

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – MHSA IMPLEMENTATION AND OUTCOMES DIVISION**



WELLNESS • RECOVERY • RESILIENCE

Prevention & Early Intervention: Child Parent Psychotherapy (CPP)

Countywide Aggregate Practice Outcomes Dashboard Report

Outcome Data Submission through April 21, 2017

Participating Legal Entities Include:

AMANEKER COMMUNITY COUNSELING SRVC	PACIFIC CLINICS
BIENVENIDOS CHILDRENS CENTER INC	PARA LOS NINOS
CALIF INSTITUTE HEALTH SOCIAL SERV	PENNY LANE CENTERS
CHILD AND FAMILY CENTER	PROTOTYPES
CHILD AND FAMILY GUIDANCE CENTER	PROVIDENCE COMMUNITY SERVICES
CHILDNET YTH AND FAM SVS INC	SAINT JOHNS HEALTH CENTER
CHILDRENS BUREAU OF S CALIFORNIA	SAN FERNANDO VALLEY COMMUNITY MHC
CHILDRENS HOSPITAL OF LOS ANGELES	SHIELDS FOR FAMILIES
CHILDRENS INSTITUTE INC	SPIRITT FAMILY SERVICES
COUNSELING N RESRCH ASC DBA MASADA	ST ANNES
DIDI HIRSCH PSYCHIATRIC SERVICE	STAR VIEW BEHAVIORAL HEALTH INC
DIGNITY HEALTH DBA CAL HOSP MED CTR	THE GUIDANCE CENTER
FAMILIES FIRST INC	THE HELP GROUP CHILD AND FAMILY CTR
FOOTHILL FAMILY SERVICE	THE REGENTS OF UNIVRSITY OF CA
FOR THE CHILD INC	THE VILLAGE FAMILY SERVICES
HAMBURGER HOME DBA AVIVA CENTER	VIP COMMUNITY MENTAL HEALTH CTR INC
HATHAWAY SYCAMORES CHILD FAM SRVCS	VISTA DEL MAR CHILD AND FAMILY SVC
HILLSIDES	L.A. COUNTY DMH
INTERCOMMUNITY CHILD GUIDANCE CTR	ROYBAL FAMILY MHS
LOS ANGELES CHILD GUIDANCE	TIES FOR FAMILIES
PACIFIC ASIAN COUN SVS	

Agencies submitting outcomes that are not approved to provide CPP by PEI administration:

SUNBRIDGE HARBOR VIEW REHAB CTR	
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Table 1. CPP Status Since Inception to April 21, 2017						
# of Clients Claimed to Practice	# of Clients Entered into PEI OMA	# of Tx Cycles in PEI OMA	Clients with Multiple Tx Cycles	Clients Completing Tx	Clients Dropping-Out of Tx	Clients Still in Tx
6658	62.39%	4284	3.03%	37.75%	41.99%	20.26%
n=	4154	n=	126	1617	1799	868

Note 1: Clients Claimed was based on CPP being selected as the EBP in a PEI Plan and having ≥ 2 core services claimed to the practice starting July 1, 2011.

Note 2: Number of clients Completing Tx or Dropping-Out of Tx was determined by whether the EBP was said to be completed (e.g. answered “yes” or “no”) in the PEI OMA.

Table 2. Client Demographics - Clients Who Entered CPP												
Total Number of Clients	Age	Gender			Ethnicity					Primary Language		
	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	4154	3	46.87%	53.13%	0.00%	18.56%	1.18%	8.35%	62.47%	9.44%	70.58%	25.76%
n=		1947	2207	0	771	49	347	2595	392	2932	1070	152

Note1: Age is calculated at the date of the first EBP.

Note2: Percentages may not total 100 due to missing data and/or rounding

Table 4. Program Process Data - Clients Who Entered CPP			
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
Trauma Symptom Checklist for Young Children (TSCYC)	62.30%	40.34%	23.41%
	n= 1788	852	672
	Ackn= 2870	2112	2870
Youth Outcome Questionnaire - 2.01 (Parent)	65.85%	42.88%	24.59%
	n= 1240	584	463
	Ackn= 1883	1362	1883

Note 1: Number of acknowledged measures (Ackn=) is determined by the number of required measures that receive a score or an unable to collect reason code.

Note 2: The % indicated for Pre-test with scores, Post-test with scores, and both a Pre- and Post-test with scores is calculated by dividing the (n=#) by the number acknowledged (Ackn=#) in the PEI OMA system for each measure. The number acknowledged (Ackn=#) for those with Pre and Post scores is an estimate based on the greatest number of matches that could be expected given the number of Pre scores acknowledged.

