregiver report and 46 for youth self-report.

Note2: Follow-up analyses of aggregate data revealed no significant differences in entry rate, dropout rate, duration of therapy, number of sessions, or change in outcomes by gender or ethnicity.

Graph 1. Overall LA PEI MAP Outcomes: Average YOQ and YOQ-SR Total Scores – Clients who Completed MAP (n=250)

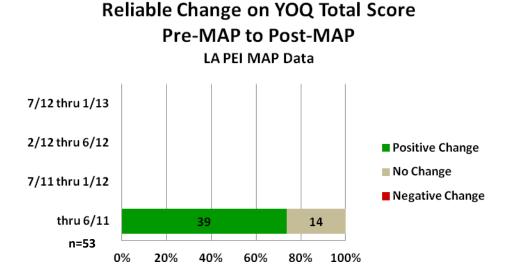
## **Youth Outcome Questionnaires**

Total Score LA PEI MAP Data

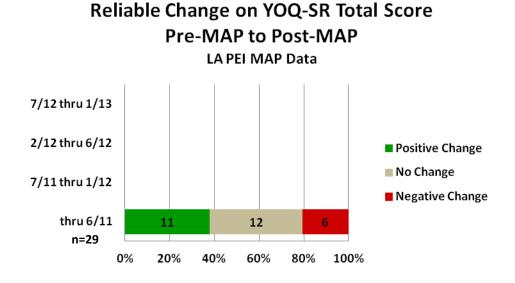


<sup>\*</sup>Paired t-test indicates a statistically significant difference, p < .01.

Graph 2. Overall LA PEI MAP Outcomes: Percent of Clients Showing Reliable Change on YOQ Total Score within Each Data Submission Interval



Graph 3. Overall LA PEI MAP Outcomes: Percent of Clients Showing Reliable Change on YOQ-SR Total Score within Each Data Submission Interval



There are not yet sufficient data to report on outcomes specific to each of the four LA PEI MAP treatment targets. The second MAP data submission (January, 2012) should yield sufficient data for reporting on outcomes specifically related to anxiety, depression, disruptive behavior, and trauma treatment within the context of the MAP model.

#### Appendix A. Description of MAP Outcome Measures and Outcome Indicators

MAP Overall/General Mental Health Measure: Youth Outcome Questionnaires (YOQ / YOQ-SR) The Youth Outcome Questionnaires (YOQ and YOQ-SR) are general outcome measures of overall child and youth mental health functioning and are for use with all MAP clients. These 64-item standardized questionnaires assess children's global mental health functioning within the prior week according to both youth self-reports (ages 12-18) and reports of their parents/caregivers (for children ages 4-17).

Possible Total YOQ and YOQ-SR scores range from -16-240. Scores of 47 or higher for parent/caregiver report and 46 or higher for youth self-report are most similar to clinical populations.

MAP Anxiety Measure: Revised Child Anxiety and Depression Scales (RCADS / RCADS-P)
The Revised Child Anxiety and Depression Scales (RCADS and RCADS-P) are target-specific measures for clients participating in treatment focused on anxiety. These 47-item measures assess the frequency/severity of symptomotology associated with specific anxiety diagnoses and depression according to children ages 6-18 and their parents/caregivers.

Possible Total Anxiety and Depression Scores on the RCADS/RCADS-P range from 0-141.

#### MAP Depression Measure: Patient Health Questionnaire-9 (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) is a target-specific outcome measure for clients participating in treatment focused on depression. This 9-item self-report measure for clients ages 12 and older assesses the overall frequency/severity of depressive symptoms experienced during the prior two weeks.

Possible Total PHQ-9 scores range from 0-27, with scores of 15 or higher indicating moderately severe to severe depression.

## MAP Disruptive Behavior Measure: Eyberg Child Behavior Inventory (ECBI)

The *Eyberg Child Behavior Inventory* (ECBI) is target-specific outcome measure for clients participating in treatment focused on disruptive behaviors. This 36-item measure has two components: one that assesses the frequency, or intensity, of current child behavior problems displayed by children between the ages of 2-16; and one that assesses the extent to which these behaviors are currently perceived as problematic to the child's parent/caregiver.

The Sutter-Eyberg Student Behavior Inventory (SESBI) is a companion measure to the ECBI and can be completed by child care workers or teachers. It is a 38-item measure that also assesses the intensity and problematic level of disruptive behaviors currently displayed by children ages 2-16.

Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cutpoint of 131; and possible ECBI Problem Raw Scores range from 0-36, with a clinical cutpoint of 15. Possible SESBI Intensity Raw Scores range from 38-266, with a clinical cutpoint of 151; and possible SESBI Problem Raw Scores range from 0-38, with a clinical cutpoint of 19.

## Appendix A. Description of MAP Outcome Measures and Outcome Indicators (cont'd)

MAP Trauma Measure: Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) The UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) is a target-specific outcome measure for clients participating in treatment focused on trauma. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms during the prior month according to both child/youth self-reports (ages 6-20) and reports of their parents/caregivers (for children ages 3-18).

Possible Total PTSD Severity Scores range from 0-68; and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

#### Outcome Indicator: Percent Improvement in Average Pre- and Post- Scores

The percent improvement in the average scores from pre-MAP treatment to post-MAP treatment is reported for each outcome measure, when available. A paired t test analysis is conducted with each set of scores; and, when the difference observed is not likely to be due to chance (p<01), this is indicated with a footnote.

In addition to reporting the percent of change in average scores in Table 7, Graph 1 presents the average pre-score and the average post-score, with solid lines indicating the clinical cutpoints.

### Outcome Indicator: Effect Size Estimate, Cohen's d

Cohen's *d* is a standardized effect size measure that estimates the magnitude, or strength, of a relationship. In this dashboard report it estimates the strength of the relationship between the average pre score and the average post score, expressed in terms of standard deviations. An effect size of .5 indicates that the average pre score is .5 standard deviations greater than the average post score. While there is no absolute agreement about what magnitude of an effect size is necessary to establish practical or clinical significance, conventional interpretations of Cohen's *d* are that effect sizes of .2 to .3 represent a "small" effect; effect sizes around .5 reflect a "medium" effect; and, effect sizes of .8 or greater represent a "large" effect. However, an alternate schema has been proposed for the social sciences, where the recommended minimum effect size representing a "practically" significant effect is .41, with 1.15 representing a moderate effect and 2.70 a strong effect [see Ferguson, C.J. (2009). An Effect Size Primer: A Guide for Clinicians and Researchers. *Professional Psychology: Research and Practice, 40 (5),* 532-538].

#### Outcome Indicator: Percent of Clients Showing Reliable Change

The percent of clients showing reliable change reflects those with an amount of change on an outcome measure from pre-MAP to post-MAP that meets or exceeds the value of the Reliable Change Index (RCI). RCI, as calculated using the Jacobson-Truax (1991) method, is the amount of change that can be considered reliable based on the difference from pre- to post-, taking the variability of the pre-treatment group and measurement error into consideration. It reflects an amount of change that is not likely to be due to measurement error (p<.05) [see Wise, E.A. (2004). Methods for Analyzing Psychotherapy Outcomes: A Review of Clinical Significance, Reliable Change, and Recommendations for Future Directions. *Journal of Personality Assessment*, 82(1), 50-59].

The percent of clients with positive change, no change, and negative change are reported in Table 7; and, Graphs 2 and 3 present reliable change within each data submission interval.