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





WELLNESS • RECOVERY • RESILIENCE

### Prevention & Early Intervention: Seeking Safety Countywide Aggregate Practice Outcomes Dashboard Report

### Outcome Data Submission through December 27, 2012

### Participating Legal Entities Include:

Alma Family Services	Florence Crittenton Child & Family	Tessie Cleveland
Amanecer Community Counseling Center	Foothill Family Services	The Guidance Center
American Indian Counseling Center	Hathaway Sycamores	The Help Group
_		Tobinworld
Asian American Drug Abuse Program	Hillsides Family Center	
Assoc League of Mex-American ALMA)	Hillview MHC	Trinity
Aviva Center CMH	Jewish Family Services	Valley Child Guidance Clinic
BHC Child Int Community Services	LA Child Guidance Clinic	Vista Del Mar
Central Valley Youth & Family Center	Mental Health America	LA County Dept of Mental Health:
Chartwrap Child Int Community Svcs	Optimist Youth Homes	Arcadia Mental Health Services
Child and Family Center	Pacific Asian Counseling Services	Coastal API Family MHC
Child and Family Guidance Center	Pacific Clinics Family Services	Downtown MHC
Children's Hospital Los Angeles	Pacific Lodge Youth Services	Harbor UCLA
Counseling 4 Kids	Pasadena Unified School District	Juv. Justice Transition Aftercare Svcs
Counseling and Research Associates dba		
Masada Homes	Penny Lane	Long Beach API Family MHC
	-	Long Beach Child & Adolescent
Didi Hirsch Psychiatric Services	Rosemary Children's Services	Program
D'Veal Family & Youth Services	Saint John's Hospital	Long Beach MHC Adult
El Centro de Amistad	San Fernando Valley CMHC	Northeast Mental Health Center
El Centro de Pueblo	San Gabriel Children's Center	Rio Hondo Community MHC
ENKI	Shields for Families	San Fernando Community MHC
Ettie Lee Homes	SSG/OTTP	San Pedro MHC
Exceptional Children's Foundation	Tarzana Treatment Center	South Bay MHC
Five Acres	Telecare Corporation	

### Agencies submitting outcomes that are not approved to provide Seeking Safety by PEI Administration:

Bridges TRUSTART  LeRoy Haynes Center  McKinley Children's Center	Phoenix House of LA	LA County Dept of Mental Health:
LeRoy Haynes Center	Venice Family Clinic	Antelope Valley MHC
McKinley Children's Center		Hollywood MHC

Table 1. Seeki	Table 1. Seeking Safety Status since inception to December 27, 2013										
# 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						
11050	33.74%	3864	3.59%	14.29%	20.70%						
n=	3728	n=	134	552	800						

Note 1: Clients Claimed was based on Seeking Safety being selected as the EBP in a PEI Plan and having  $\geq$ 1 core services claimed to the practice.

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.	Table 2. Client Demographics - Clients Who Entered Seeking Safety												
	Age	Gender			Ethnicity				Primary Language				
Total Number of Clients	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other	
3728	23	47.48%	52.47%	0.05%	22.18%	3.06%	11.96%	57.83%	4.96%	77.55%	18.99%	3.46%	
	n=	1770	1956	2	827	114	446	2156	185	2891	708	129	

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

Т	Table 3: Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered Seeking Safety											
	Total Treatment Cycles	Depressive Disorder NOS	Mood Disorder NOS	Oppositional Defiant Disorder	Post-Traumatic Stress Disorder	Disruptive Behavior Disorder NOS						
	3864	10.30%	8.85%	8.46%	8.15%	6.88%						
	n=	398	342	327	315	266						

Table 4: Program Pr	ocess Data - C	lients Who En	tered Seeking Safety
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
UCLA PTSD-RI - Parent	34.12%	16.42%	3.57%
n=	823	147	86
Ackn=	2412	895	2412
UCLA PTSD-RI - Child / Adolescent	62.69%	29.97%	7.61%
n=	1665	288	202
Ackn=	2656	961	2656
UCLA PTSD-RI - Adult	71.41%	37.24%	6.01%
n=	547	54	46
Ackn=	766	145	766
Youth Outcome Questionnaire - 2.01 (Parent)	45.35%	21.15%	4.95%
n=	1072	180	117
Ackn=	2364	851	2364
Youth Outcome Questionnaire – Self Report – 2.0	73.91%	37.31%	9.73%
n=	1921	341	253
Ackn=	2599	914	2599
Outcome Questionnaire – 45.2*	75.72%	40.11%	5.87%
n=	761	73	59
Ackn=	1005	182	1005

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.

