



**Chief Information Office Bureau
Solutions Delivery Division
Solutions Development Section**

Prevention and Early Intervention Outcome Measures Application (PEI-OMA)

**User Manual
v1.5
February 5, 2015**

Table of Contents

Section 1 – Sign In	1
Section 2 – Select a Provider	2
Section 3 – Select a Focus of Treatment and EBP.....	3
Section 4 – Select a Client	6
Section 5 – Enter Beginning of Treatment Information.....	9
Section 6 – Complete and Submit ‘Pre’ Questionnaires	10
Section 7 – Complete and Submit ‘Update’ questionnaires	15
Section 8 – Complete and Submit End of Treatment Information	17
Section 9 – Complete and Submit ‘Post’ questionnaires	19
Section 10 – View a Treatment Cycle.....	22
Section 11 – Edit Beginning of Treatment Information	25
Section 12 – View a Questionnaire.....	26
Section 13 – Edit a Questionnaire.....	28
Section 14 – Edit End of Treatment Information.....	30
Section 15 – Print.....	32
Section 16 – Sign Out	32
PEI OMA Dictionary.....	33

Section 1 – Sign In

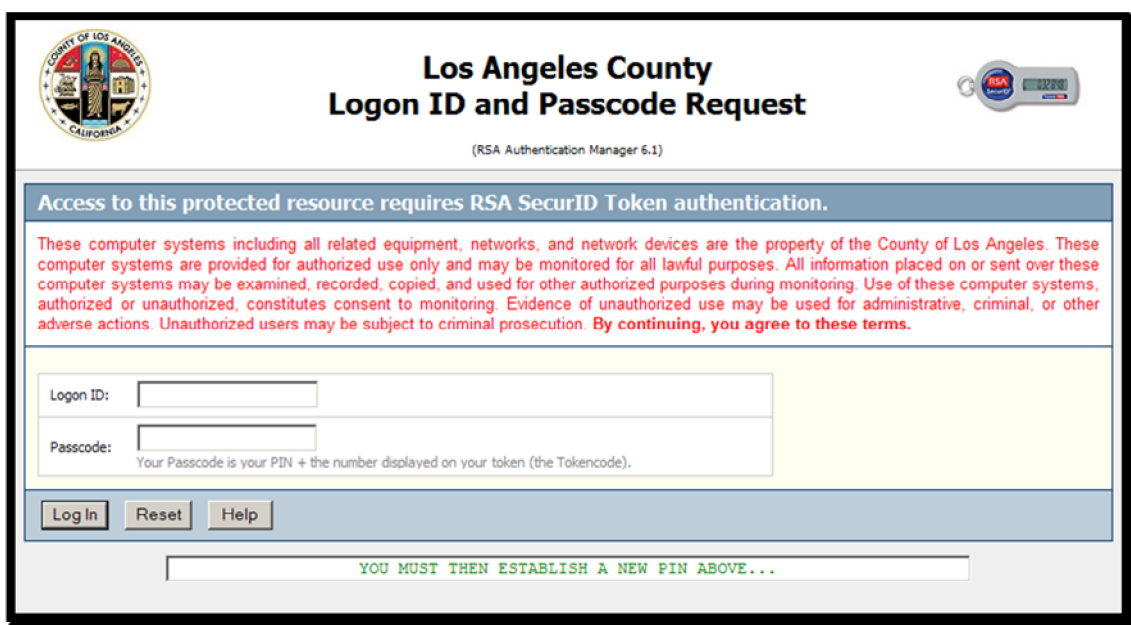
Getting Access: The username and password are the same as the IS username and password. If you do not have them, please go to the OMA Wiki and follow the instructions on how to request them.

OMA Wiki: <http://dmhoma.pbworks.com>

To access the application, open Internet Explorer and type in one of the following URLs:

- For access via the Internet (RSA SecurID required): <https://dmhapps.co.la.ca.us/PEIOMA>
- For access from a DMH facility: <https://intra.dmhapps.co.la.ca.us/PEIOMA>

Access via the Internet: To sign in from the Internet, you will need to log into the County RSA SecurID site first. Information on requesting County RSA SecurID access is available on the OMA Wiki.



Los Angeles County
Logon ID and Passcode Request
(RSA Authentication Manager 6.1)

Access to this protected resource requires RSA SecurID Token authentication.

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse actions. Unauthorized users may be subject to criminal prosecution. **By continuing, you agree to these terms.**

Logon ID:

Passcode:
Your Passcode is your PIN + the number displayed on your token (the Tokencode).

YOU MUST THEN ESTABLISH A NEW PIN ABOVE...



MESA Prevention and Early Intervention
Outcome Measures Application

Home Sign In
You are not signed-in.

Sign In

Enter your user name and password to sign in.

User Name:

Password:

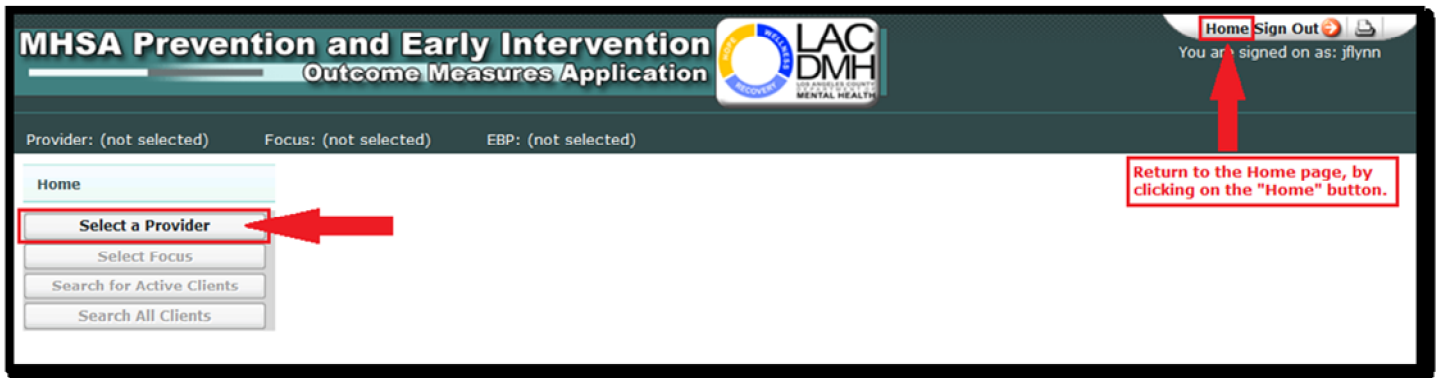
PEI Outcomes Measures Version 1.0 Copyright © 2011 County of Los Angeles Department of Mental Health. All rights reserved.
Disclaimer: This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Prevention and Early Intervention – Outcome Measures Application (PEI-OMA) Sign In Page

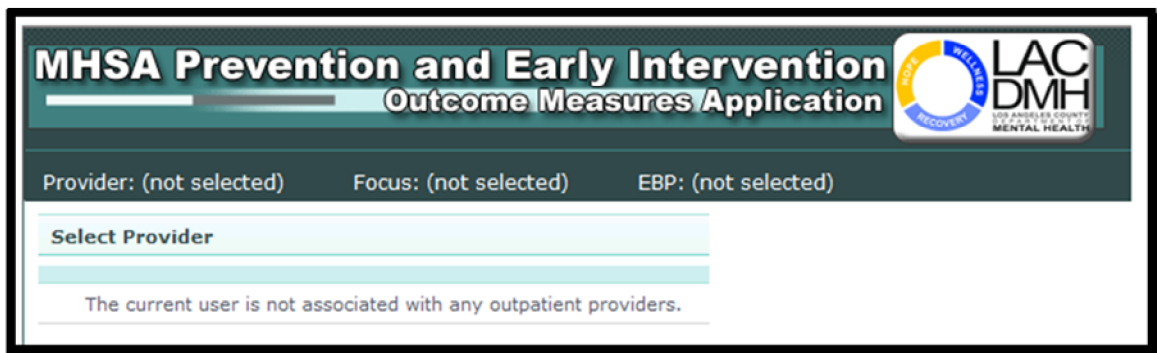
Section 2 – Select a Provider

After logging in successfully, you will be brought to the Home page. From here, you will be able to select the provider, the focus of treatment and the client you wish to work with. The Home page has been designed so that you can return to it from any page within the application by clicking on the Home button in the top-right corner of every page.

From the Home page, first click on **Select a Provider** button.

