

1 OUTCOMES #09: APRIL 2006

(o9) Parent reported outcomes and satisfaction for 1 to 9 session eclectic brief consults (average 2.6 sessions) offered to referrals entering agency's service system as a first service response. 60 to 80 consecutive attendees, with BCFPI data sought at beginning and end of service.

2 SERVICE TYPE : BRIEF INTERVENTION.

3 SERVICE DESCRIPTION

Cases are offered Brief Intervention as a first service response in a 'cascading service model'. Average wait time from point of referral to activation is 6 to 8 weeks (42 – 56 days) This may be reduced for urgent cases. Families can self select to further participation in parent and child/youth training groups (COPE, Incredible Years, Leadership Training (anti-bullying) etc. or proceed to longer term assessment and treatment programs, during or following their brief intervention involvement. This model attempts to maximize service responsiveness, client tolerance for system involvement and agency capacity to manage service volume. BCFPI profiles are not central to participation in this service; participation in brief intervention is by client self selection. Exclusions to Brief Intervention include suicidal cases (referred to local emergency department for risk assessment), referrals requesting specialized service ie. concurrent disorders, dual diagnosis, court assessment, parents or agencies requesting only assessment and treatment programs as well as referrals for residential treatment.

4 OUTCOMES SAMPLE TARGET

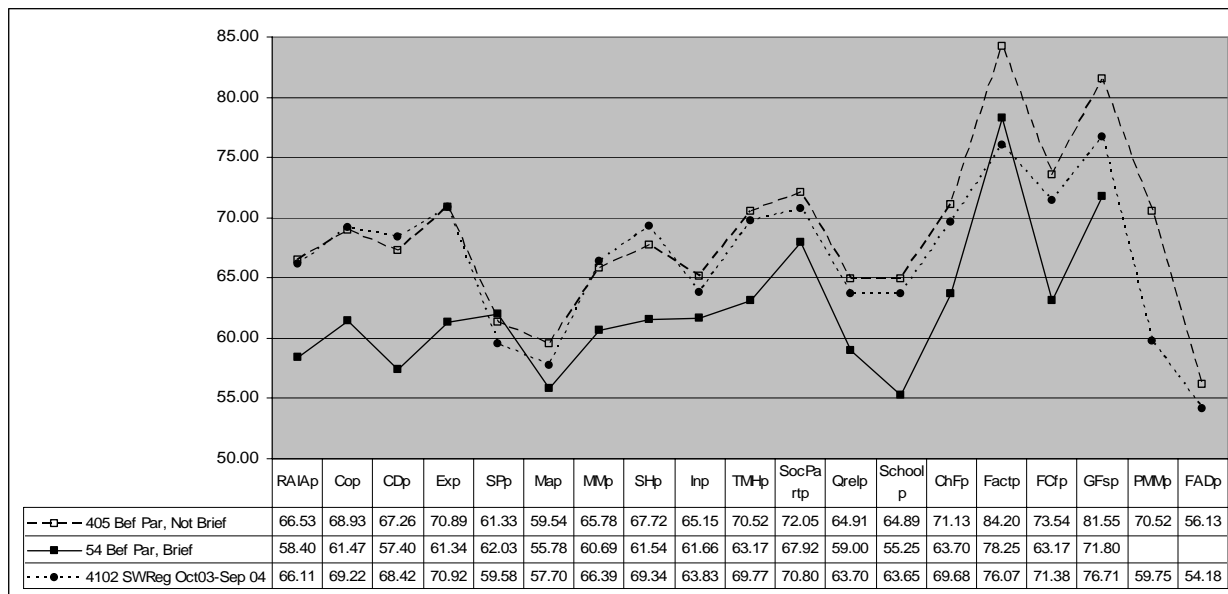
60 to 80 consecutive cases attending at least 1 Brief Intervention session, discharged from the Brief Intervention' Program

5 SAMPLING RESULTS AND COMPARISON OF BRIEF AND 'OTHER' SERVICES

2005 Referral, Admissions & Discharges: Brief and 'Other'		
	Brief Interventions	Other Services
# of cases Waiting Dec 31 2004	12	53
# of cases Active Dec 31 2004	14	261
# of cases Referred In 2005	72	420
# of cases Admitted In 2005	82	278
# of cases Discharged In 2005	69	170
# cases Non-materialized In 2005	1	94
# of cases Waiting Jan 1 2006	1	101
# of cases Active Jan 1 2006	27	369
Avg days to admission, all adms	68	59
Min days to admission, all adms	0	0
Max days to admission, all adms	111	529
Avg stay, discharged cases	145	320
Min stay, discharged cases	44	8
Max stay, discharged cases	322	902
Avg wait, WL cases	69	95
Min wait, WL cases	69	10
Max wait, WL cases	69	744
Avg stay, continuing cases	127	315
Min stay, continuing cases	25	11
Max stay, continuing cases	410	1 089
Avg days to non-materialize	209	289
Min days to non-materialize	64	1
Max days to non-materialize	368	902

