

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



WELLNESS • RECOVERY • RESILIENCE

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

Outcome Data Submission through March 26, 2014

Participating Legal Entities Include:

Child and Family Center	Intercommunity Child Guidance Center
Children’s Hospital of Los Angeles	San Fernando Valley Child Guidance
Children’s Institute, Inc.	Special Service for Groups
Children's Bureau of Southern California	Star View Adolescent Center, Inc.
Community Counseling Services	VIP Mental Health Center, Inc.
Drew Child Development Corporation	L.A. COUNTY DMH
Foothill Family Services	Long Beach Child & Adolescent Program
Hathaway Sycamores Child & Family Services	South Bay Ties For Families
Hillsides	

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

Center for Integrated Family Health

# 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
1963	56.39%	1135	2.44%	43.52%	23.00%
n=	1107	n=	27	494	261

Note 1: Clients Claimed was based on IY 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.

Total Number of Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
1107	7	34.60%	65.40%	10.03%	0.63%	3.79%	81.30%	4.25%	53.75%	45.53%	0.72%
n=		383	724	111	7	42	900	47	595	504	8

Note 1: Age is calculated at the date of the first EBP.

Note 2: Percentages may not total 100 due to rounding and/or missing data.

Total Treatment Cycles	Disruptive Behavior Disorder NOS	Attention-Deficit/Hyperactivity Disorder, Combined Type or Hyperactive Impulse Type	Oppositional Defiant Disorder	Anxiety Disorder NOS	Disorder of Infancy, Childhood, or Adolescence NOS	Other*
1135	27.84%	18.41%	7.49%	6.52%	5.90%	33.83%
n=	316	209	85	74	67	384

Table 4: 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
Eyberg Child Behavior Inventory (ECBI)	74.85%	56.02%	29.59%
	n= 759	372	300
	Ackn= 1014	664	1014
Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)	0.71%	0.60%	0.00%
	n= 7	4	0
	Ackn= 981	668	981
Youth Outcome Questionnaire - (YOQ) 2.01 (Parent)	88.44%	66.30%	38.09%
	n= 880	425	379
	Ackn= 995	641	995
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	0.00%	4.00%	0.00%
	n= 0	1	0
	Ackn= 32	25	32

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.

Eyberg Child Behavior Inventory (ECBI)	Total Pre 255	Outcome measure unavailable	Administration date exceeds acceptable range	Parent/care provider unavailable	Invalid outcome measure	Not available in primary language	Other Reasons
	Percent	45.88%	16.86%	9.80%	8.24%	7.45%	11.76%
	n	117	43	25	21	19	30
	Total Post 292	Premature termination	Parent/care provider unavailable	Not available in primary language	Administration date exceeds acceptable range	Lost contact with parent/care provider	Other Reasons
	Percent	39.73%	19.52%	9.93%	6.85%	6.51%	17.47%
	n	116	57	29	20	19	51

Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)	Total Pre 974	Not required (SESBI only)	Teacher unavailable	Outcome measure unavailable	Administration date exceeds acceptable range	Premature termination	Other Reasons
	Percent	67.04%	15.40%	11.70%	2.36%	1.23%	2.26%
	n	653	150	114	23	12	22
	Total Post 664	Not required (SESBI only)	Premature termination	Teacher unavailable	Outcome measure unavailable	Administration date exceeds acceptable range	Other Reasons
	Percent	68.52%	10.39%	10.24%	8.13%	1.51%	1.20%
	n	455	69	68	54	10	8

Table 5c. Top Reasons Given for "Unable to Collect"							
Youth Outcome Questionnaire - (YOQ) 2.01 (Parent)	Total Pre 115	Administration date exceeds acceptable range	Parent/care provider unavailable	Outcome measure unavailable	Lost contact with parent/care provider	Invalid outcome measure	Other Reasons
	percent	46.09%	18.26%	13.04%	6.96%	6.96%	8.70%
	n	53	21	15	8	8	10
	Total Post 216	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
	percent	49.54%	23.61%	8.80%	7.41%	3.24%	7.41%
	n	107	51	19	16	7	16

