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





WELLNESS • RECOVERY • RESILIENCE

Prevention & Early Intervention: Aggression Replacement Training (ART)

Countywide Aggregate Practice Outcomes Dashboard Report Outcome Data Submission through April 24, 2014

Participating Legal Entities Include:

<u> </u>	
Counseling and Research Assc, Inc.	Penny Lane Centers
Ettie Lee Homes, Inc.	Phoenix House of Los Angeles, Inc.
Five Acres	San Fernando Valley Child Guidance
Hillsides	San Gabriel Childrens Center Inc.
Leroy Haynes Foundation, Inc.	Special Services for Groups
Optimist Youth Homes	Star View Adolescent Center, Inc.
Pacific Clinics	Sunbridge Harbor View Rehabiliation Center, Inc.
Pacific Lodge Youth Services	Tobinworld

Table 1. ART	Status Since Ince	ption to Apri	l 24, 2014		
			Clients		
# of Clients	# of Clients	# of Tx	with	Clients	Clients
Claimed to	Entered into	Cycles in	Multiple	Completing	Dropping-
Practice	PEI OMA	PEI OMA	Tx	Tx	Out of Tx
			Cycles		
4269	53.60%	2414	5.38%	26.18%	41.59%
n=	2288	n=	123	632	1004

Note 1: Clients Claimed was based on ART being selected as the EBP in a PEI Plan and having ≥ 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. Cl	Table 2. Client Demographics - Clients Who Entered ART												
	Age Gender					Ethnicity				Prir	Primary Language		
Total Number of Clients	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other	
2288	14	29.81%	70.15%	0.04%	26.22%	2.05%	9.97%	58.09%	3.67%	84.75%	13.64%	1.62%	
	n=	682	1605	1	600	47	228	1329	84	1939	312	37	

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

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

Table 3: Top	Table 3: Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered ART									
Total Treatment Cycles	Oppositional Defiant Disorder	Mood Disorder NOS	Disruptive Behavior Disorder NOS	Attention- Deficit/Hyperactivity Disorder, Combined Type or Hyperactive Impulse Type	Depressive Disorder NOS	Other				
2414	14.54%	14.13%	11.06%	10.69%	8.49%	41.09%				
n=	351	341	267	258	205	992				

Table 4: Program Pr	ocess Data - Cl	ients Who Ent	tered ART
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
Eyberg Child Behavior Inventory (ECBI)	55.21%	27.51%	13.35%
n=	980	315	237
Ackn=	1775	1145	1775
Sutter-Eyeberg Student Behavior Inventory - Revised (SESBI-R)	6.51%	2.16%	0.86%
n=	106	23	14
Ackn=	1629	1063	1629
Youth Outcome Questionnaire - 2.01 (Parent)	45.04%	20.76%	9.69%
n=	967	278	208
Ackn=	2147	1339	2147
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	80.97%	37.02%	18.72%
n=	1527	439	353
Ackn=	1886	1186	1886
Outcome Questionnaire - 45.2	63.64%	25.00%	18.18%
n=	7	2	2
Ackn=	11	8	11

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 5	a. Top R	easons Giv	en for "Unable t	o Collect"				
Behavior Inventory (ECBI)	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
l r	795	percent	47.42%	20.50%	10.82%	8.05%	4.78%	8.43%
vio		n	377	163	86	64	38	67
Child	Total Post		Parent/care provider unavailable	Premature termination	Invalid outcome measure	Administration date exceeds acceptable range	Parent/care provider refused	Other Reasons
Eyberg	830	percent	45.06%	22.05%	8.55%	7.59%	5.30%	11.45%
E)		n	374	183	71	63	44	95

Table 5b	Table 5b. Top Reasons Given for "Unable to Collect"											
Behavior ESBI-R)	Total Pre		Teacher unavailable	Not required (SESBI only)	Administration date exceeds acceptable range	Outcome measure unavailable	Clinician not trained in outcome measure	Other Reasons				
ent d (S	1523	percent	42.88%	41.23%	8.08%	3.87%	1.44%	2.50%				
g Student Revised (S		n	653	628	123	59	22	38				
Sutter-Eyeberg S Inventory - Rev	Total Post		Not required (SESBI only)	Teacher unavailable	Premature termination	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons				
Sutt In	1040	percent	42.69%	38.27%	11.44%	4.13%	1.06%	2.40%				
		n	444	398	119	43	11	25				