- The agency obtained discharge data on 53 of the 69 cases discharged from Brief Intervention in 2005 (77%)
- The remainder of the outcomes findings in this report will focus on those 53 cases.
- This 77% sample of 2005 discharges seems likely to be representative of most discharges from St. Clair's Brief Intervention program
- 82 Brief intervention cases admitted in 2005 waited an average of 68 days (10 weeks) until admission.
- The above 69 Brief Intervention cases discharged in 2005 were in service for an average of 145 days (21 weeks) 170 'Other' cases discharged in 2005, were in service for an average of 320 days(46 weeks).

5.1 PROFILES FOR 2005 CASES DISCHARGED FROM ST. CLAIR BRIEF VERSUS 2005 CASES REFERRED TO ST. CLAIR 'OTHER' VERSUS CASES REFERRED TO THE SOUTH WEST REGION (2003-4)



In the above figure,

- The solid line shows the 53 BCFPI Parent reported, **Before** profiles from 2005 Brief Service cases, who later provided this study's discharge data.
- The dashed line shows Parent reported, **Before** profiles, for 405 of St. Clair's 420 referrals to other St. Clair services (the 405 who completed BCFPI Parent Before forms in 2005)
- The dotted line shows BCFPI Parent **Before** profiles for 4102 referrals to the region for Oct 2003 – Sept 2004 (the most recent period for which regional data was available for comparison)

The above figure shows:

- St Clair's referrals, assigned to its routine (not Brief) services are similar to other referrals to in St. Clair's SW region (top 2 lines...dashed line versus dotted line).
- Referrals to St Clair's Brief program are generally less severe than cases referred to St. Clair's 'routine' services (bottom solid line versus dashed line: approx 0.7 SD for TMHp (Total Mental Health; Brief = 63.2, 'Other' = 70.5))

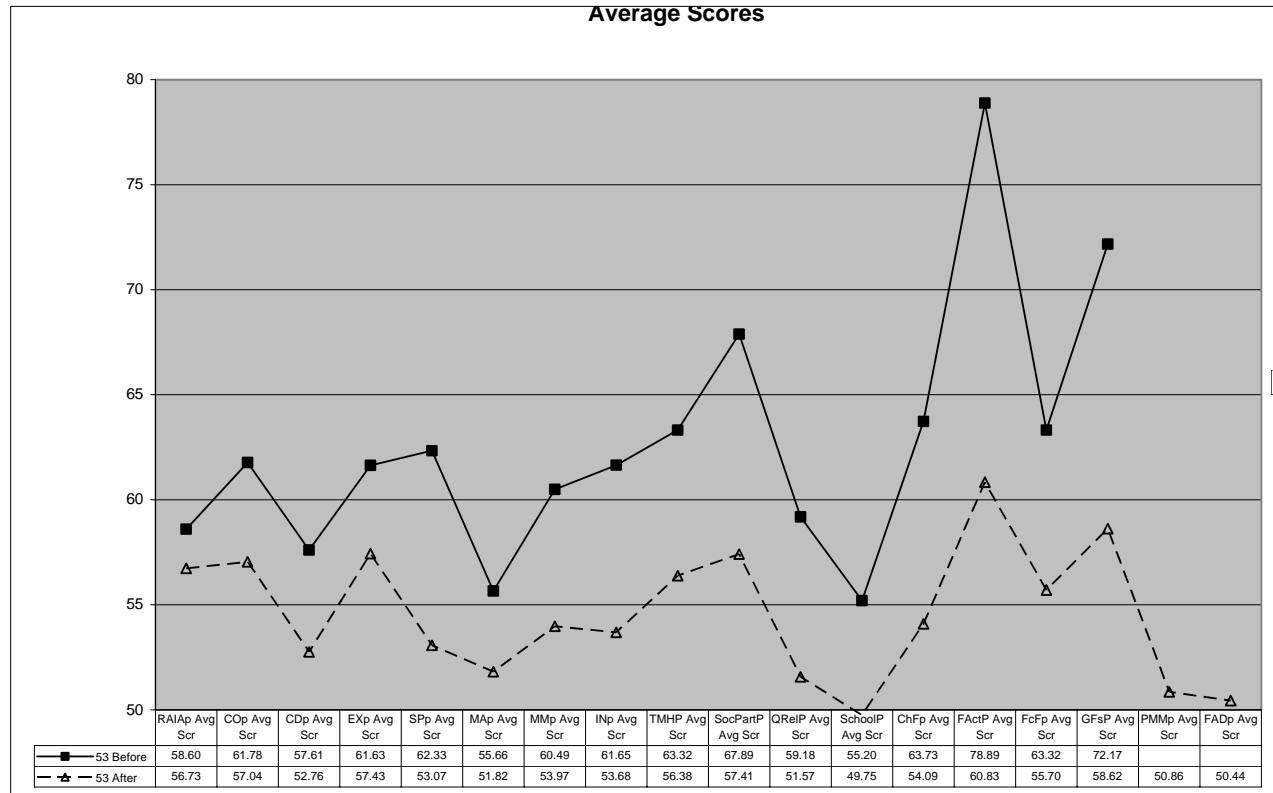
Thus, St. Clair's Brief Intervention program appears to be the less severe referrals,

