



# Client Treatment Outcomes by Degree of EBP Utilization

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## Introduction

- Publicly funded mental health care has been making the much-needed shift toward Value Based Care. Alongside this shift, has been a push for the use of evidence-based practices (EBPs) in California
- Extensive research has been conducted demonstrating the benefits of EBPs over usual care services, however, at our agency, a notable shift has been seen in terms of client pathology and severity.
- To this end, we were curious as to whether our current clients still demonstrate the same added benefits when receiving EBPs in comparison to usual care services.
- Based on findings indicating the robustness of the effects of EBPs beyond the populations that they were investigated on, we expect to see similar trends

## Method

Ethnicity	% of Total
Hispanic or Latino(a) or Latinx	58%
Black or African American	18%
White	11%
Other	8%
Asian/Pacific Islander	3%
Unknown/Not Reported	1%

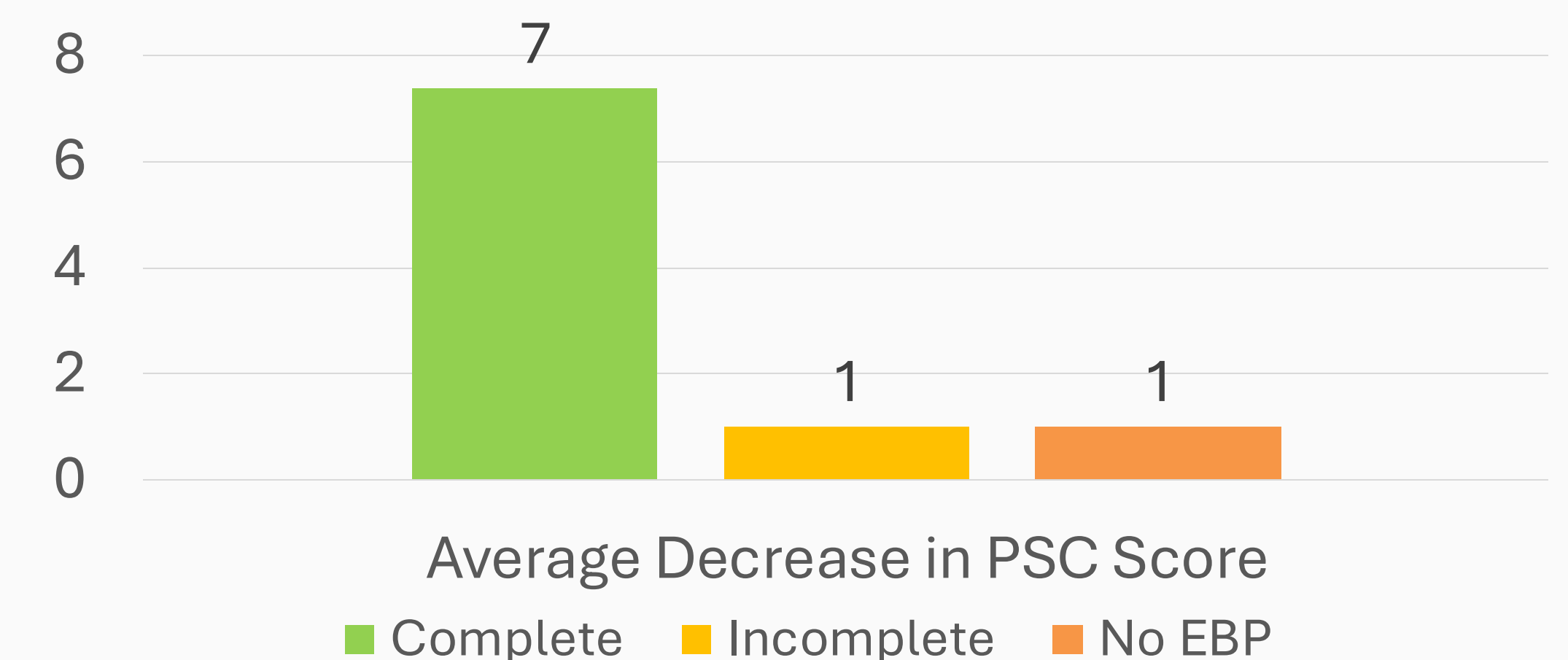
Gender	% of Total
Female	45%
Male	45%
Non-binary/ Unspecified	10%

- Our sample included 554 clients receiving outpatient mental health services, who discharged between July 2023 and June 2024, ages 2-20 (mean = 11, SD 3.8).
- The Pediatric Symptoms Checklist (PSC-35) was used to measure client symptomatology at intake and discharge. This is a 35-item questionnaire covering attention, anxiety/depression, and conduct. Scores can range from 0 to 70 (Jellinek et al. 1988). Mean intake score was 22.8 (SD=13) and mean discharge score was 20.2 (SD=12.9)
- Clinicians defined EBP usage at discharge. Clients who completed EBPs were marked complete (n=180). Clients who started an EBP but did not complete it for any reason were marked incomplete (n=115), and clients who never started an EBP was marked as having no EBP usage (n=274).
- We conducted correlations between EBP usage and improvement on the PSC-35
- We also conducted a t-test to assess EBP Usage as a binary of used (complete and incomplete) vs not used regardless of completion status

## Results

- Completing an EBP was positively correlated to clinically significant improvement on the PSC from intake to discharge ( $r=.27$ ,  $p<0.01$ )
- The T-test between EBP vs no-EBP for PSC change scores showed no relationship between client outcomes and simply using an EBP to any degree of completion
- Mean PSC change score for clients who completed EBPs was 7, compared to 1 for those who did not complete EBPs. This is notable because not only is there a relationship, the amount of change on average is clinically significant.

Average PSC Improvement from Intake to Discharge by EBP Usage



## Discussion

- Improvements on the PSC are significantly tied to completion of an EBP rather than just the introduction of an EBP during services
- Based on our results it seems that if our goal is to obtain clinically significant improvement in our clients, the completion of EBPs could play an important role in meeting this goal. However, we know that many barriers exist in clients continuing with services until their concerns are fully resolved.
- If future studies could better understand how we can break down these barriers and ensure completion of EBPs for more families, we could help ensure the quality of care for all individuals

## References

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