Table 5d. Top Reasons Given for "Unable to Collect"					
Youth Outcome Questionnaire - Self Report - 2.0 (YOQ-SR)	Total Pre 32	Client unavailable	Outcome measure unavailable	Invalid outcome measure	Administration date exceeds acceptable range
	Percent	65.63%	21.88%	9.38%	3.13%
	n	21	7	3	1
	Total Post 24	Client unavailable	Premature termination	Outcome measure unavailable	Invalid outcome measure
	Percent	50.00%	20.83%	16.67%	12.50%
	n	12	5	4	3

Total Treatment Cycles 494	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
		Min	Max		Min	Max
	21	5	80	17	1	57

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

Table 7. Outcome Data* – Clients who Completed IY					
		Percent Improvement from Pre to Post	Percent of Clients Showing Reliable Change* from Pre-IY to Post-IY		
			Positive Change	No change	Negative Change
Eyberg Child Behavior Inventory (ECBI)	Intensity Raw Score	16.39%	44.17%	47.35%	8.48%
		(n=283)	125	134	24
	Problem Raw Score	31.38%	44.17%	49.12%	6.71%
		(n=283)	125	139	19
Youth Outcome Questionnaire - (YOQ) 2.01 (Parent)	TOTAL	24.10%	42.27%	48.90%	8.84%
		(n=362)	153	177	32

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

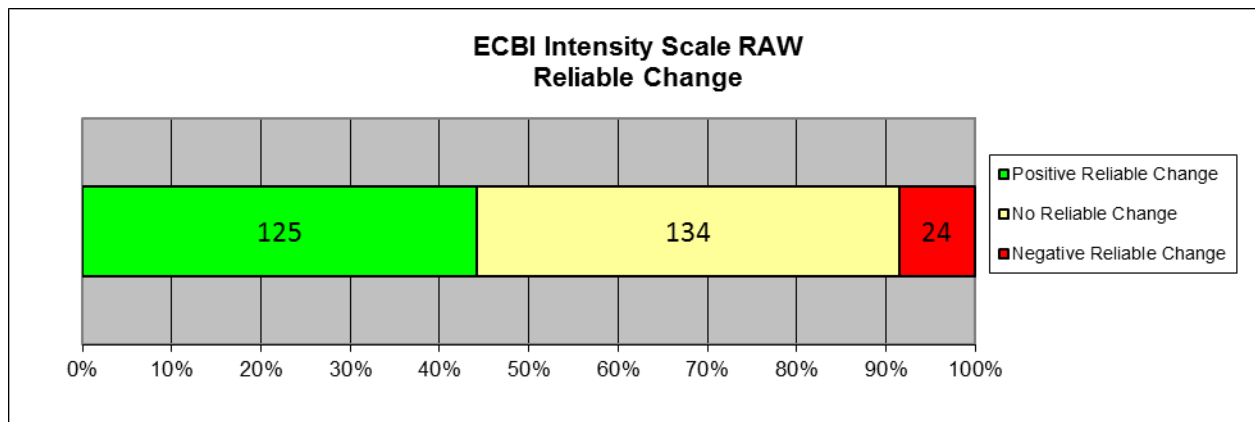
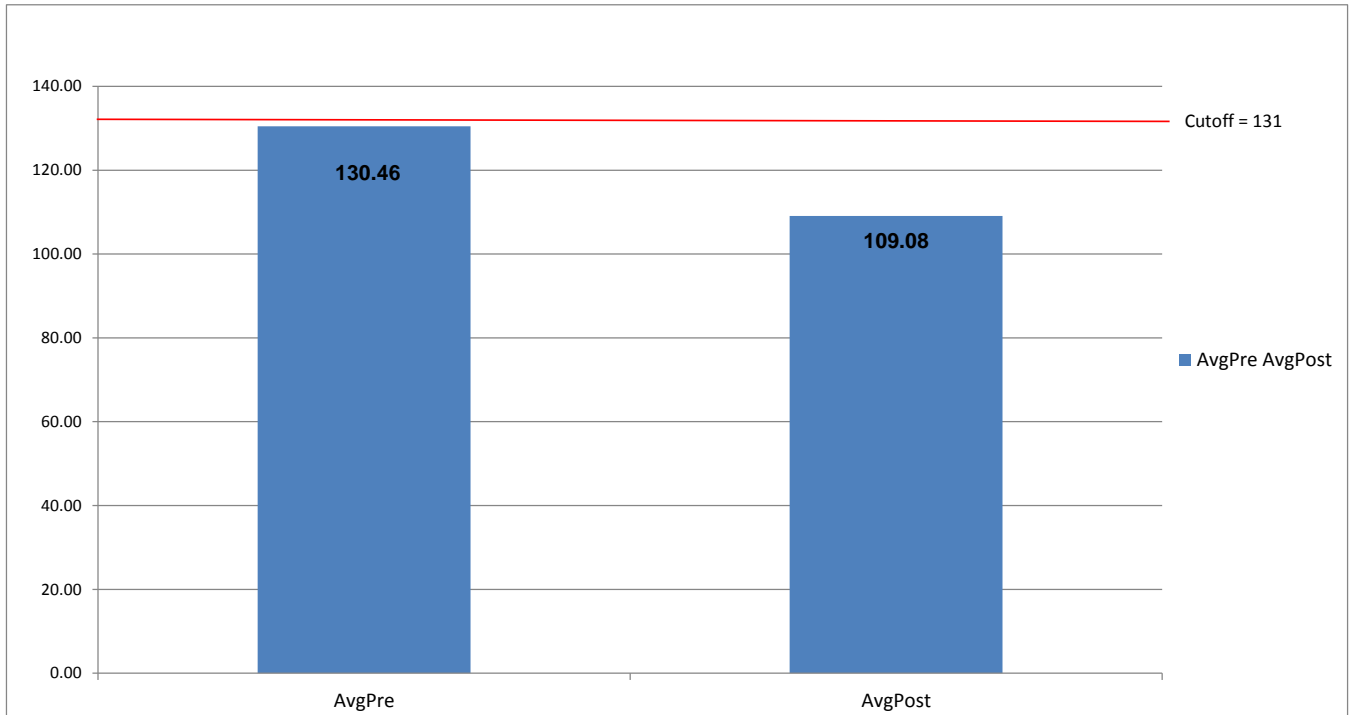
Note 1: Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cutpoint of 131; and possible ECBI Problem Raw Scores range from 0-36, with a clinical cutpoint of 15.