Tabl	e 5a. To	p Reasons	Given for "Un	able to Collect"				
Parent	Total Pre		Parent/care provider unavailable	Administration date exceeds acceptable range	Clinician not trained in outcome measure	Outcome measure unavailable	Parent/care provider refused	Other Reasons
1	1590	percent	49.56%	14.34%	12.01%	11.32%	5.22%	7.55%
D-R		n	788	228	191	180	83	120
UCLA PTSD-I	Total Post		Parent/care provider unavailable	Premature termination	Invalid outcome measure	Parent/care provider refused	Lost contact with parent/care provider	Other Reasons
	748	percent	44.39%	23.66%	11.36%	4.68%	4.68%	11.23%
		n	332	177	85	35	35	84

Table	Table 5b. Top Reasons Given for "Unable to Collect"											
Child/Adolescent	Total Pre		Administration date exceeds acceptable range	Clinician not trained in outcome measure	Outcome measure unavailable	Client refused	Client unavailable	Other Reasons				
d/b	991	percent	27.25%	20.59%	18.26%	17.36%	7.77%	8.78%				
Chil		n	270	204	181	172	77	87				
A PTSD-RI –	Total Post		Premature termination	Client unavailable	Invalid outcome measure	Lost contact with client	Client refused	Other Reasons				
UCLA	673	percent	32.10%	20.36%	13.82%	10.40%	9.96%	13.37%				
		n	216	137	93	70	67	90				

Tabl	e 5c. To	p Reasons	Given for "	Unable to Coll	ect"			
Adult	Total Pre		Not available in primary language	Clinician not trained in outcome measure	Outcome measure unavailable	Administration date exceeds acceptable range	Client refused	Other Reasons
	219	percent	32.42%	17.35%	13.24%	11.42%	10.50%	15.07%
UCLA PTSD-RI		n	71	38	29	25	23	33
	Total Post		Lost contact with client	Client unavailable	Premature termination	Client refused	Outcome measure unavailable	Other Reasons
	91	percent	37.36%	19.78%	15.38%	12.09%	7.69%	7.69%
		n	34	18	14	11	7	7

Tabl	Table 5d. Top Reasons Given for "Unable to Collect"												
ire - 2.01 (Parent)	Total Pre		Parent/care provider unavailable	Administration date exceeds acceptable range	Clinician not trained in outcome measure	Outcome measure unavailable	Parent/care provider refused	Other Reasons					
Inai	1292	percent	56.04%	17.34%	8.90%	7.97%	4.57%	5.19%					
tior		n	724	224	115	103	59	67					
Outcome Questionnaire	Total Post		Parent/care provider unavailable	Premature termination	Invalid outcome measure	Lost contact with parent/care provider	Administration date exceeds acceptable range	Other Reasons					
Youth	671	percent	47.54%	26.08%	8.35%	4.92%	4.32%	8.79%					
Yoı		n	319	175	56	33	29	59					

Table	Table 5e. Top Reasons Given for "Unable to Collect"											
Questionnaire rt – 2.0	Total Pre		Administration date exceeds acceptable range	Clinician not trained in outcome measure	Client refused	Outcome measure unavailable	Client unavailable	Other Reasons				
Jue t -	678	percent	37.61%	18.44%	17.85%	14.01%	6.78%	5.31%				
		n	255	125	121	95	46	36				
Youth Outcome Self Repo	Total Post		Premature termination	Client unavailable	Lost contact with client	Invalid outcome measure	Client refused	Other Reasons				
>	573	percent	36.30%	21.47%	11.34%	9.95%	7.85%	13.09%				
		n	208	123	65	57	45	75				

Tabl	e 5f. To <sub>l</sub>	p Reasons (	Given for "Una	ble to Collect"				
Questionnaire – 45.2*	Total Pre		Outcome measure unavailable	Not available in primary language	Administration date exceeds acceptable range	Client refused	Clinician not trained in outcome measure	Other Reasons
ion	244	percent	28.28%	22.13%	14.34%	10.25%	9.02%	15.98%
rest		n	69	54	35	25	22	39
Outcome Qu	Total Post		Lost contact with client	Premature termination	Client unavailable	Outcome measure unavailable	Client refused	Other Reasons
ō	109	percent	33.03%	22.94%	21.10%	9.17%	8.26%	5.50%
		n	36	25	23	10	9	6

Table 6. Service Delivery Data – Clients Who Completed Seeking Safety									
Total Tx Cycles	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions				
552	31	min	max	41	Min	Max			
		1	115		1	334			