Clarification from agency re sample :

- The majority of St. Clair's referrals start with the Brief Intervention Program. This data is restricted to those cases that came in for 1 to 9 sessions and were then discharged from the agency, needing no further services. The more severe cases entering into the program often move on into more intensive services.

6 OUTCOMES

6.1 AVERAGE SCORES, BEFORE AND AFTER BRIEF INTERVENTION



- The lower dashed line shows the average 'After' scores for 53 of the 69 Brief Intervention cases discharged in 2005. (77% of Brief Intervention discharges)
- The upper solid line shows the average 'Before' scores for those same cases.
- All 'After' averages are lower than the corresponding 'Before' averages
- The differences between Pre and Post average scores ranged from as low as 0.2 SD for Regulation of Attention and Impulses (RAIAp) to 1.8 SD for Impact on Normal Family Activities (FActP)
- This suggests a positive impact on average scores for all domains.

6.2 EFFECT SIZES FOR CASES WHOSE 'BEFORE SCORES => 65 ON A GIVEN DOMAIN

- The preceding section examined changes in average scores amongst all 53 cases in this study.
- This section focuses on cases with pre-scores => 65 for a given domain... these are the cases which need to improve, for a given domain, if the Brief Intervention program is beneficial for cases with higher symptom rates for these domains.
- Cases with scores => 65 have symptomatology comparable to most symptomatic 7% of BCFPI's reference general population sample, for the domain under discussion.
- For example, reading from the first data row of the table below...
 - 15 / 53 cases had Regulation of Attention symptom scores => 65
 - The pooled standard deviation (Pooled S.D.) of their Before and After scores was 8.5
 - Their average 'Before' score for Regulation of Attention symptoms was 74.5
 - Their average 'After' score for Regulation of Attention symptoms was 68.7
 - The 'Effect size' for the brief Intervention Program was 0.7 (moderate) for attention management symptoms amongst 15 cases with before scores =>65
 - The benchmark Effect size found in published literature is 1.0, for programs targeting Attention Management problems (see www.bcfpi.com | Resources | Evidence based Interventions) for these articles and references. The benchmarked programs were found to be efficacious in controlled trials, have been manualized, and do not require drugs).
- All subsequent symptom groups in this table show effect sizes ranging from 0.9 to 1.8., and are greater than 0.8. Scores => 0.8 are generally seen as a 'large' clinical effect size
- Most Brief Intervention scores compare favorably with published benchmarks.

Effect size, Pairs with 'Before =>65 (from 53 Available Pairs)						
Problem Area	# of pairs	Pooled SD	Avg Bef	Avg Aft	Agency Effect Size	Literature Benchmark
Reg Attention	15	8.1	74.5	68.7	0.7	1.0
Cooperativeness	21	8.6	76.5	67.9	1.0	
Conduct	7	20.4	94.2	66.1	1.4	1.6
Externalizing	21	9.5	75.0	66.7	0.9	1.8
Seperation	21	10.7	78.0	58.4	1.8	
Anxiety	12	10.9	75.6	58.2	1.6	1.2
Mood	18	13.3	76.9	65.2	0.9	1.1
Internalizing	19	10.4	77.7	59.0	1.8	1.8
Total Mental Health	26	7.9	74.1	62.0	1.5	1.2
Child Functioning	21	11.2	77.4	60.0	1.6	
Family adjustment	28	17.4	86.2	62.7	1.3	

7 SATISFACTION

	1) Poor	2) Fair	3) Good	4) Very good	5) Excellent	G, VG or Exc
Location	2%	4%	25%	33%	36%	95%
Time on WL	4%	40%	20%	25%	11%	56%
Service time of day	0%	2%	27%	20%	51%	98%
Courtesy	0%	2%	7%	31%	60%	98%
Information	0%	4%	17%	28%	52%	96%
Skills	0%	7%	15%	31%	46%	93%
Participation	2%	6%	22%	28%	43%	93%
Helpfulness	0%	4%	17%	28%	52%	96%
Overall	0%	4%	8%	36%	53%	96%

- More than 90% of cases rated all aspects of service (except Time on waiting list) as 'Good', 'Very Good' or 'Excellent'
- 4% rated 'Time on Waiting List' as 'Poor', and 40% as Fair.
 - Sec. 5 shows Brief cases waiting an average of 68 days (10 weeks) between being referred to the Brief program and starting to receive service.