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

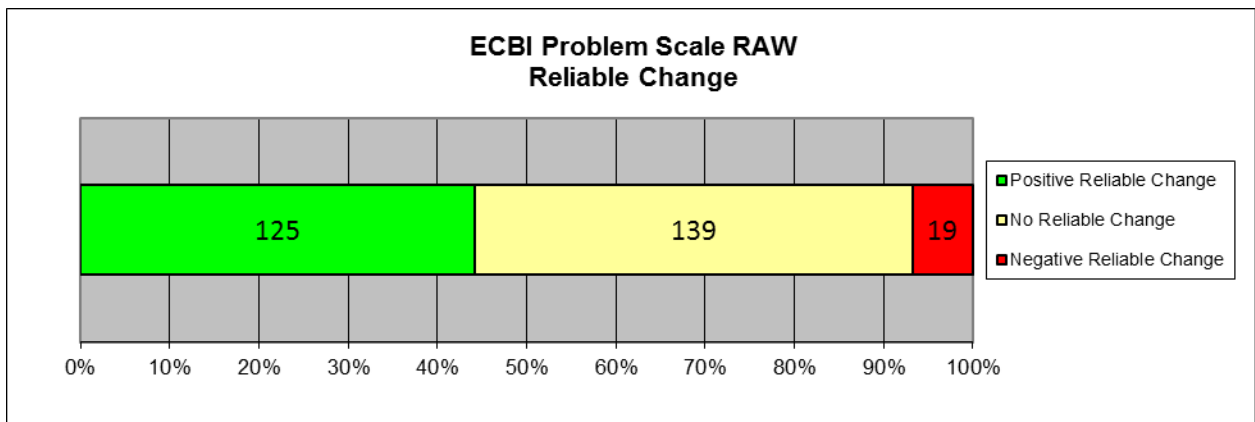
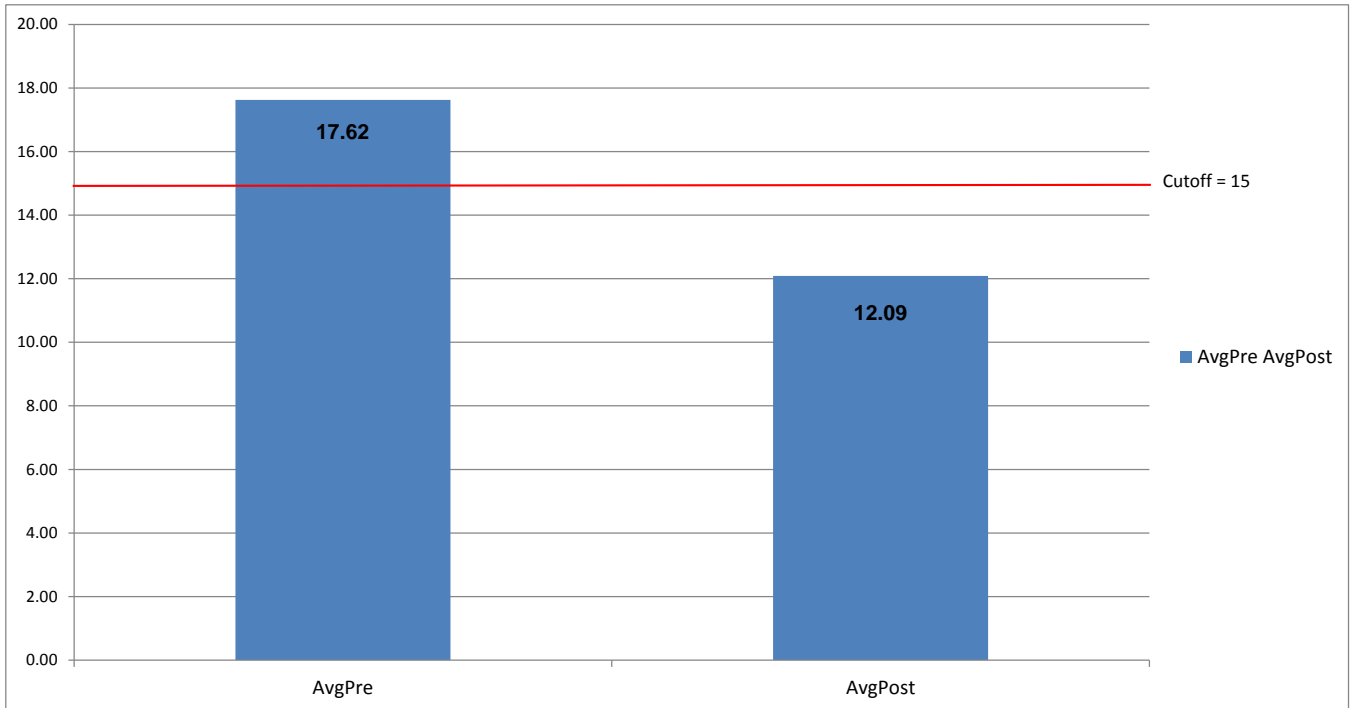
Note 3: Aggregate outcome data based on fewer than 20 matched pairs are not reported.

