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 June 4, 2015

Participating Legal Entities Include:

<u> </u>	
CENTER FOR INTEGRATED FAMILY HEALTH	PENNY LANE CENTERS
CHILD AND FAMILY GUIDANCE CENTER	PHOENIX HOUSE OF LOS ANGELES INC
COUNSELING AND RESEARCH ASSC INC	SAN GABRIEL CHILDRENS CENTER INC
DREW CHILD DEVELOPMENT CORPORATION	SPECIAL SERVICE FOR GROUPS
ETTIE LEE HOMES INC	STAR VIEW ADOLESCENT CENTER INC
FIVE ACRES	SUNBRIDGE HARBOR VIEW REHABILITATION
HILLSIDES	TOBINWORLD
LEROY HAYNES FOUNDATION INC	L.A. COUNTY DMH
PACIFIC CLINICS	JUV JUS TRANSITION AFTERCARE SVCS
PACIFIC LODGE YOUTH SERVICES	

Agencies submitting outcomes that are not approved to provide ART by PEI Administration:

INTERCOMMUNITY CHILD GUIDANCE CTR	
OPTIMIST YOUTH HOMES DBA BOYS HOME	

Table 1. ART	Table 1. ART Status Since Inception to June 4, 2015								
# of Clients Claimed to Practice	# of Clients Entered into PEI OMA	# of Tx Cycles in PEI OMA	Clients with Multiple Tx	Clients Completing Tx	Clients Dropping- Out of Tx	Still In Tx			
			Cycles						
4459	67.06%	3236	7.46%	29.91%	44.22%	25.87%			
n=	2990	n=	223	968	1431	837			

Note 1: Clients Claimed was based on ART being selected as the EBP in a PEI Plan and having ≥ 2 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. Cli	Table 2. Client Demographics - Clients Who Entered ART											
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
2990	14	31.74%	68.23%	0.03%	24.78%	1.97%	10.30%	58.96%	3.98%	84.05%	14.38%	1.57%
	n=	949	2040	1	741	59	308	1763	119	2513	430	47

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				
3236	14.74%	13.66%	12.02%	11.43%	7.97%	40.17%				
n=	477	442	389	370	258	1300				

Table 4. Program Process Data - Clients Who Entered 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)	58.72%	32.25%	17.80%					
n=	1438	565	436					
Ackn=	2449	1752	2449					
Sutter-Eyeberg Student Behavior Inventory - Revised (SESBI-R)	5.20%	2.03%	0.78%					
n=	120	34	18					
Ackn=	2307	1673	2307					
Youth Outcome Questionnaire - 2.01 (Parent)	47.23%	22.45%	12.01%					
n=	1392	460	354					
Ackn=	2947	2049	2947					
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	80.72%	39.49%	22.78%					
n=	1960	665	553					
Ackn=	2428	1684	2428					
Outcome Questionnaire - 45.2	71.43%	25.00%	14.29%					
n=	10	2	2					
Ackn=	14	8	14					

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	able 5a. Top Reasons Given for "Unable to Collect"								
Child Behavior Inventory (ECBI)	Total Pre 1011	Parent/care provider unavailable	Administration date exceeds acceptable range	Outcome measure unavailable	Clinician not trained in outcome measure	Parent/care provider refused	Other Reasons		
Inve	percent	47.87%	18.10%	8.80%	8.70%	7.81%	8.70%		
/jor	n	484	183	89	88	79	88		
Eyberg Child Behav	Total Post 1187	Parent/care provider unavailable	Premature termination	Parent/care provider refused	Lost contact with parent/care provider	Invalid outcome measure	Other Reasons		
Eyb	percent	44.14%	21.99%	7.25%	6.99%	6.82%	12.81%		
	n	524	261	86	83	81	152		