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

Table 7. Client Outcome Data\* - Clients who Completed Seeking Safety

	Percent Improvement	Percent of Clients Showing Reliable Change <sup>±</sup> from Pre-Seeking Safety to Post-Seeking Safety				
	from Pre to Post	Positive Change	No Change	Negative Change		
UCLA PTSD-RI - Parent	42.42%	27.59%	70.69%	1.72%		
	(n=58)	(n=16)	(n=41)	(n=1)		
UCLA PTSD-RI –	27.62%	22.76%	73.79%	3.45%		
Child/Adolescent	(n=145)	(n=33)	(n=107)	(n=5)		
*UCLA PTSD-RI - Adult	18.98%	0.00%	0.00%	0.00%		
	(n=42)	NA	NA	NA		
Youth Outcome Questionnaire - 2.01 (Parent)	30.77% (n=84)	46.43% (n=39)	42.86% (n=36)	10.71% (n=9)		
Youth Outcome Questionnaire – Self Report – 2.0	29.74% (n=191)	46.60% (n=89)	43.98% (n=84)	9.42% (n=18)		
Outcome	6.55%	24.53%	64.15%	11.32%		
Questionnaire-45.2	(n=53)	(n=13)	(n=34)	(n=6)		

<sup>\*</sup>Please see Appendix A. for a description of the Seeking Safety outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).

Note1: Possible PTSD-RI range from 0-68, with a clinical cutpoint of 38.

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

Note3: Possible YOQ-SR Total Scores range from -16-240, with a clinical cutpoint of 47.

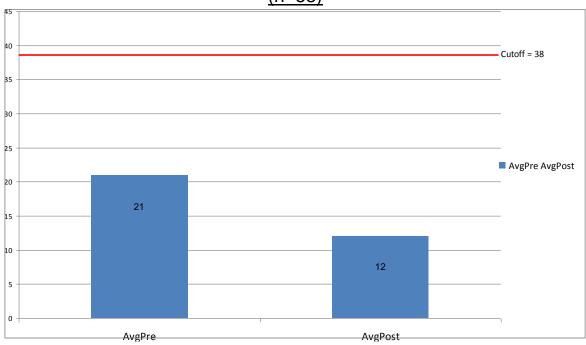
Note4: Possible OQ Total Scores range from 0-180, with a clinical cutpoint of 63.

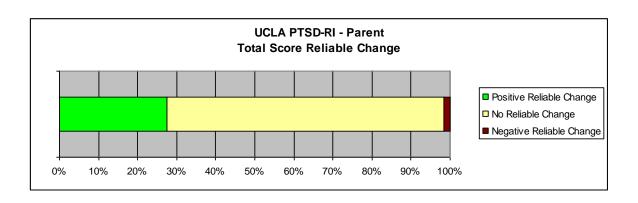
Note5: Unable to compute Reliable Change for the PTSD-RI Adult scale.

Note6: Positive Change indicates that the scores decreased from the pre to the post measures.

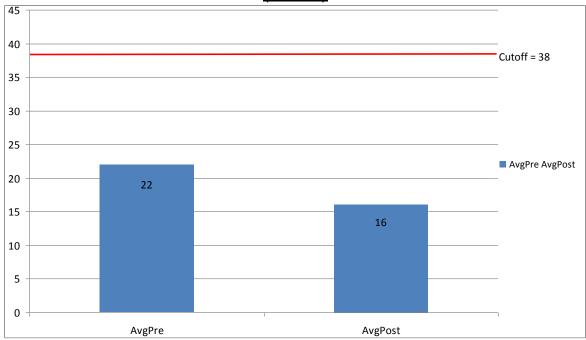
### **UCLA PTSD RI – Parent**

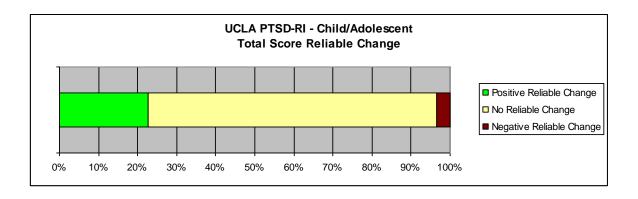
(n=58)