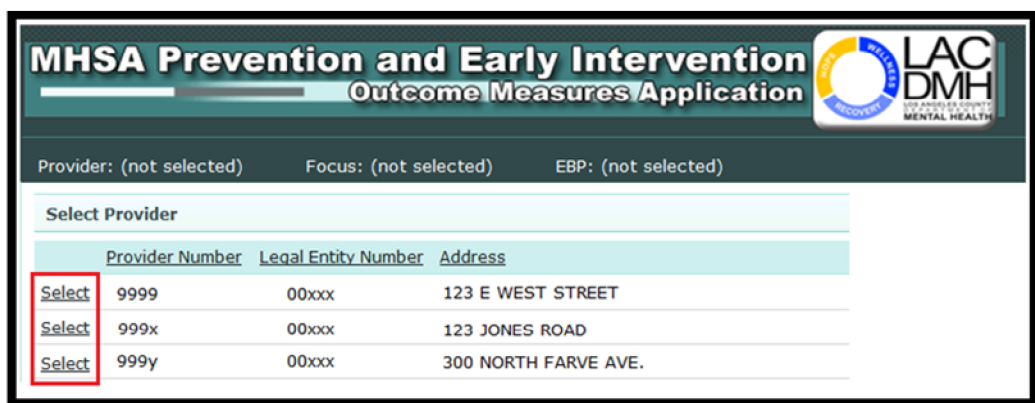


You must be associated to a provider offering outpatient services in order to proceed. If you are not associated to such a provider, the application will display the following message below at this point:



If you wish to correct this issue, please go to the OMA Wiki and follow the instructions on how to update the list of providers you are associated to. If you are associated to one or more providers offering outpatient services, the application will list all of these providers such as in the example below.

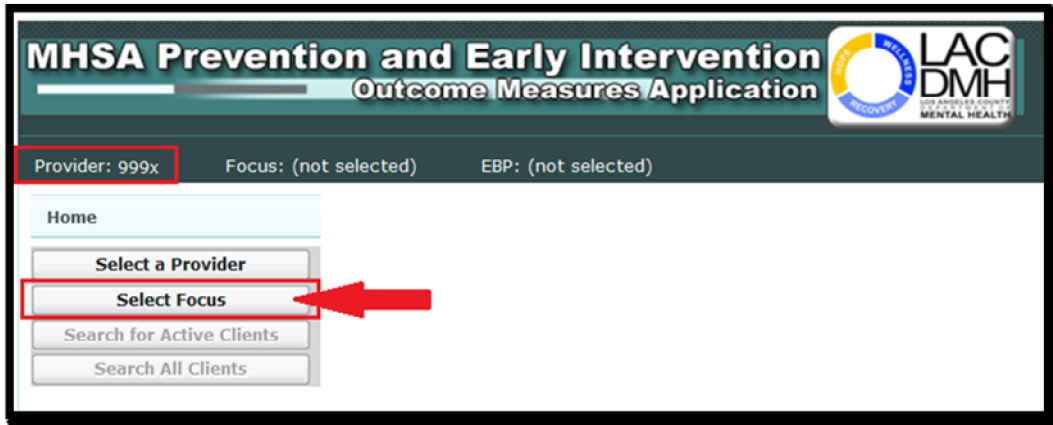
To choose a provider, click on the **Select** link next to the desired provider number.



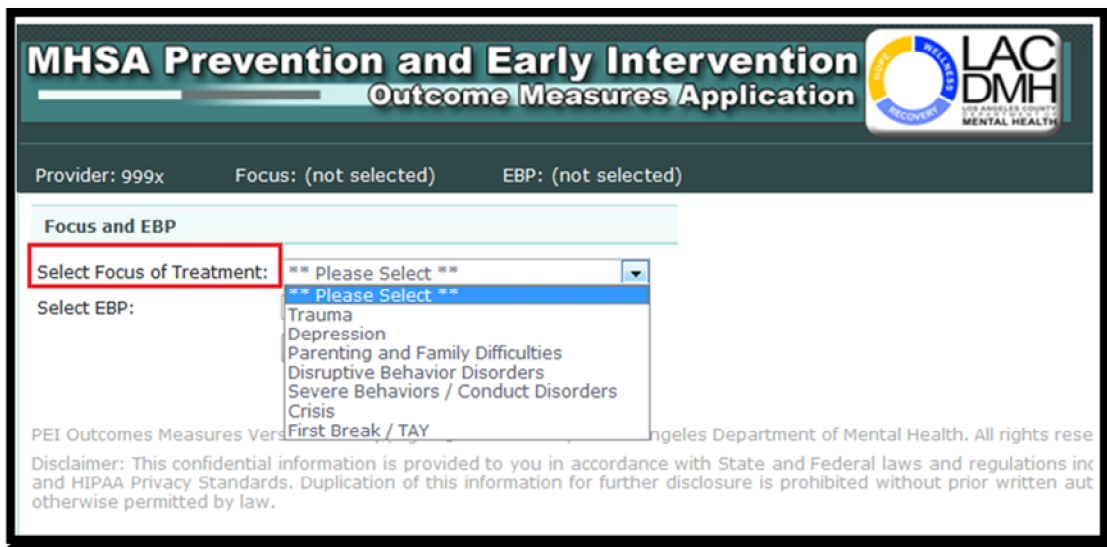
Section 3 – Select a Focus of Treatment and EBP

Once a provider is selected, you will be returned to the Home page. The identification number of the provider selected will be displayed at the top of screen.

Next, click on the **Select Focus** button.



You will be taken to the Focus and EBP screen. On this screen, first select the **Focus of Treatment** from dropdown list provided.



Next, select the evidence-based practice (**EBP**) from dropdown list.

Note: Only EBPs associated to the Focus of Treatment you have selected will be displayed in the dropdown list.

Focus and EBP

Select Focus of Treatment: Parenting and Family Difficulties

Select EBP: ** Please Select **

- ** Please Select **
- Incredible Years (IY)
- Parent – Child Interaction Therapy (PCIT)
- UCLA Ties Transition Model (UCLA Ties Transition Model)
- Reflecting Parenting Program (RPP)
- Caring for Our Families (CFOF)
- Loving Intervention Family Enrichment (LIFE)

PEI Outcomes Measures Version 1.0 Copyright © 2011 County of Los Angeles Department of Mental Health. All rights reserved.
Disclaimer: This confidential information is provided to you in accordance with State and Federal laws and regulations including HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited unless otherwise permitted by law.

Once you have chosen the **Focus of Treatment** and **EBP**, click on the **OK** button to continue.

MHSa Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: (not selected) EBP: (not selected)

Focus and EBP

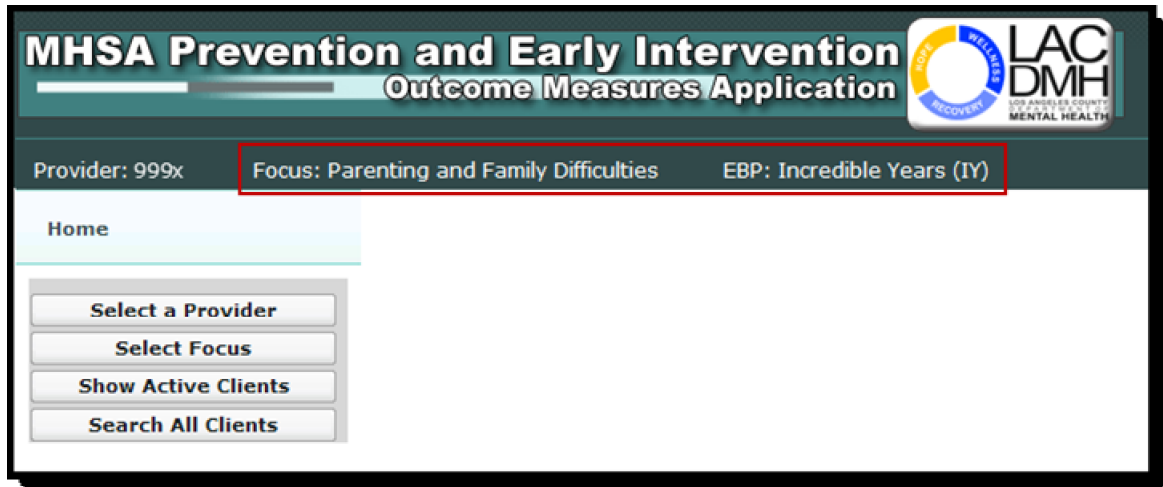
Select Focus of Treatment: Parenting and Family Difficulties

Select EBP: Incredible Years (IY)

OK **Back**

PEI Outcomes Measures Version 1.0 Copyright © 2011 County of Los Angeles Department of Mental Health. All rights reserved.
Disclaimer: This confidential information is provided to you in accordance with State and Federal laws and regulations including HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited unless otherwise permitted by law.

You will be taken to the Home page. The **Focus of Treatment** and **EBP** you have chosen will be displayed at the top of the screen and will remain there while you are using the application.