Table 5k	5b. Top Reasons Given for "Unable to Collect"							
Behavior Inventory - ESBI-R)	Total Pre 2187	Teacher unavailable	Not required (SESBI only)	Administration date exceeds acceptable range	Outcome measure unavailable	Invalid outcome measure	Other Reasons	
Behavi ESBI-R)	percent	46.46%	38.77%	6.04%	3.48%	2.29%	2.97%	
	n	1016	848	132	76	50	65	
Sutter-Eyeberg Student Revised (S	Total Post 1639	Teacher unavailable	Not required (SESBI only)	Premature termination	Administration date exceeds acceptable range	Invalid outcome measure	Other Reasons	
ter-	percent	46.67%	36.36%	8.91%	3.11%	2.14%	2.81%	
Sut	n	765	596	146	51	35	46	

Table 5	ble 5c. Top Reasons Given for "Unable to Collect"						
e - 2.01 (Parent)	Total Pre 1556	Parent/care provider unavailable	Administration date exceeds acceptable range	Parent/care provider refused	Outcome measure unavailable	Clinician not trained in outcome measure	Other Reasons
nair	percent	71.02%	12.79%	6.68%	2.63%	2.57%	4.31%
ion	n	1105	199	104	41	40	67
Youth Outcome Questionnaire	Total Post 1589	Parent/care provider unavailable	Premature termination	Parent/care provider refused	Lost contact with parent/care provider	Administration date exceeds acceptable range	Other Reasons
rt h	percent	64.19%	18.00%	5.79%	5.54%	3.02%	3.46%
You	n	1020	286	92	88	48	55

Table 5	d. Top Reasons Given for "Unable to Collect"							
Questionnaire 0 (YOQ-SR)	Total Pre 468	Client refused	Administration date exceeds acceptable range	Client unavailable	Outcome measure unavailable	Invalid outcome measure	Other Reasons	
nes!	percent	25.43%	24.57%	19.02%	16.03%	4.27%	10.68%	
	n	119	115	89	75	20	50	
Youth Outcome Self Report – 2	Total Post 1019	Client unavailable	Premature termination	Client refused	Lost contact with client	Administration date exceeds acceptable range	Other Reasons	
	percent	38.57%	37.19%	8.05%	6.48%	4.81%	4.91%	
	n	393	379	82	66	49	50	

Table 5e. Top Reasons for "Unable to Collect"							
re - 45.2	Total Pre 4	Administered wrong forms					
nai	percent	100.00%					
tion	n	4					
Outcome Questionnaire	Total Post 6	Administered wrong forms	Premature termination	Client refused			
utco	percent	50.00%	33.33%	16.67%			
Ō	n	3	2	1			

ŀ	Table 6. Service Delivery Data – Clients Who Completed ART								
	Total Treatment Cycles	Average Length of Treatment in Weeks	_	Freatment eks	Average Number of Sessions	Range of	Sessions		
	968	26	Min Max	27	Min	Max			
		26	0	194	37	1	558		

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	Percent of Clients Showing Reliable Change* from Pre-Art to Post-Art		
		from Pre to Post	Positive Change	No change	Negative Change
Eyberg Child Behavior Inventory	Intensity – Raw Score				
	Percent	9.78%	33.86%	48.82%	17.32%
	n	254	86	124	44
	Problem – Raw Score				
	Percent	19.69%	29.53%	55.91%	14.57%
	n	254	75	142	37
Sutter-Eyeberg Student Behavior Inventory - Revised (SESBI-R)	Intensity – Raw Score Percent	Not Enough Data	0.00%	00.00%	00.00%
	n	Trot Enough Data	NA	NA	NA
	Problem – Raw Score				
	Percent	Not Enough Data	0.00%	0.00%	0.00%
	n	Not Ellough Data	NA	NA	NA
Youth Outcome Questionnaire - 2.01	TOTAL Percent	24.22%	46.51%	42.25%	11.24%
(Parent)	n	258	120	109	29
Youth Outcome Questionnaire Self	TOTAL	13.37%			
Report – 2.0	Percent		32.39%	51.93%	15.68%
(YOQ-SR)	n	389	126	202	61

^{*}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.

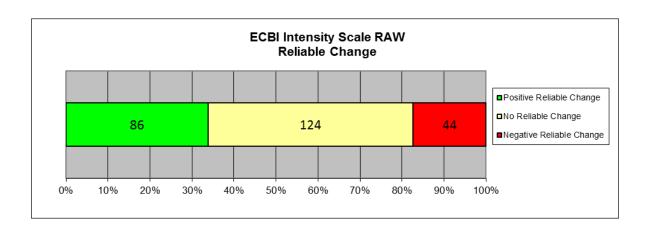
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46 Note 3: Possible YOQ-SR Total Scores can range from -16-240, with a clinical cutpoint of 47.