Table 5a. Top Reasons Given for "Unable to Collect"							
Trauma Symptom Checklist for Young Children (TSCYC)	Total Pre 1077	Administration date exceeds acceptable range	Therapist did not administer tool	Outcome measure unavailable	Parent/care provider unavailable	Parent/care provider refused	Other Reasons
	Percent	36.03%	14.11%	12.26%	8.82%	6.96%	21.82%
	n	388	152	132	95	75	235
	Total Post 1256	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Therapist did not administer tool	Administration date exceeds acceptable range	Other Reasons
	Percent	29.38%	19.35%	13.46%	9.79%	9.00%	19.03%
	n	369	243	169	123	113	239

Table 5b. Top Reasons Given for "Unable to Collect"

Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre 643	Administration date exceeds acceptable range	Therapist did not administer tool	Parent/care provider unavailable	Outcome measure unavailable	Parent/care provider refused	Other Reasons
	Percent	39.19%	14.00%	10.73%	9.64%	7.62%	18.82%
	n	252	90	69	62	49	121
	Total Post 776	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Administration date exceeds acceptable range	Therapist did not administer tool	Other Reasons
	Percent	30.03%	19.46%	13.92%	9.54%	9.54%	17.53%
	n	233	151	108	74	74	136

Table 6. Service Delivery Data – Clients Who Completed CPP

Total Treatment Cycles 1617	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	40	Min 0	Max 170	32	Min 1	Max 261

Note: Completed CPP is defined as having a 'yes' for completion indicated in the PEI OMA.

Table 7. Outcome Data* – Clients who Completed CPP					
		Percent Improvement from Pre to Post	Percent of Clients Showing Reliable Change* from Pre-CPP to Post-CPP		
			Positive Change	No Change	Negative Change
Youth Outcome Questionnaire - 2.01 (Parent)	TOTAL	54.99% (n=372)	66.10%	29.15%	4.75%
			251	100	21

*Please see Appendix A. for a description of the CPP outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).

Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutoff of 46

Note 3: Aggregate outcome data based on fewer than 20 clients are not reported.

Note 4: Positive Change indicates that the scores decreased from the pre to the post measure.

Youth Outcome Questionnaire (YOQ) - 2.01 (Parent)
(n=372)

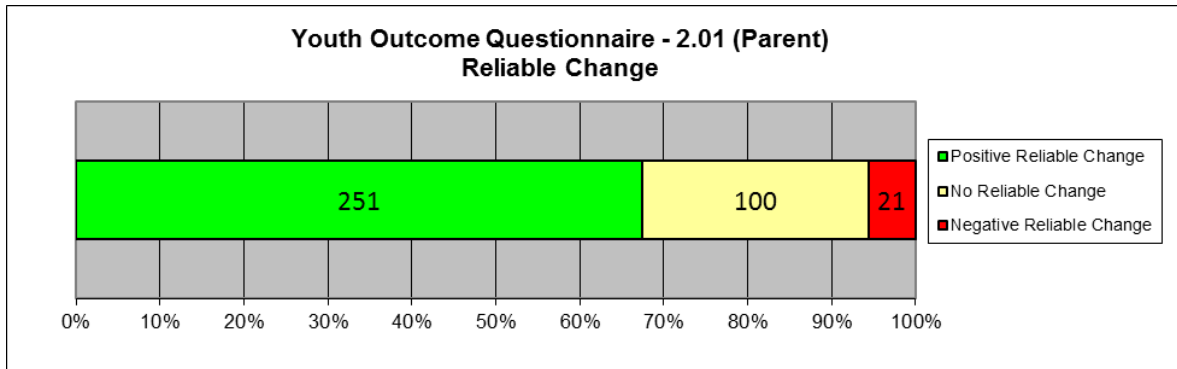
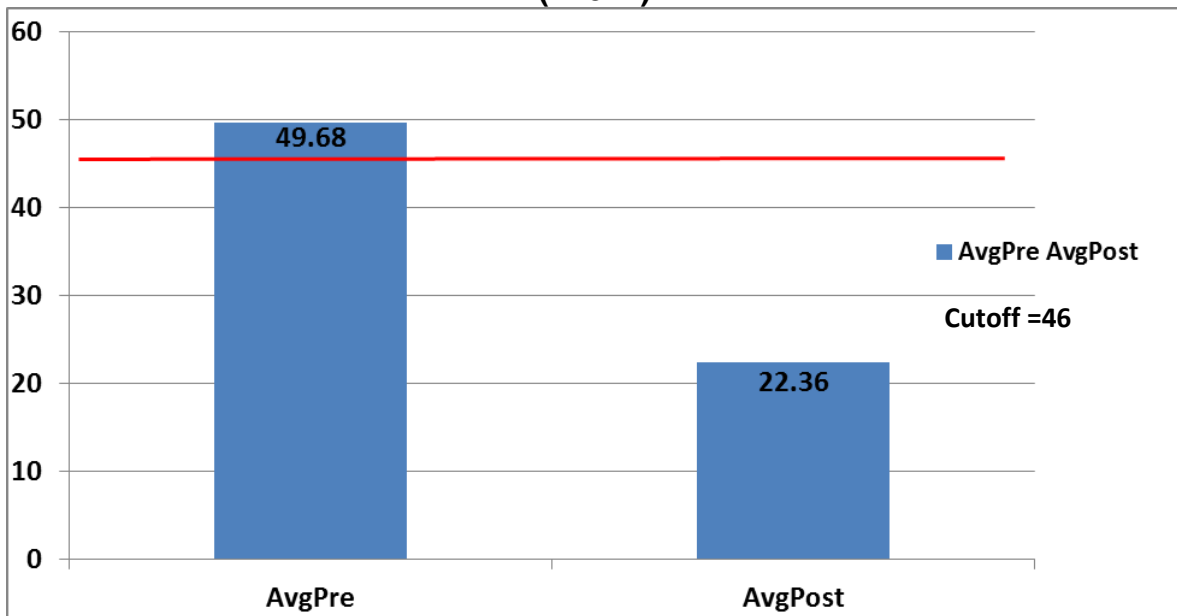
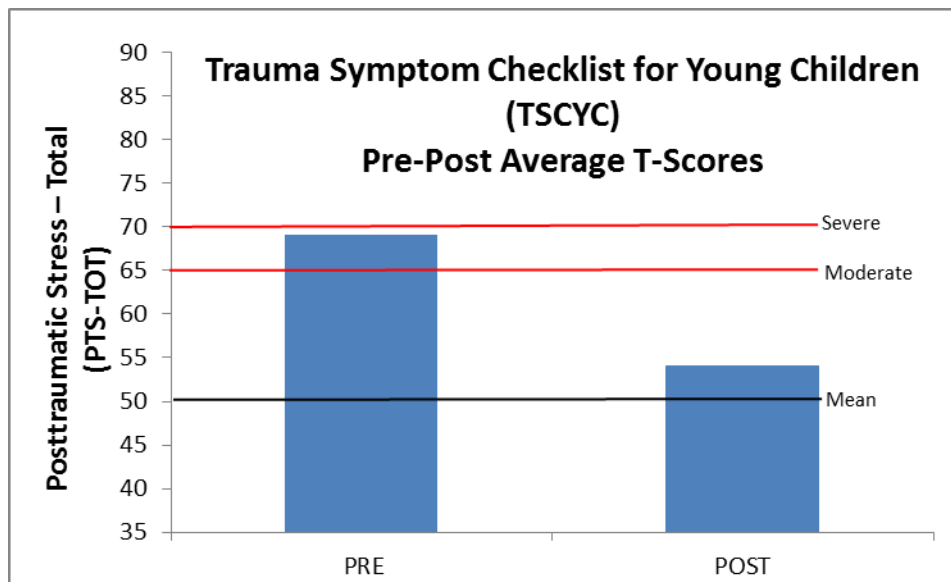