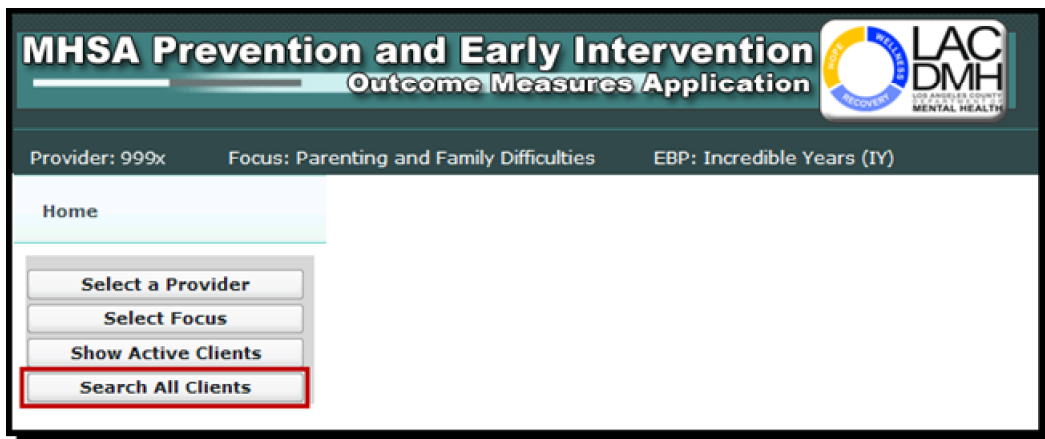


Section 4 – Select a Client

Once the Focus and EBP have been selected, you can either update an active treatment cycle for a given client or begin entering a new treatment cycle for the client.

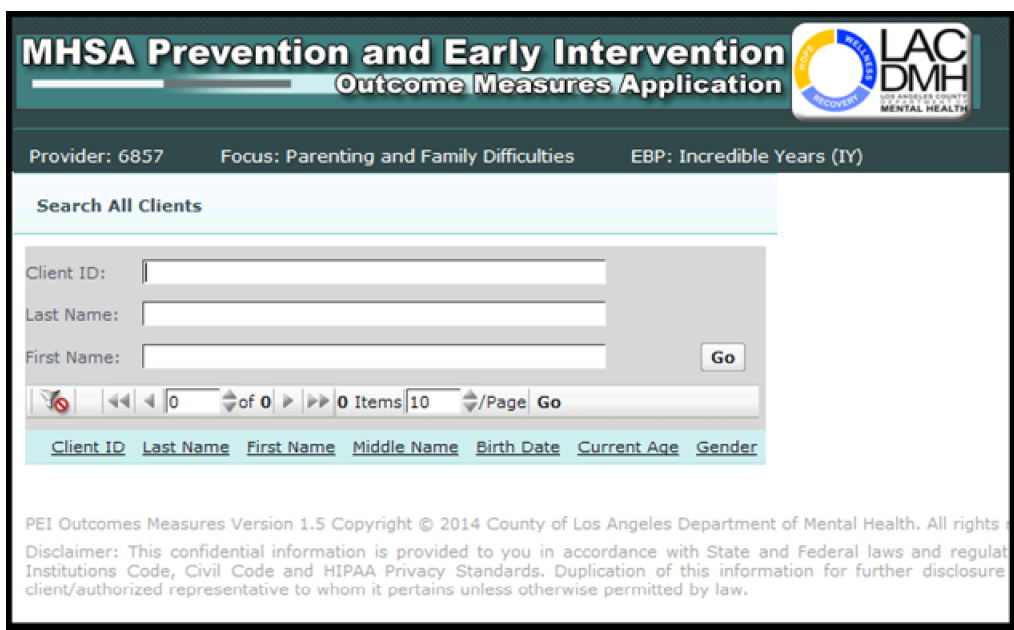
- To update an active treatment cycle for a client, go to section 10 – View a Treatment Cycle.
- To enter a new treatment cycle for a client, follow the instructions below.

From the Home page, click on the **Search All Clients** button.



The screenshot shows the 'MHPA Prevention and Early Intervention Outcome Measures Application' interface. At the top, it displays the provider information: 'Provider: 999x', 'Focus: Parenting and Family Difficulties', and 'EBP: Incredible Years (IY)'. Below this, there is a 'Home' section with four buttons: 'Select a Provider', 'Select Focus', 'Show Active Clients', and 'Search All Clients'. The 'Search All Clients' button is highlighted with a red rectangular border.

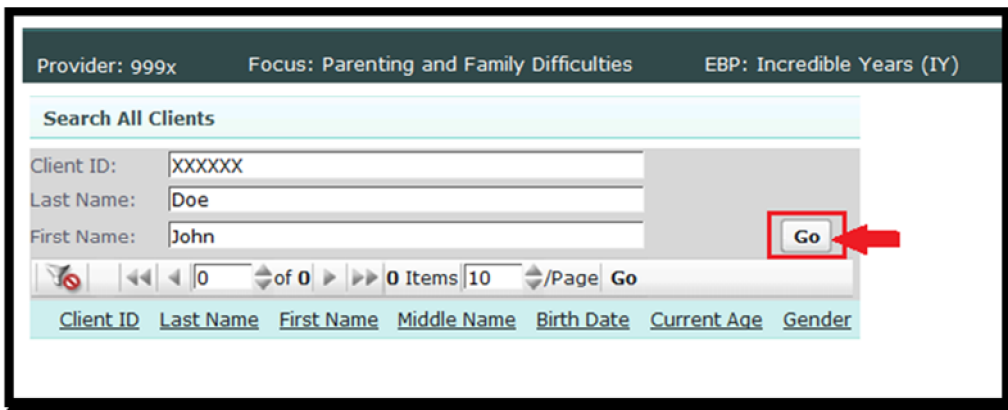
You will be taken to the **Search All Clients** page.



The screenshot shows the 'Search All Clients' page. It features a search form with three input fields: 'Client ID:', 'Last Name:', and 'First Name:'. A 'Go' button is located to the right of the 'First Name' field. Below the search form, there is a pagination control showing '0 of 0 Items' and '10 /Page'. A table header is visible with columns: 'Client ID', 'Last Name', 'First Name', 'Middle Name', 'Birth Date', 'Current Age', and 'Gender'. At the bottom, there is a disclaimer: 'PEI Outcomes Measures Version 1.5 Copyright © 2014 County of Los Angeles Department of Mental Health. All rights reserved. Disclaimer: This confidential information is provided to you in accordance with State and Federal laws and regulations, including the California Health and Safety Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure to any person other than the client/authorized representative to whom it pertains unless otherwise permitted by law.'

Note: The client you are searching for must already exist in the DMH Integrated System (IS). If the client is not already in the IS, they will not show up in the results list.

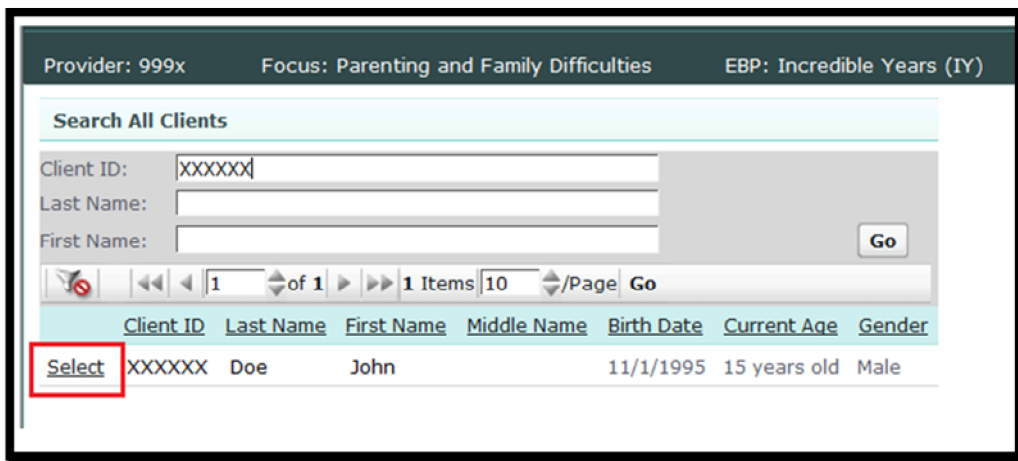
Search for a client by entering their **Client ID**, **Last Name** or **First Name**. Next, click on the **Go** button or hit the **Enter** key.



The screenshot shows a search interface with the following elements:

- Header: Provider: 999x, Focus: Parenting and Family Difficulties, EBP: Incredible Years (IY)
- Section: Search All Clients
- Form fields: Client ID: [XXXXXX], Last Name: [Doe], First Name: [John]
- Action: A **Go** button is highlighted with a red box and a red arrow pointing to it.
- Navigation: 0 of 0 Items, 10 /Page, Go
- Table Headers: Client ID, Last Name, First Name, Middle Name, Birth Date, Current Age, Gender

The results list will display all of the clients that match the criteria entered. Click on the **Select** link next to the client record you have chosen.



The screenshot shows the search results interface with the following elements:

- Header: Provider: 999x, Focus: Parenting and Family Difficulties, EBP: Incredible Years (IY)
- Section: Search All Clients
- Form fields: Client ID: [XXXXXX], Last Name: [], First Name: []
- Action: A **Go** button is visible.
- Navigation: 1 of 1 Items, 10 /Page, Go
- Table Headers: Client ID, Last Name, First Name, Middle Name, Birth Date, Current Age, Gender
- Table Row: **Select** (highlighted with a red box), XXXXXX, Doe, John, 11/1/1995, 15 years old, Male

Where you go next will depend on whether or not the client you selected has prior treatment history with the provider and focus of treatment selected:

- If Yes, you will be taken to the **Treatment History** page. Proceed to the next page.
- If No, you will be taken to the **Beginning of Treatment Information** page. Skip to section 5.