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

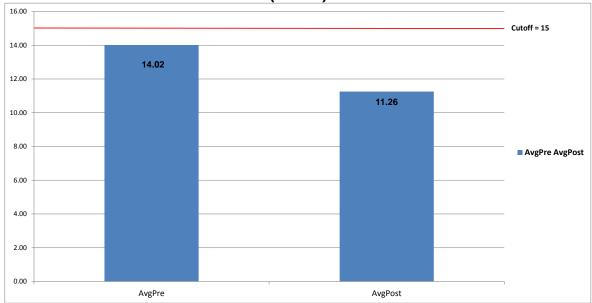
Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

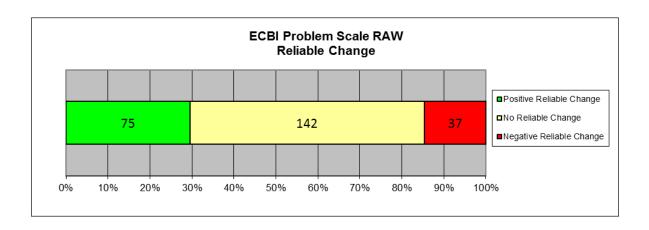
Eyberg Child Behavior Inventory (ECBI) Intensity - Raw Score (N=254)

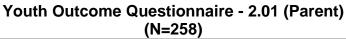


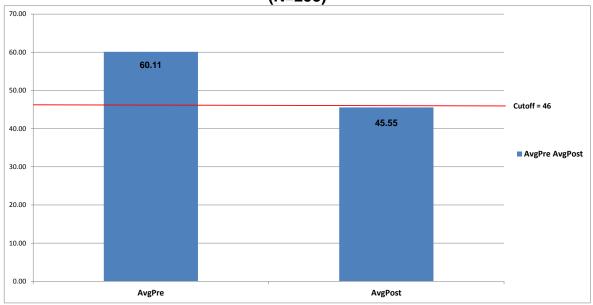


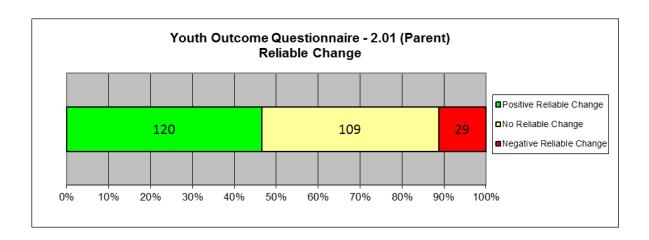
Eyberg Child Behavior Inventory (ECBI) Problem - Raw Score (N=254)



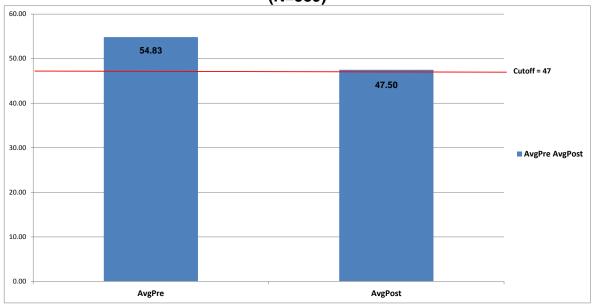


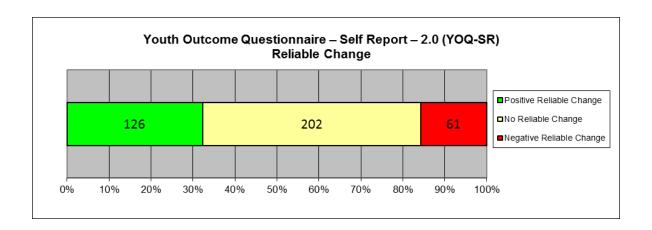






Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR) Total (N=389)





<u>Appendix</u>

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 from 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 from 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.