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





WELLINESS - RECOVERT - RESILIENCE

Prevention & Early Intervention: Incredible Years Countywide Aggregate Practice Outcomes Dashboard Report

Outcome Data Submission through August 7, 2012

Participating Legal Entities Include:

Amanecer Community Counseling Services Child and Family Center Child and Family Guidance Center Children's Hospital of Los Angeles Children's Institute Inc. Foothill Family Service Hathaway Sycamores Child & Family Services Hillsides Long Beach Child & Adolescent Clinic Star View Adolescent Center TIES for Families

Version: 8/14/12

Table 1. IY Status since inception to August 7, 2012							
# 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		
n=599	63.94% n=383	n=385	0.52% (n=2)	43.6% (n=168)	27.68% (n=106)		

Note 1: Clients Claimed is reported based on IY being selected as the EBP in the PEI Plan and has \geq 1 core services claimed to the practice;

Note 2: Completion and Drop Out are reported based on responses indicated of "yes" or "no" in the PEI OMA for EBP completed.

Table 2. (Table 2. Child Demographics – Clients Who Entered IY										
	Age	Gender		Ethnicity				Primary Language			
Total Clients	Average	Female	Male	African- American	Asian/ Pacific Islander	Caucasian	Hispanic/ Latino	Other	English	Spanish	Other
n=383	8.4	31.3% (n=120)	68.7% (n=263)	11.8% (n=45)	0.5% (n=2)	4.7% (n=18)	78.9% (n=302)	4.2% (n=16)	48.8% (n=187)	50.7% (n=194)	0.5% (n=2)

Note1: Age is calculated at the date of the first EBP. Note2: Percentages may not total 100 due to missing data

Table 3.	Table 3. Top 5 most frequently reported DSM-IV Primary Axis I Diagnosis – Clients Who Entered IY								
Total Clients	Attention- Deficit/Hyperactivity Disorder, Combined Type or Hyperactive Impulse Type	Disruptive Behavior Disorder NOS	Oppositional Defiant Disorder	Disorder of Infancy, Childhood, or Adolescence NOS	Generalized Anxiety Disorder	Other Diagnosis			
n=383	25.8% (n=99)	24.0% (n=92)	8.1% (n=31)	5.2% (n=20)	4.4% (n=17)	32% (n=124)			

Table 4. IY Program Process Data – Clients Who Entered IY						
Outcome measures administered	Pre-test with scores	Post-test with scores	Clients who completed both a Pre and Post measure with scores			
ECBI	56.95%	40.74%	18.26%			
	(n=209)	(n=99)	(n=67)			
SESBI	00.0%	0.41%	00.0%			
	(n=0)	(n=1)	(n=00)			
YOQ	88.92%	63.03%	37.67%			
	(n=321)	(n=150)	(n=136)			
YOQ-SR	00.0%	00.0%	00.0%			
	(n=0)	(n=00)	(n=00)			

Note: The % indicated for Pre-test with scores, Post-test with scores, and both a Pre and Post measure with scores is calculated by dividing the n=# w/ scores by the number acknowledge in the PEI OMA system for each measure.

	PRE	Outcome measure unavailable	Not available in primary language	Clinician not trained in outcome measure	Administration date exceeds acceptable range	Parent/care provider unavailable	Other reasons
<u> </u>	(n=158)	65.8% (n=104)	12.0% (n=19)	6.3% (n=10)	5.7% (n=9)	3.2% (n=5)	7% (n=11)
EC	POST	Premature termination	Not available in primary language	Parent/care provider unavailable	Outcome measure unavailable	Administration date exceeds acceptable range	Other reasons
	(n=144)	37.5% (n=54)	19.4% (n=28)	16% (n=23)	9.7% (n=14)	6.3% (n=9)	11.1% (n=16)

	PRE	Not required (SESBI only)	Outcome measure unavailable	Teacher unavailable	Premature termination	Clinician not trained in outcome measure	Other reasons
<u> </u>	(n=348)	54% (n=188)	30.2% (n=105)	7.5% (n=26)	2.6% (n=9)	2.6% (n=9)	3.2% (n=11)
SESBI	POST (n=242)	Not required (SESBI only)	Outcome measure unavailable	Premature termination	Teacher unavailable	Clinician not trained in outcome measure	Other reasons
		44.2% (n=107)	19.8% (n=48)	17.8% (n=43)	11.6% (n=28)	3.7% (n=9)	2.9% (n=7)