The **Treatment History** page will display the relevant treatment history for the client with the provider and focus of treatment selected. Note that you will not be able to start a new treatment cycle if an active treatment cycle is indicated for the client.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
 Client ID XXXXXXXX
 Birth Date 8/19/1998
 Current Age 16 years 4 months
 Gender Male
 Ethnicity 03-Hispanic
 Primary Language 02-Spanish

Treatment History

Start New Treatment Cycle of 1 2 Items 20 /Page Go

Status	Date of First Session	EBP	DSM-IV Code - Intake	Date of Last Session	Total Number of Sessions	Completed EBP?	Client TX Success	Disposition	DSM-IV Code - Termination
Inactive	7/24/2014	Incredible Years (IY)	291.81	9/21/2014	10	Yes	Significant	Case closed	293.9

Click the **Start New Treatment Cycle** button to proceed with a new treatment cycle.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
 Client ID XXXXXXXX
 Birth Date 8/19/1998
 Current Age 16 years 4 months
 Gender Male
 Ethnicity 03-Hispanic
 Primary Language 02-Spanish

Treatment History

Start New Treatment Cycle of 1 2 Items 20 /Page Go

Status	Date of First Session	EBP	DSM-IV Code - Intake	Date of Last Session
Inactive	7/24/2014	Incredible Years (IY)	291.81	9/21/2014

You will be taken to the **Beginning of Treatment Information** page.

Section 5 – Enter Beginning of Treatment Information

On the Beginning of Treatment Information page, do the following:

1. Select a value for **Therapist ID/Staff Code** by clicking on the **Lookup...** link next to the field. This is not a free text field.
2. Enter the **Date of First Session** by typing in the date or by clicking on the Calendar icon and selecting date from the Calendar picker.
3. Select a value for the **DSM-IV Code Principle Axis I – Intake** by clicking on the **Lookup...** link next to the field. This is not a free text field.
4. To save your entries, click the **Save** button. To cancel, click the **Cancel** button. The application will direct you back to the previous page.

Note: The application will validate the dates you enter. If you enter an invalid date, the application will return an error message.


MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
Client ID XXXXXXX
Birth Date 8/19/1998
Current Age 16 years 4 months
Gender Female
Ethnicity 01-White
Primary Language 01-English

Beginning of Treatment Information

Therapist ID/Staff Code 00YYYYX [Lookup...](#)
Date of First Session 11/24/2014 
DSM-IV Code Principle Axis I-Intake 293.9 [Lookup...](#)
Age at First Session 16 years 3 months

Section 6 – Complete and Submit ‘Pre’ Questionnaires

After entering the Beginning of Treatment Information, you will be taken to the **Client Treatment Information** page. On this page, you will see demographic information for the client, the Beginning of Treatment Information and a list of required questionnaires based on the EBP and the client age at first session.

Note that there may be cases when there will be no required questionnaires for a client.

- For clients with required questionnaires, proceed to section 6.1
- For clients with no required questionnaires, skip to section 6.4

Section 6.1 – Clients with Required Questionnaires

Click on the **New** icon next to the questionnaire you wish to submit. You will be taken to the **Add Questionnaire** page.

MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXXX	Beginning of Treatment Information <input checked="" type="checkbox"/>	
Birth Date	11/1/1995	Therapist ID/Staff Code	00YYYYXX
Current Age	16 years 4 months	Date of First Session	07/24/2014
Gender	Male	DSM-IV Code Principle Axis I-Intake	291.81
Ethnicity	03-Hispanic	Age at First Session	15 years 11 months
Primary Language	02-Spanish		

Required Questionnaires

New	Questionnaire Name
<input type="checkbox"/>	Youth Outcome Questionnaire - 2.01 (Parent)
<input type="checkbox"/>	Youth Outcome Questionnaire - Self Report - 2.0
<input type="checkbox"/>	Eyberg Child Behavior Inventory (ECBI)
<input type="checkbox"/>	Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)

Enter End of Treatment
View Treatment Status

NEW icon

There are two possible scenarios for saving required questionnaires.

- Questionnaires with subscale scores to report. – Continue on to section 6.2
- Questionnaires with no subscale scores collected and unable to report.– Skip to section 6.3

Section 6.2 – Report Subscale Scores for a Questionnaire

On the Add Questionnaire page, do the following:

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from dropdown list. If this is the first questionnaire, the only choice will be 'Pre'.
3. Enter a valid **Score** for each Subscale / SCALE record. You may tab to the next field.
4. To submit the questionnaire, click on the **Save** button. To cancel this entry, click on the **Cancel** button. The application will direct you back to the previous page.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXXXX	Beginning of Treatment Information	
Birth Date	11/1/1995	Therapist ID/Staff Code	00YYYYXX
Current Age	16 years 4 months	Date of First Session	07/24/2014
Gender	Male	DSM-IV Code Principle Axis I-Intake	291.81
Ethnicity	03-Hispanic	Age at First Session	15 years 11 months
Primary Language	02-Spanish		

Add Youth Outcome Questionnaire - 2.01 (Parent)

Questionnaire Administration Date

Type

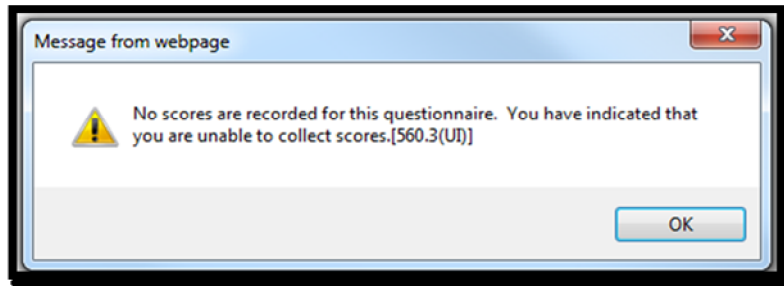
Subscale / SCALE	Score
Intrapersonal Distress	<input type="text" value="20"/>
Somatic	<input type="text" value="20"/>
Interpersonal Relations	<input type="text" value="20"/>
Social Problems	<input type="text" value="20"/>
Behavioral Dysfunction	<input type="text" value="20"/>
Critical Items	<input type="text" value="20"/>
Total	<input type="text" value="20"/>

Unable to Collect Reason

Section 6.3 – Unable to Collect Scores for a Questionnaire

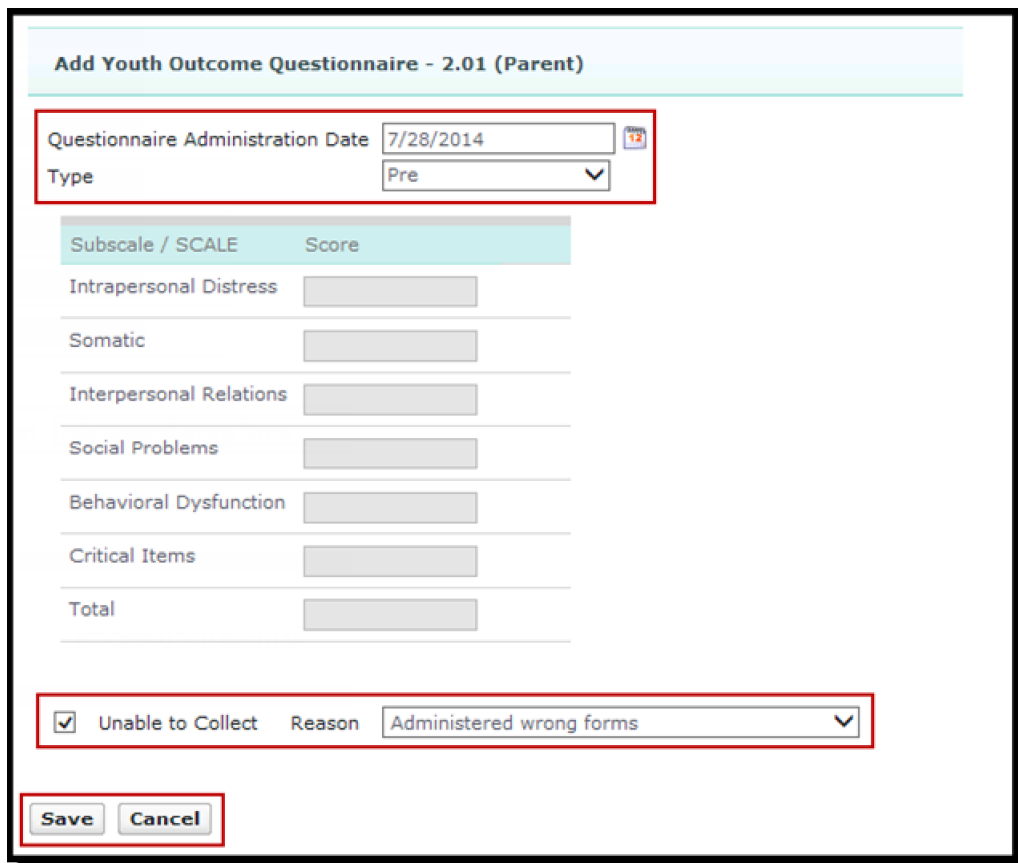
On the Add Questionnaire page, do the following:

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from the dropdown list. If this is the first questionnaire, the only choice will be 'Pre'
3. Click on the **Unable to Collect** check box. The application will display a confirmation message notifying you that no scores will be recorded for this questionnaire:
4. To continue, click the **OK** button on the confirmation message.