Table !	5с. Тор	Reasons Gi	iven for "Unable	to Collect"				
Questionnaire - 2.01 arent)	Total Pre		Parent/care provider unavailable	Administration date exceeds acceptable range	Parent/care provider refused	Clinician not trained in outcome measure	Outcome measure unavailable	Other Reasons
tioi.	1181	percent	69.18%	15.50%	5.50%	3.22%	2.88%	3.73%
Questi arent)		n	817	183	65	38	34	44
Youth Outcome Q (Pal	Total Post		Parent/care provider unavailable	Premature termination	Administration date exceeds acceptable range	Parent/care provider refused	Lost contact with parent/care provider	Other Reasons
You	1061	percent	64.75%	20.36%	4.05%	4.05%	3.86%	2.92%
		n	687	216	43	43	41	31

Table 5	5d. Top	Reasons G	iven for "Unable t	o Collect"				
Questionnaire .0 (YOQ-SR)	Total Pre		Administration date exceeds acceptable range	Client refused	Outcome measure unavailable	Client unavailable	Clinician not trained in outcome measure	Other Reasons
Que:	359	percent	29.25%	23.12%	18.11%	15.04%	5.01%	9.47%
Эе - 2		n	105	83	65	54	18	34
Youth Outcome Self Report -	Total Post		Client unavailable	Premature termination	Client refused	Lost contact with client	Administration date exceeds acceptable range	Other Reasons
>	747	percent	43.11%	34.54%	7.10%	5.49%	5.35%	4.42%
		n	322	258	53	41	40	33

Table 5e.	Table 5e. Top Reasons for "Unable to Collect"										
Questionnaire - 45.2	Total Pre		Administered wrong forms								
onc	4	percent	100.00%								
Questi 45.2		n	4								
Qu 45	Total		Administered	Premature	Client						
шe	Post		wrong forms	termination	refused						
Outcome	6	percent	50.00%	25.00%	25.00%						
no		n	3	1	1						

Table 6. Service Delivery Data – Clients Who Completed ART									
Total Treatment Cycles	Average Length of Treatment in Weeks	•	ge of nt Weeks	Average Number of Sessions	Range of	Sessions			
632	25	Min	Max	22	Min	Max			
	25	0	121	33	1	237			

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

Table 7 Outcome Data – Clients who Completed ART										
		Percent Improvement from Pre to	Reliable (of Clients S Change* fro to Post-Art	m Pre-Art					
		Post	Positive Change	No change	Negative Change					
	Intensity - Raw Score									
Eyberg Child	Percent	11.36%	33.86%	49.61%	16.54%					
Behavior	n	131	43	63	21					
Inventory (ECBI)	Problem - Raw Score									
	Percent	19.74%	29.92%	53.54%	16.54%					
	n	127	38	68	21					
Sutter-Eyeberg	Intensity - Raw Score									
Student	Percent	Not Enough	0%	0%	0%					
Behavior	n	Data	0	0	0					
Inventory - Revised (SESBI- R)	Problem - Raw Score									
	Percent	Not Enough	0%	0%	0%					
	n	Data	0	0	0					
Youth Outcome	TOTAL									
Questionnaire -	Percent	20.13%	41.40%	47.13%	11.46%					
2.01 (Parent)	n	157	65	74	18					
Youth Outcome Questionnaire	TOTAL Percent	13.07%	30.92%	53.82%	15.27%					
Self Report – 2.0 (YOQ-SR)	n iv A for a doa	262	81	141	40					

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

Note1: Possible ECBI Intensity Raw Scores can range from 36-252, with a clinical cutpoint of 131; and possible ECBI Problem Raw Scores can range from 0-36, with a clinical cutpoint of 15.

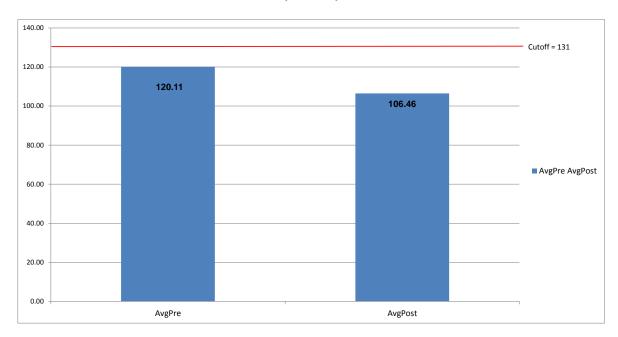
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46

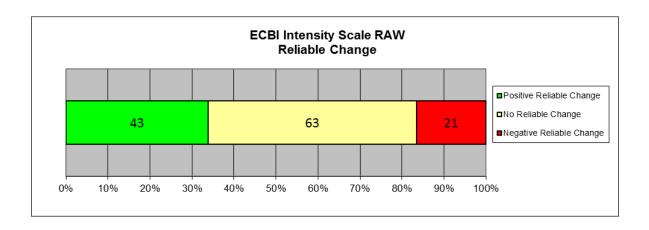
Note 3: Possible YOQ-SR Total Scores can range from -16-240, with a clinical cutpoint of 47.