Table 7b. Outcome Data – Clients who Completed CPP			
Trauma Symptom Check List for Young Children (TSCYC)			
Posttraumatic Stress – Total Scale (PTS-TOT)			
Profile	Percent Change T- Scores	T-Score Average Pre	T-Score Average Post
All Clients Ages 3-6	21.74% (n=560)	69	54



Appendix

Trauma Symptom Checklist for Young Children (TSCYC) The Trauma Symptom Checklist for Young Children is a 90-item parent/caregiver report measure that assesses trauma-related symptoms in children from the ages of 3 through 12. For the Los Angeles County PEI Plan, the TSCYC is utilized for the age range of 3 through 6. The TSCYC is the first fully standardized and normed measure of trauma-related symptoms for young children. The TSCYC contains 2 validity scales, 8 clinical scales, and a summary scale (comprising 3 of the clinical scales). Each trauma symptom is rated on a 4 point scale. Each TSCYC clinical scale score can range from 9 to 36. The summary scale (PTS-TOT) score can range from 27 to 108. The clinical cut points can be obtained in the TSCYC manual and can vary depending on the age and gender of the child.

Youth Outcomes Questionnaires (YOQ)

The Youth Outcome Questionnaire is a 64-item parent-report that assesses global distress in a child's/adolescent's life from 4-17 years of age. Scores on the measure can range from -16 to 240. Scores of 46 or higher are most similar to a clinical population on the YOQ.

Reliable Change Index

When comparing Pre and Post scores, it is very helpful to know whether the change reported represents the real effects of the treatment or errors in the system of measurement. The Reliability of Change Index (RCI) is a statistical way of helping to insure that the change recorded between pre and post assessments exceeds that which would be expected on the basis of measurement error alone. The RCI has been calculated using the Jacobson and Truax (1991) method and indicates when change exceeds that which would be expected on the basis of error at the $p < .05$ probability level. For a more in-depth discussion of Reliability of Change see Jacobson, N. S., & Truax, P. (1991). Clinical Significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19. Also 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 number and percent of clients experiencing positive change, no change and negative change are recorded in table 7a. Healthful change in each of the measures cited here means that scores have decreased in value from pre to post test administrations (i.e. recorded a negative change on the RCI). To help avoid confusion, healthful reliable change is presented as positive while unhealthful reliable change is presented as negative change.