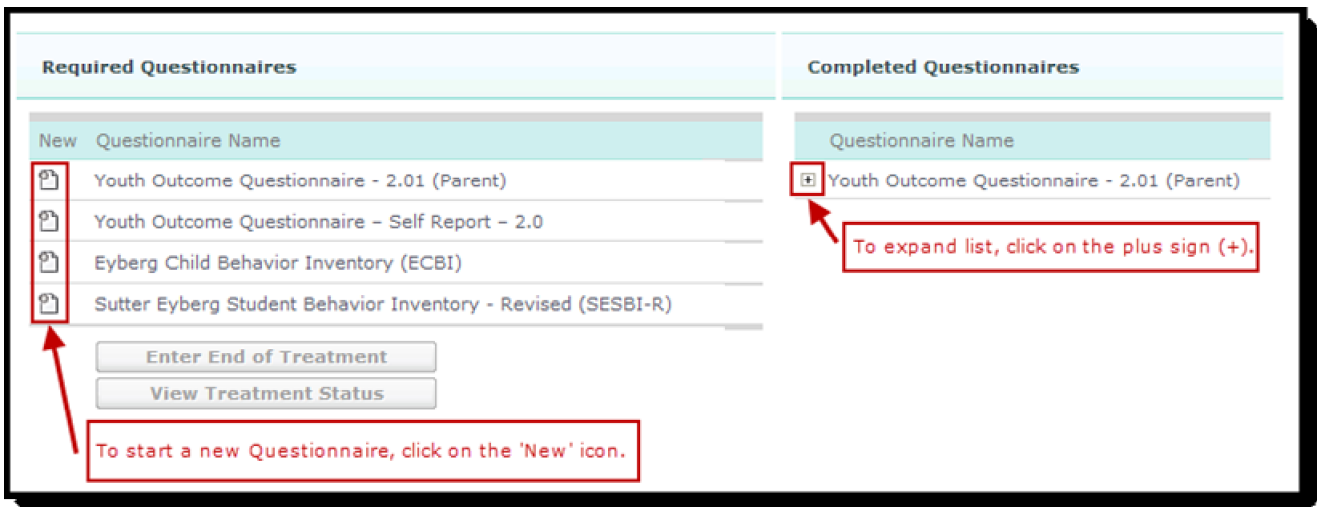


5. Select a value from the **Reason** dropdown list indicating the reason you were unable to collect scores. **Note:** The available values in the **Reason** dropdown list vary based on the questionnaire you have selected.
6. To submit the questionnaire, click on the **Save** button. To cancel this entry, click on the **Cancel** button. The application will direct you back to the previous page.

You may come back at a later time to edit the questionnaire. You will be able to change it from **Unable to Collect** to adding the **Scores** for each Subscale / SCALE record.

A screenshot of the "Add Youth Outcome Questionnaire - 2.01 (Parent)" form. The form has a title bar and several input fields. A red box highlights the "Questionnaire Administration Date" field (containing "7/28/2014") and the "Type" dropdown (containing "Pre"). Below this is a table with two columns: "Subscale / SCALE" and "Score". The rows are: "Intrapersonal Distress", "Somatic", "Interpersonal Relations", "Social Problems", "Behavioral Dysfunction", "Critical Items", and "Total". Each row has a corresponding empty text input field for the score. At the bottom, another red box highlights the "Unable to Collect" checkbox (which is checked) and the "Reason" dropdown (containing "Administered wrong forms"). At the very bottom, there are "Save" and "Cancel" buttons, also highlighted with a red box.

After you save a questionnaire, the application will return you to the **Client Treatment Information** page. The questionnaire you entered will be listed in the Completed Questionnaires section.

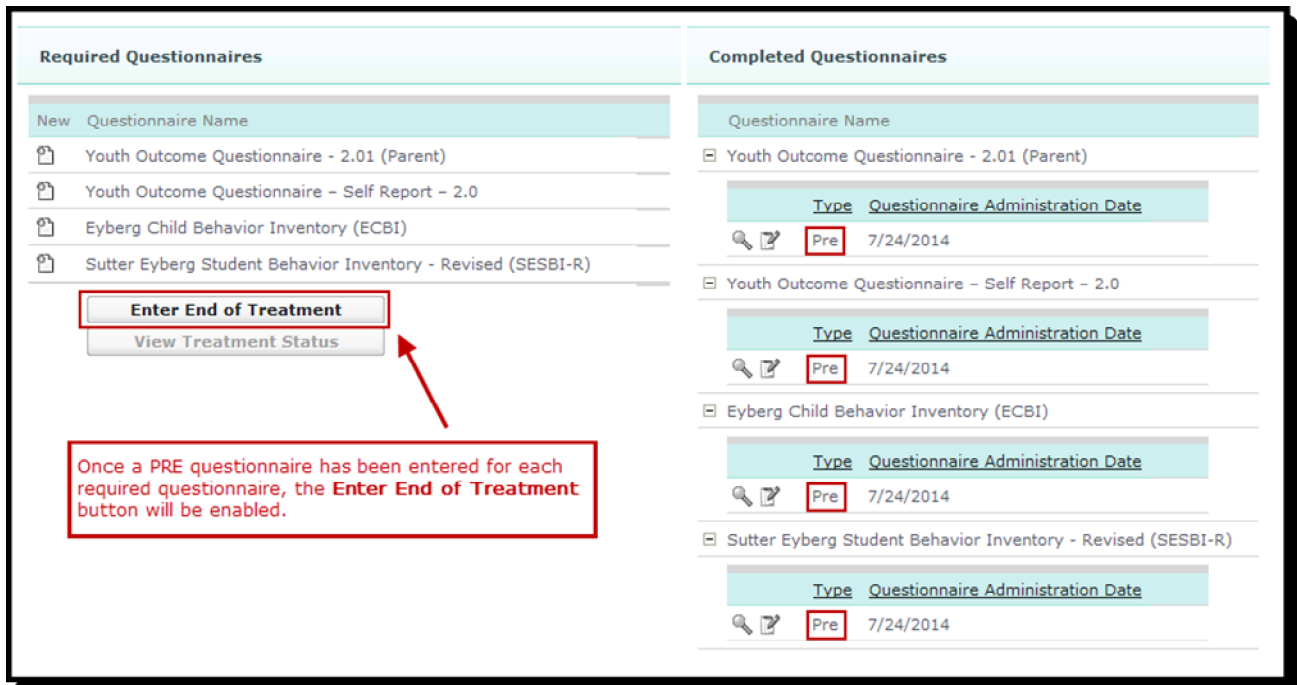


To view the questionnaire you have entered, skip to section 12 – View a Questionnaire.

To edit a questionnaire you have entered, skip to section 13 – Edit a Questionnaire.

To submit an 'Update' questionnaire, proceed to section 7 – Complete and Submit 'Update' questionnaires.

Once you have entered a 'Pre' questionnaire for each of the required questionnaires, the **Enter End of Treatment** button will be enabled on the Client Treatment Information page.



If you wish to complete and submit End of Treatment Information at this time, skip to section 8 – Complete and Submit End of Treatment Information.

Section 6.4 – Clients with no required questionnaires

If a client you selected does not have any required questionnaires available, the application will return the message shown in the example below.

The screenshot displays a client record for JOHN DOE. At the top, it shows 'Provider: 999x', 'Focus: Parenting and Family Difficulties', and 'EBP: Incredible Years (IY)'. The record is divided into two main sections: 'Client Demographics' and 'Client Treatment Information'. Below these is a 'Required Questionnaires' section which is currently empty. A red-bordered box highlights a message: 'Due to the client's age, no outcome questionnaires are required for this client. To complete "End of Treatment" information at this time, please click on the "End of Treatment" button. To return to the home page, please click on the "Home" button.' Below this message is a button labeled 'Enter End of Treatment'. A red-bordered box at the bottom of the screenshot contains the text: 'Message for client's that do not have any required questionnaires.'

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXX	Beginning of Treatment Information	
Birth Date	11/1/1995	Therapist ID/Staff Code	cXXXXXX
Current Age	15 years old	Date of Intake	1/1/2011
Gender	Male	Date of First Session	1/10/2011
Ethnicity	99-Unknown/Not Reported	DSM-IV Code Principle Axis I- Intake	999.99
Primary Language	01-English	Age at First Session	15 years old

Required Questionnaires

Enter End of Treatment

Due to the client's age, no outcome questionnaires are required for this client. To complete "End of Treatment" information at this time, please click on the "End of Treatment" button. To return to the home page, please click on the "Home" button.

Message for client's that do not have any required questionnaires.

You can proceed to enter the End of Treatment Information by clicking on the **Enter End of Treatment** button and skipping ahead to section 8.