Note 4: Aggregate outcome data based on fewer than 20 children are not reported.

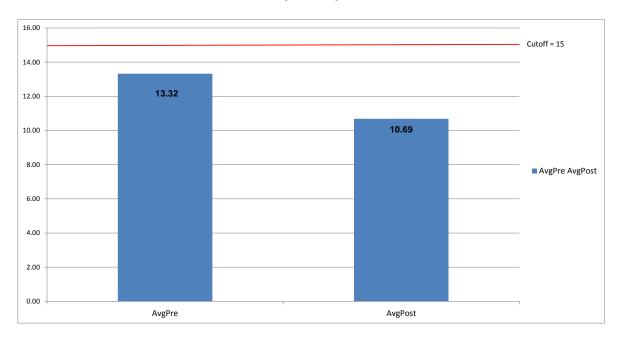
Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

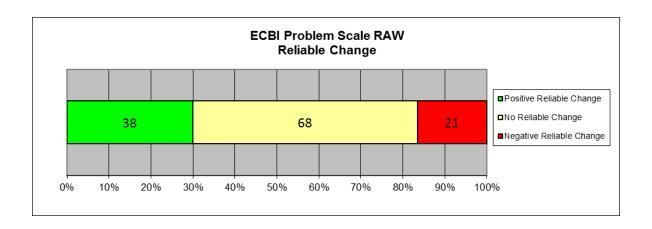
Eyberg Child Behavior Inventory (ECBI) Intensity - Raw Score (N=127)



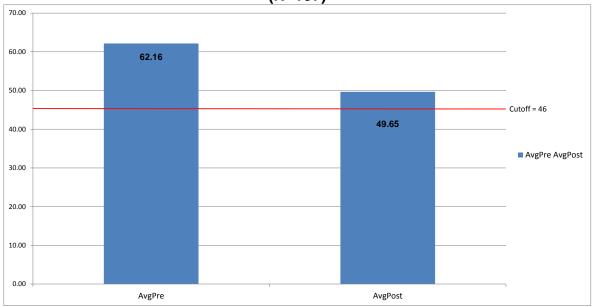


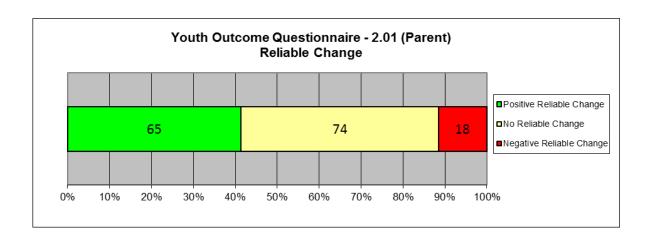
Eyberg Child Behavior Inventory (ECBI) Problem - Raw Score (N=127)



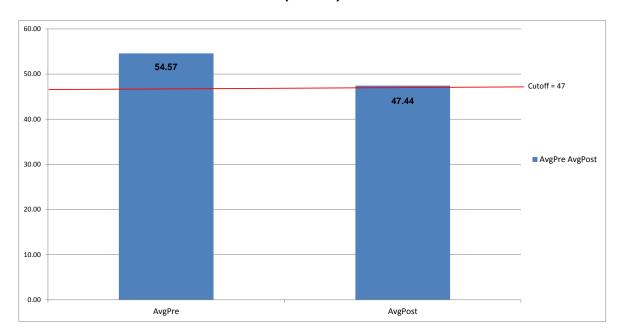


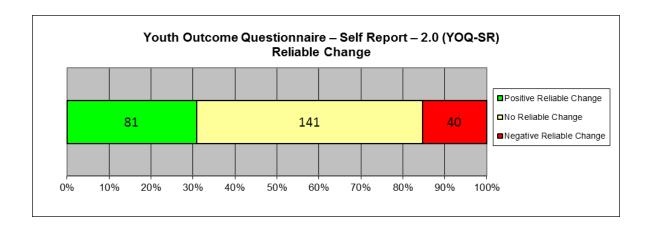
Youth Outcome Questionnaire - 2.01 (Parent) Total (N=157)





Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR) Total (N=262)





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 Aggression Replacement Training (ART) is reported when available.

Youth Outcomes Questionnaires (YOQ (Parent) 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.

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 64 or higher indicating clinical significance.

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 change while unhealthful reliable change is presented as negative change.