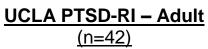


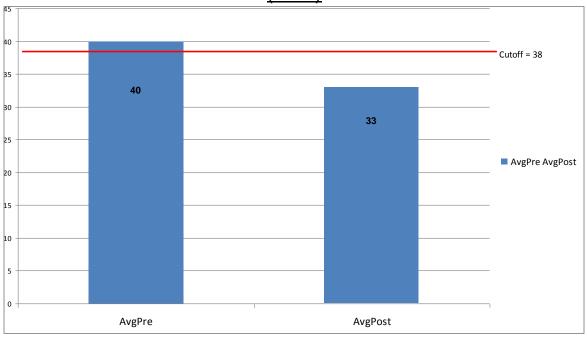


# UCLA PTSD RI – Child/Adolescent (n=145)

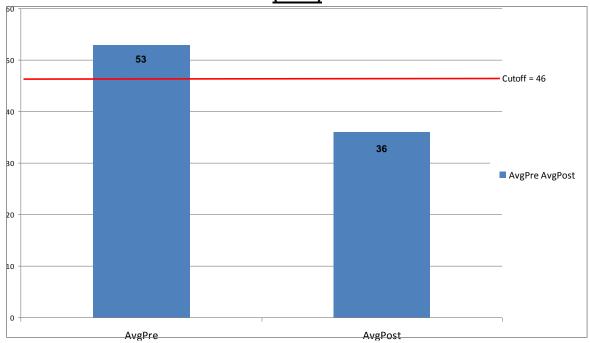


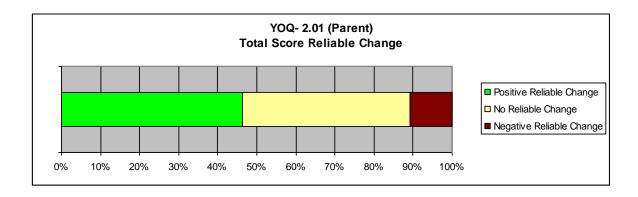




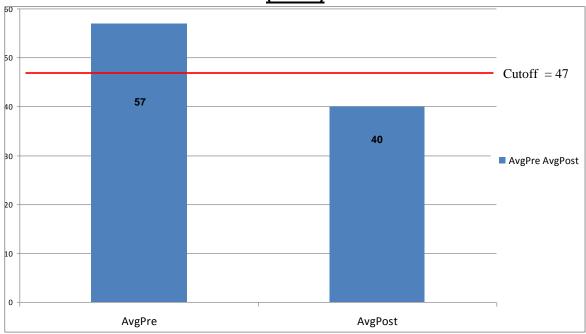


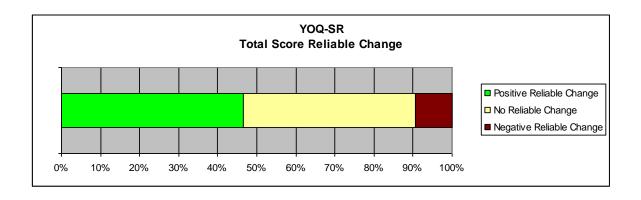
## Youth Outcome Questionnaire – (YOQ) – 2.01 (Parent) (N=84)



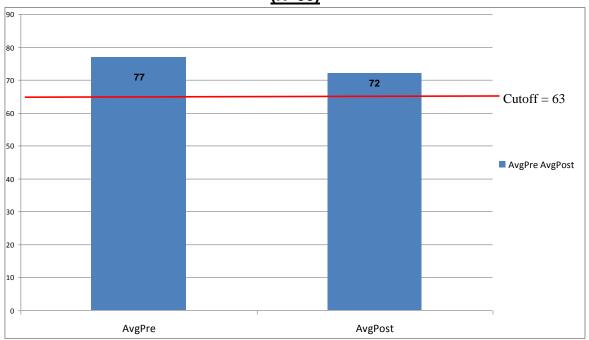


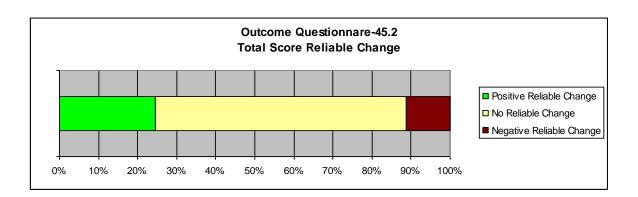
## Youth Outcomes Questionnaire – Self Report – 2.0 (YOQ-SR) (N=191)





# Outcomes Questionnaire-45.2 (N=53)





### **Appendix**

#### 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. Total scores on both measures can range from -16 to 240. Total scores of 46 or higher are most similar to a clinical population on the YOQ. A total score of 47 is most similar to that of a clinical population on the YOQ-SR.

#### Outcomes Questionnaires (OQ)

The Outcome Questionnaire is a 45-item self-report that assesses global distress in a client's life from ages 19 and older. Total Scores on this measure can range from 0 to 180, with scores of 63 or higher indicating clinical significance.

### Post-Traumatic Stress Disorder Reaction Index (PTSD-RI)

The UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) is a 20-items measure that assess the frequency of occurrence of post-traumatic stress disorder symptoms during the prior month according to child/youth/adults self-reports and the 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.

#### Reliable Change Index (RCI)

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.