Section 7 – Complete and Submit 'Update' questionnaires

From the Client Treatment Information page, click on the **New** icon next to the questionnaire you wish to submit. You will be taken to the **Add Questionnaire** page.

The screenshot displays two columns: 'Required Questionnaires' and 'Completed Questionnaires'. In the 'Required Questionnaires' column, there is a 'New' icon next to the first row, 'Youth Outcome Questionnaire - 2.01 (Parent)'. A red box highlights this icon with the text 'To start a new Questionnaire, click on the 'New' icon.' Below the list are buttons for 'Enter End of Treatment' and 'View Treatment Status'. In the 'Completed Questionnaires' column, there is a plus sign icon next to the first row, 'Youth Outcome Questionnaire - 2.01 (Parent)'. A red box highlights this icon with the text 'To expand list, click on the plus sign (+)'.

On the Add Questionnaire page, do the following:

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Select 'Update' from **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save and submit the questionnaire, click on the **Save** button. To cancel this entry, click on the **Cancel** button.

The screenshot shows the 'Add Youth Outcome Questionnaire - 2.01 (Parent)' form. At the top, there is a 'Questionnaire Administration Date' field with the value '6/10/11' and a calendar icon. Below it is a 'Type' dropdown menu with 'Update' selected. A table follows with columns 'Subscale / SCALE' and 'Score'. The rows are: Intrapersonal Distress (10), Somatic (10), Interpersonal Relations (10), Social Problems (10), Behavioral Dysfunction (10), Critical Items (10), and Total (100). Below the table is an 'Unable to Collect' checkbox and a 'Reason' dropdown menu with the value '** Please Select **'. At the bottom, there are 'Save' and 'Cancel' buttons.

Once you have completed and saved an 'Update' type questionnaire, the system will return to **Client Treatment Information** page.

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXXX	Beginning of Treatment Information	
Birth Date	11/1/1995	Therapist ID/Staff Code	00YYYYX
Current Age	16 years 4 months	Date of First Session	07/24/2014
Gender	Male	DSM-IV Code Principle Axis I-Intake	291.81
Ethnicity	03-Hispanic	Age at First Session	15 years 11 months
Primary Language	02-Spanish		

Required Questionnaires		Completed Questionnaires							
<input type="checkbox"/>	Questionnaire Name	<input type="checkbox"/>	Questionnaire Name						
<input type="checkbox"/>	Youth Outcome Questionnaire - 2.01 (Parent)	<input type="checkbox"/>	Youth Outcome Questionnaire - 2.01 (Parent)						
<input type="checkbox"/>	Youth Outcome Questionnaire - Self Report - 2.0	<input type="checkbox"/>	<table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>7/24/2014</td> </tr> <tr> <td> Update</td> <td>7/31/2014</td> </tr> </tbody> </table>	Type	Questionnaire Administration Date	Pre	7/24/2014	Update	7/31/2014
Type	Questionnaire Administration Date								
Pre	7/24/2014								
Update	7/31/2014								
<input type="checkbox"/>	Eyberg Child Behavior Inventory (ECBI)	<input type="checkbox"/>	Youth Outcome Questionnaire - Self Report - 2.0						
<input type="checkbox"/>	Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)	<input type="checkbox"/>	Eyberg Child Behavior Inventory (ECBI)						
<input type="button" value="Enter End of Treatment"/> <input type="button" value="View Treatment Status"/>		<input type="checkbox"/>	<table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>7/24/2014</td> </tr> <tr> <td> Update</td> <td>7/31/2014</td> </tr> </tbody> </table>	Type	Questionnaire Administration Date	Pre	7/24/2014	Update	7/31/2014
Type	Questionnaire Administration Date								
Pre	7/24/2014								
Update	7/31/2014								
		<input type="checkbox"/>	Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)						

To view your questionnaire, skip to section 12.

To edit your questionnaire, skip to section 13.

Section 8 – Complete and Submit End of Treatment Information

To enter End of Treatment Information, do the following:

1. From the Client Treatment Information page, click on the **Enter End of Treatment** button.
2. Enter the **Date of Last Session** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
3. Enter the **Total Number of Sessions**.
4. Indicate whether this EBP was completed by choosing the appropriate value from the **Completed EBP** dropdown list. Depending on what you select:
 - Yes → You must enter a response in the **Client Treatment Success** dropdown list.
 - No → The **Client Treatment Success** dropdown list will be disabled. Please disregard.
5. Select a value from the **Disposition** dropdown list.
6. Select a value for the **DSM-IV Code Principle Axis I – Termination** by clicking on the **Lookup** link next to the field. This is not a free text field.
7. To save, click the **Save** button.
8. To cancel, click the **Cancel** button, system will redirect you to the previous page.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXXX	Beginning of Treatment Information ⓘ	
Birth Date	11/1/1995	Therapist ID/Staff Code	00YYYYX
Current Age	16 years 4 months	Date of First Session	07/24/2014
Gender	Male	DSM-IV Code Principle Axis I-Intake	291.81
Ethnicity	03-Hispanic	Age at First Session	15 years 11 months
Primary Language	02-Spanish		

End of Treatment Information

Date of Last Session: ⓘ

Total Number of Sessions:

Completed EBP?: ▼

Client Treatment Success: ▼

Disposition: ▼

DSM-IV Code Principle Axis-I Termination: [Lookup...](#)

Note: If you selected 'Yes' for **Completed EBP** field, this will not end the client's treatment cycle. You will need to complete and submit all required 'Post' questionnaires in order to end the treatment cycle.

If you selected 'No' for Completed EBP field, this will end the treatment cycle.

Once you have completed the End of Treatment Information, you will be returned to **Treatment Cycle Status** page.

Client Demographics		Client Treatment Information	
JOHN DOE		Beginning of Treatment Information	
Client ID	XXXXXXX	Therapist ID/Staff Code	00YYYYX
Birth Date	11/1/1995	Date of First Session	07/24/2014
Current Age	16 years 4 months	DSM-IV Code Principle Axis I-Intake	291.81
Gender	Male	Age at First Session	15 years 11 months
Ethnicity	03-Hispanic		
Primary Language	02-Spanish		
		End of Treatment Information	
		Date of Last Session	9/20/2014
		Total Number of Sessions	10
		Completed EBP	Yes
		Client Treatment Success	Significant
		Disposition	Case closed
		DSM-IV Code Principle Axis-I Termination	293.9
Treatment Cycle Status - Additional Information Needed			
Questionnaires			
Questionnaire Name	Status		
Youth Outcome Questionnaire - 2.01 (Parent)	Pending		
Youth Outcome Questionnaire - Self Report - 2.0	Pending		
Eyberg Child Behavior Inventory (ECBI)	Pending		
Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)	Pending		
Return to Client Treatment Info			

If you wish to complete and submit pending 'Post' questionnaires, please continue on to section 9.

Section 9 – Complete and Submit ‘Post’ questionnaires





Once the End of Treatment Information is completed, the application will indicate which ‘Post’ questionnaires are still pending completion on the **Treatment Cycle Status** page.


To complete and submit a ‘Post’ questionnaire, click on the **New** icon next to the questionnaire you wish to complete.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information			
JOHN DOE		Beginning of Treatment Information		End of Treatment Information	
Client ID	XXXXXXX	Therapist ID/Staff Code	00YYYYX	Date of Last Session	9/20/2014
Birth Date	11/1/1995	Date of First Session	07/24/2014	Total Number of Sessions	10
Current Age	16 years 4 months	DSM-IV Code Principle Axis I-Intake	291.81	Completed EBP	Yes
Gender	Male	Age at First Session	15 years 11 months	Client Treatment Success	Significant
Ethnicity	03-Hispanic			Disposition	Case closed
Primary Language	02-Spanish			DSM-IV Code Principle Axis-I Termination	293.9

Treatment Cycle Status = Additional Information Needed

Questionnaires	
Questionnaire Name	Status
 Youth Outcome Questionnaire - 2.01 (Parent)	Pending
 Youth Outcome Questionnaire - Self Report - 2.0	Pending
 Eyberg Child Behavior Inventory (ECBI)	Pending
 Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)	Pending

 **NEW icon**

[Return to Client Treatment Info](#)

You will be taken to the **Add Questionnaire** screen.

On the Add Questionnaire page, do the following:

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
2. Select 'Post' from the **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record, or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To submit questionnaire, click on the **Save** button.
5. To cancel this entry, click on the **Cancel** button.

Add Youth Outcome Questionnaire - 2.01 (Parent)

Questionnaire Administration Date: 9/20/2014

Type: Post

Subscale / SCALE	Score
Intrapersonal Distress	20
Somatic	20
Interpersonal Relations	20
Social Problems	20
Behavioral Dysfunction	20
Critical Items	20
Total	20

Unable to Collect Reason: ** Please Select **

Save **Cancel**

You will be returned to the **Treatment Status** page.