8 OTHER DATA

Other aspects of comparisons between Brief Intervention cases versus 'Routine' 2005 St. Clair referrals suggested that both groups were very similar in these regards...

8.1 ABUSE

% of 2005 Cases Responding Yes' or 'Don't Know' to 4 Abuse Questions

	Brief Interv. Program	Other' Cases
Physical	27%	27%
Sexual	18%	22%
Neglect	38%	27%
Violence in Home	56%	49%

- 'Brief' and 'Other' cases seem to have similar rates of possible or actual abuse history.

8.2 LOW INCOME, SINGLE PARENT STATUS

- 26% of Brief cases are from low income (<\$20K) single parent families; 28% of 'Other' cases.

8.3 OTHER CONCERNS

	425 'Other' Referrals			72 Brief Prog Refs		
	No Concern	A lot or a Little Concern	Not Asked	No Concern	A lot or a Little Concern	Not Asked
Bowel	0%	2%	98%	0%	3%	97%
Compulsions	0%	0%	100%	0%	0%	100%
Developmental	0%	1%	99%	0%	0%	100%
Eating	0%	0%	100%	0%	0%	100%
Fear	0%	0%	100%	0%	0%	100%
Fire	78%	15%	7%	83%	8%	8%
Learning	0%	1%	99%	0%	0%	100%
Mutism	0%	0%	100%	0%	1%	99%
Obsessions	0%	0%	100%	0%	0%	100%
Sexuality	0%	1%	99%	0%	4%	96%
Sleep	0%	1%	99%	0%	0%	100%
Speech	0%	1%	99%	0%	0%	100%
Substance	28%	15%	56%	21%	4%	75%
Thought	0%	0%	100%	0%	0%	100%
Tics	0%	0%	100%	0%	0%	100%
Urination	0%	7%	92%	0%	13%	88%

- Data is gathered re few of these areas in most cases, both Brief and Other ('Not Asked' for 96% +)
- Concerns re 'Inappropriate involvement with Fire' are asked for ~90% of cases... 15% of 'Other' cases report this concern, and 8% of 'Brief' cases. The rate is low for each but higher (15%) for 'Other' than 'Brief' (8%) cases.
- 13% of 'Brief' cases compared to 7% of 'Other' cases have problems with urination

9 CONCLUSIONS AND RECOMMENDATIONS

9.1 CONCLUSIONS

1. The average symptom severity of St. Clair's Brief cases, at intake, is less than that of St. Clair's 'Other cases. (sec. 5.10)
2. other characteristics of 'Brief' and 'Other' cases are similar. (income, abuse etc; Sec 8.)
3. St Clair's referrals are similar to referrals from the broader southwest region. (sec. 5.1)
4. The study sample, @ 77% of Brief Discharges during 2005 (53 cases) is likely representative of the majority of St. Clair's Brief discharges (sec. 5)
5. At discharge from the Brief program, the average symptom severity of cases decreased, for all symptom groups. (sec. 6.1)
6. Amongst Brief cases with 'Before' symptom scores => 65, Effect size was moderate for Regulation of Attention (0.7) and large (=>0.8) for the 9 remaining symptom groups. (sec. 6.2)
7. Amongst Brief cases with 'Before' symptom scores => 65, Effect size compared well with benchmark effect sizes from published literature. (sec. 6.2)
8. 93% - 98% of 'Brief' cases were satisfied with most aspects of service. However, 44% felt waiting time (average = 68 days) was 'Poor' or fair.

9.2 RECOMMENDATION

1. There is some indication in other BCFPI projects, that some outcomes of brief intervention, as measured at discharge, may re-bounce at follow-up (6 months after discharge.) Project o1 (www.bcfpi.com |Core Functions | Outcomes showed this effect for Cooperativeness and Family

adjustment in a small sample (12 cases) of 6 month follow-up data. St. Clair should attempt to gather 6 month follow-up data for the 53 discharges in this project to assess the durability of its excellent results.

2. St. Clair is offering other cost-effective immediate interventions.... "COPE, Incredible Years, Leadership Training (anti-bullying) etc". St Clair should consider replicating this study for these group programs, to assess and compare the cost-effectiveness of all of these programs for St. Clair clientele.

10 *START DATE*

October 15, 2004

11 *CONTACT INFORMATION*

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