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

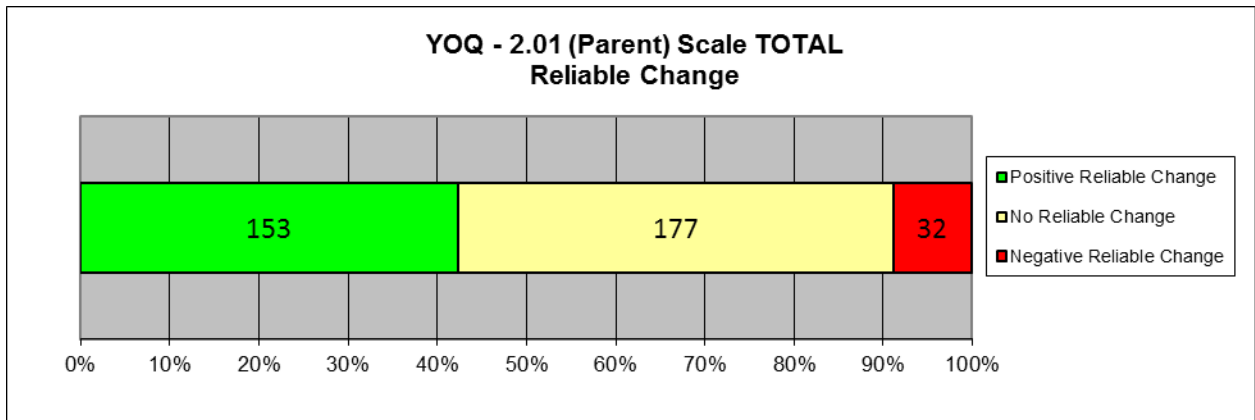
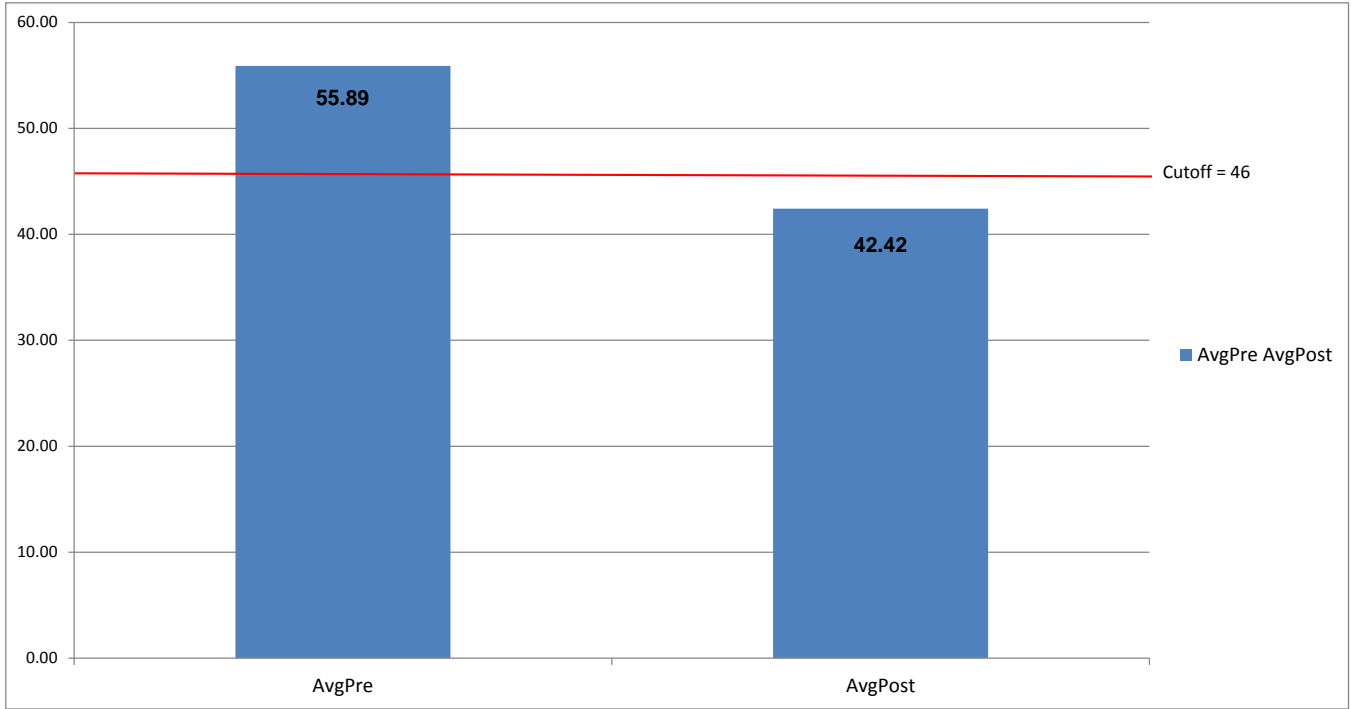
Eyberg Child Behavior Inventory (ECBI) Intensity Raw Score (N=283)



Eyberg Child Behavior Inventory (ECBI) Problem Raw Score (N=283)



**Youth Outcome Questionnaire - 2.01 (Parent)
(N=362)**



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 from 0-36 with a clinical cut point of 15.

Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R) 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 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 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 unhealthy reliable change is presented as negative change.