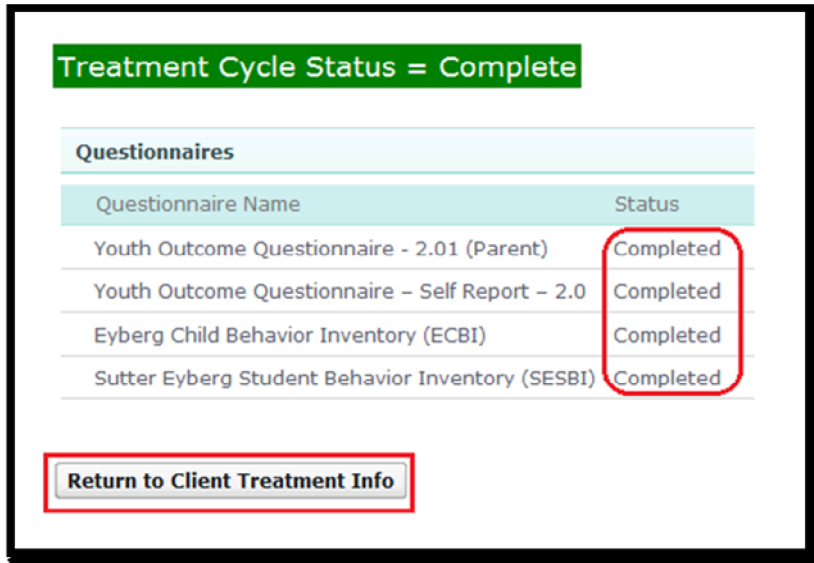
The status of each questionnaire will change from *Pending* to *Completed* once it has been submitted.

Treatment Cycle Status = Additional Information Needed

Questionnaires	
Questionnaire Name	Status
Youth Outcome Questionnaire - 2.01 (Parent)	Completed
Youth Outcome Questionnaire - Self Report - 2.0	Pending
Eyberg Child Behavior Inventory (ECBI)	Pending
Sutter Eyberg Student Behavior Inventory (SESBI)	Pending

Return to Client Treatment Info

Once you complete all the required 'Post' questionnaires, the **Treatment Cycle Status** indicator on the Client Treatment Information page will change to "Complete" and turn from red to green.



The screenshot displays a user interface for client treatment information. At the top, a green banner indicates 'Treatment Cycle Status = Complete'. Below this is a table titled 'Questionnaires' with two columns: 'Questionnaire Name' and 'Status'. The table lists four questionnaires, all of which are marked as 'Completed'. A red box highlights the 'Completed' status for each row. At the bottom of the screenshot, a button labeled 'Return to Client Treatment Info' is also highlighted with a red box.

Questionnaire Name	Status
Youth Outcome Questionnaire - 2.01 (Parent)	Completed
Youth Outcome Questionnaire - Self Report - 2.0	Completed
Eyberg Child Behavior Inventory (ECBI)	Completed
Sutter Eyberg Student Behavior Inventory (SESBI)	Completed

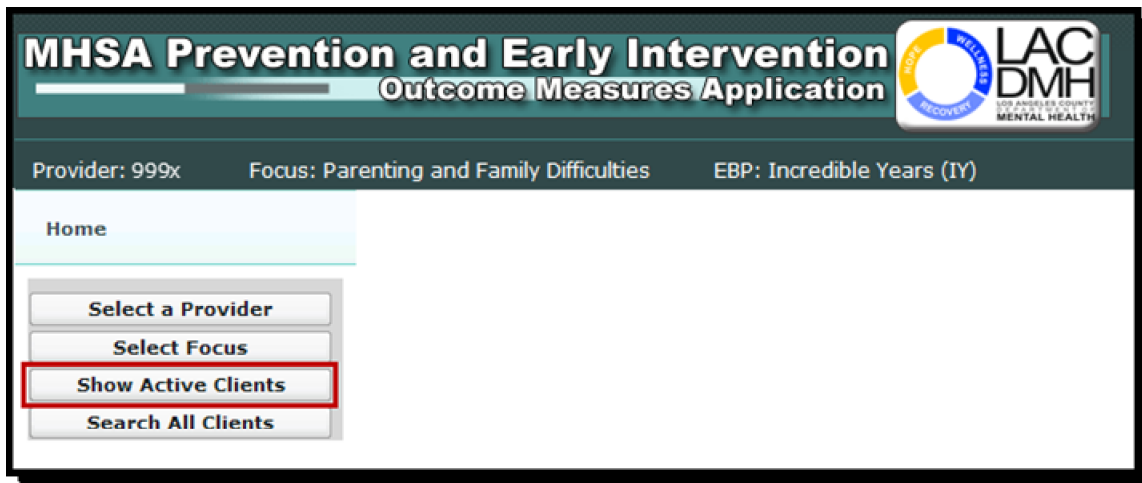
[Return to Client Treatment Info](#)

To return to the Client Treatment Information page, click on the **Return to Client Treatment Info** button.

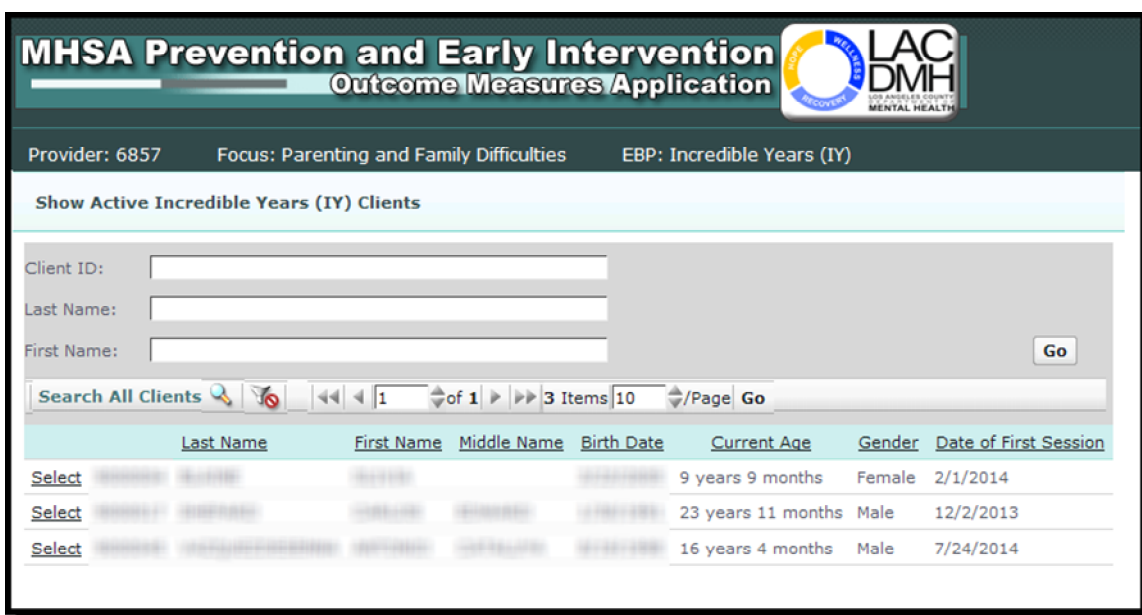
Section 10 – View a Treatment Cycle

First, follow sections 1 – 3.

Once you have selected a provider, focus of treatment and EBP, click on the **Show Active Clients** button.



On the Show Active Clients page, you will be given a list of clients who have active treatment cycles at the selected provider site under the chosen EBP.



By default, the list of clients will only display 10 records at a time. If the client you wish to select is not in the first 10 records, you can also use the navigation arrow buttons above the list to move from page to page.



You can also filter the list by entering the client's **ID number**, **Last Name** or **First Name** and then either clicking on the **Go** button or hitting the **Enter** key.

Click on the **Select** link next to the entry for the client whose treatment cycle you wish to view.

Search All Clients [magnifying glass] [no] [back] [1] of 1 [next] 3 Items 10 /Page Go

	Last Name	First Name	Middle Name	Birth Date	Current Age	Gender	Date of First Session
Select					9 years 9 months	Female	2/1/2014
Select					23 years 11 months	Male	12/2/2013
Select					16 years 4 months	Male	7/24/2014

After you select the client, you will be taken to the **Treatment History** page. This page will display the treatment history of the client for the focus of treatment and the provider you selected.

Provider: 999x Focus: Parenting and Family Difficulties EBP: UCLA Ties Transition Model (UCLA Ties Transition Model)

Client Demographics

JOHN DOE

Client ID XXXXXXXX
 Birth Date 8/19/1998
 Current Age 16 years 4 months
 Gender Male
 Ethnicity 03-Hispanic
 Primary Language 02-Spanish

Treatment History

Start New Treatment Cycle [magnifying glass] [no] [back] [1] of 1 [next] 2 Items 20 /Page Go

Status	Date of First Session	EBP	DSM-IV Code - Intake	Date of Last Session	Total Number of Sessions	Completed EBP?	Client TX Success	Disposition	DSM-IV Code - Termination
Active	9/21/2014	UCLA Ties Transition Model (UCLA Ties Transition Model)	290.10		0				
Inactive	7/24/2014	Incredible Years (IY)	291.81	9/21/2014	10	Yes	Significant	Case closed	293.9

Click on the **View** icon (magnifying glass) next to record you wish to view.