	PRE	Administration date exceeds acceptable range	Lost contact with parent/care provider	Outcome measure unavailable	Parent/care provider unavailable	Not available in primary language	Other reasons
	(n=40)	32.5%	20%	17.5%	12.5%	7.5%	10%
~		(n=13)	(n=8)	(n=7)	(n=5)	(n=3)	(n=4)
YOQ	POST	Premature termination	Parent/care provider unavailable	Administration date exceeds acceptable range	Administered wrong forms	Outcome measure unavailable	Other reasons
	(n=88)	60.2%	23.9%	6.8%	3.4%	3.4%	2.3%
		(n=53)	(n=21)	(n=6)	(n=3)	(n=3)	(n=2)

Table 5	able 5d. Top Reasons Given for "Unable to Collect"							
	PRE	Client unavailable	Invalid outcome measure	Outcome measure unavailable	Other reasons			
-SR	(n=16)	68.8% (n=11)	18.8% (n=3)	12.5% (n=2)	0% (n=0)			
YOQ	POST (n=12)	Client unavailable	Premature termination	Invalid outcome measure	Other reasons			
		41.7% (n=5)	33.3% (n=4)	25% (n=3)	0% (n=0)			

Table 6. Service Delivery Data – Clients Who Completed IY						
Total Clients	Average Length of Treatment	Average Number of Sessions				
(n=168)	22 weeks Range: 7- 40 weeks (n=168)	17 sessions Range: 4 - 36 sessions (n=168)				

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

Table 7. Child Outcome Data* - Clients who Completed IY

All Clients (n=169)

		Percent of Clients Sho	Percent of Clients Showing Reliable Change [±] from Pre-IY to Po				
		Positive Change	No Change	Negative Change			
Eyberg Child	Intensity Raw Score	41.8% (n=28)	47.8% (n=32)	10.5% (n=7)			
Behavior Inventory (ECBI)	Problem Raw Score	49.25% (n=33)	43.28% (n=29)	7.46% (n=5)			
Sutter- Eyberg	Intensity Raw Score	00.0% NA	00.0% NA	00.0% NA			
Child Behavior Inventory (SESCBI)	Problem Raw Score	00.0% NA	00.0% NA	00.0% NA			
Youth Outcome Questionnaire (YOQ) Total Score		46.3% (n=63)	44.9% (n=61)	8.82% (n=12)			
Questionn	Outcome naire (YOQ- al Score	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)			

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

Note1: 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.

Note2: Possible YOQ Total Scores range from -16-240, with a clinical cutpoint of 46.

Note3: Aggregate outcome data based on fewer than 20 children are not reported.

Note4: Positive Change indicates that the scores decreased from the pre to the post measures.

Appendix

Eyberg Child Behavior Inventory (ECBI) The Eyberg Child Behavior Inventory is a 36-item parent-report measure that assesses behavioral problems in children from the ages of 2 through 16. Each behavior problem is rated on a 7-point intensity scale and a Yes-No problem scale that indicates whether the child's behavior is a problem for the parent. The ECBI Intensity scale scores can range from 36-252 with a clinical cut point of 131. The ECBI problem scale can range form 0-36 with a clinical cut point of 15.

<u>Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R)</u> The Sutter-Eyberg Student Behavior Inventory-Revised is a 38-item measure that assesses behavior problems in children from ages 2 through 16. The SESBI is similar in format and content to the ECBI but is designed to be completed by teachers in a school setting. The SESBI Intensity scale scores can range from 38-266 with a clinical cut point of 151. The SESBI problem scale can range form 0-38 with a clinical cut point of 19. The number and percent improvement in ECBI (SESBI) problems and Intensity scales scores from Incredible Years (IY) is reported when available.

Youth Outcomes Questionnaires (YOQ and YOQ-SR)

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. The YOQ-SR is the Self-report version of the YOQ and is completed by the child/adolescent him or herself. Scores on both measures can range from -16 to 240. Scores of 46 or higher are most similar to a clinical population on the YOQ. A score of 47 is most similar to that of a clinical population on the YOQ-SR.

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 6. Healthful change in each of the measures cited here means that scores have <u>decreased</u> 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.