Treatment History

Start New Treatment Cycle [magnifying glass] [no] [back] [1] of 1 [next] 1 Items 20 /Page Go

Status	Date of First Session	EBP	DSM-IV Code - Intake	Date of Last Session	Total Number of Sessions	Complete	
View	Active	7/24/2014	Incredible Years (IY)	291.81	9/20/2014	10	Ye

You will then be taken to the **Client Treatment Information** page.

From the **Client Treatment Information** page, you can:

- View Beginning of Treatment and End of Treatment Information once entered
- Edit Beginning of Treatment by proceeding to section 11.
- Complete and submit required questionnaires by following section 6 and 9
- View a completed questionnaire by skipping to section 12.
- Edit a completed questionnaire by skipping to section 13.
- Edit End of Treatment Information, once entered, by skipping to section 14.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information	
JOHN DOE		Beginning of Treatment Information	
Client ID	XXXXXXX	Therapist ID/Staff Code	00YYYYX
Birth Date	11/1/1995	Date of First Session	07/24/2014
Current Age	16 years 4 months	DSM-IV Code Principle Axis I-Intake	291.81
Gender	Male	Age at First Session	15 years 11 months
Ethnicity	03-Hispanic		
Primary Language	02-Spanish		
		End of Treatment Information	
		Date of Last Session	9/20/2014
		Total Number of Sessions	10
		Completed EBP	Yes
		Client Treatment Success	Significant
		Disposition	Case closed
		DSM-IV Code Principle Axis-I Termination	293.9

Required Questionnaires		Completed Questionnaires	
New	Questionnaire Name		Questionnaire Name
	Youth Outcome Questionnaire - 2.01 (Parent)		Youth Outcome Questionnaire - 2.01 (Parent)
	Youth Outcome Questionnaire - Self Report - 2.0		Youth Outcome Questionnaire - Self Report - 2.0
	Eyberg Child Behavior Inventory (ECBI)		Eyberg Child Behavior Inventory (ECBI)
	Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)		Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)

Enter End of Treatment

View Treatment Status

To start a new questionnaire, click on the 'New' icon.

To expand list, click on the plus sign (+).

Section 11 – Edit Beginning of Treatment Information

First, follow section 10.

Next, click on the **Edit** icon in the **Beginning of Treatment Information** section.

Provider: 999x		Focus: Parenting and Family Difficulties		EBP: Incredible Years (IY)	
Client Demographics			Client Treatment Information		
JOHN DOE			Beginning of Treatment Information 		
Client ID	XXXXXXX	Therapist ID/Staff Code	00YYYYX		
Birth Date	11/1/1995	Date of First Session	07/24/2014		
Current Age	16 years 4 months	DSM-IV Code Principle Axis I-Intake	291.81		
Gender	Male	Age at First Session	15 years 11 months		
Ethnicity	03-Hispanic				
Primary Language	02-Spanish				

You will then be taken to the **Edit Beginning of Treatment Information** page.

Beginning of Treatment Information	
Therapist ID/Staff Code	00YYYYX Lookup...
Date of First Session	11/24/2014 
DSM-IV Code Principle Axis I-Intake	293.9 Lookup...
Age at First Session	16 years 3 months
Save	Cancel

Please note that only **Therapist ID/Staff Code** and **DSM-IV Code Principle Axis I - Intake** can be edited.

Click on the **Save** button once you have completed your changes.

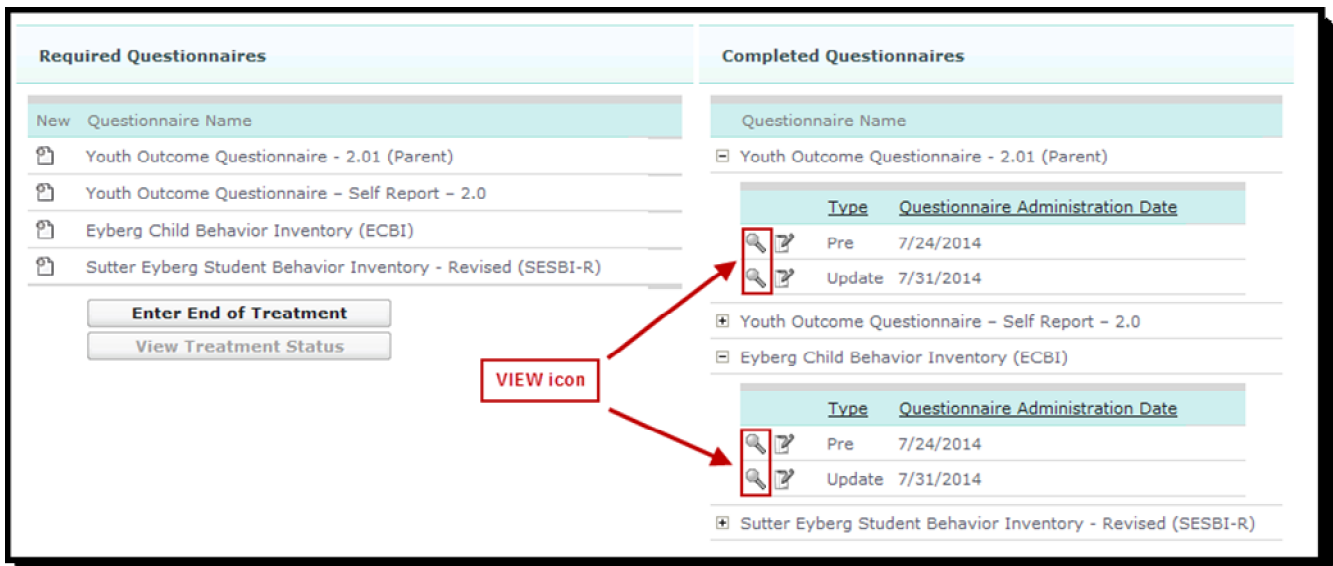
To cancel any changes and return to previous page, click on the **Cancel** button.

Section 12 – View a Questionnaire

First, follow section 10.

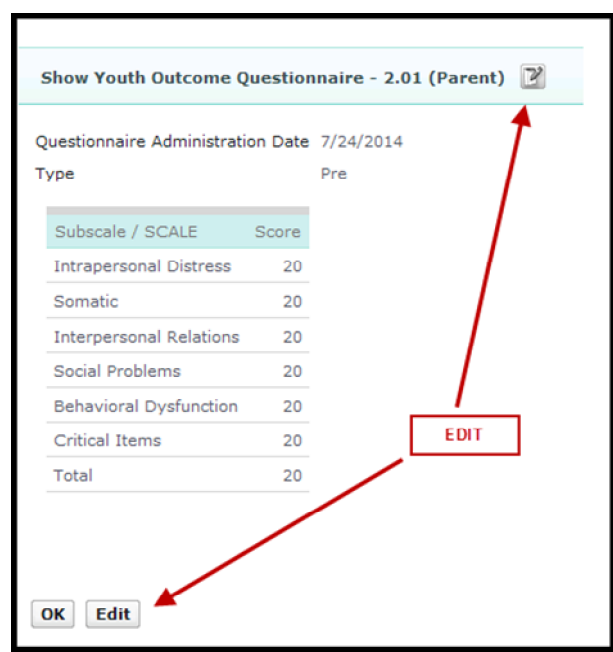
To view a questionnaire in the current treatment cycle, click on the plus (+) sign next to the questionnaire type in the Completed Questionnaire section. The list will expand showing all of the questionnaires of this type that have been saved.

Then click on the **View** (magnifying glass) icon next to the questionnaire you wish to view.



You will be taken to the Show Questionnaire page so you can review the answers provided for the selected questionnaire. You can return to Client Treatment History page by clicking on the **OK** button at the bottom of the page.

If you wish to edit the questionnaire, click on either one of the **Edit** buttons. Proceed to section 12. – Edit a Questionnaire.



To return to the Home page, click on the **Home** button in the top-right corner of the page.



Section 13 – Edit a Questionnaire

First, follow section 10.

To edit the questionnaire in the current treatment cycle, click on the plus (+) sign next to the questionnaire type. The list will expand showing all of the questionnaires of this type that have been saved.

Then click on the **Edit** (paper & pencil) icon next to the questionnaire you wish to edit.

The screenshot displays two columns: 'Required Questionnaires' and 'Completed Questionnaires'. The 'Required Questionnaires' column lists four questionnaire types: 'Youth Outcome Questionnaire - 2.01 (Parent)', 'Youth Outcome Questionnaire - Self Report - 2.0', 'Eyberg Child Behavior Inventory (ECBI)', and 'Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)'. Below this list are two buttons: 'Enter End of Treatment' and 'View Treatment Status'. The 'Completed Questionnaires' column shows a list of questionnaires with columns for 'Type' and 'Questionnaire Administration Date'. Two rows are expanded, showing 'Pre' and 'Update' types with dates '7/24/2014' and '7/31/2014' respectively. Each row has an edit icon (a pencil) next to it. A red box labeled 'EDIT icon' has two arrows pointing to these edit icons.

You will be taken to the **Edit Questionnaire** page for the selected questionnaire.

The 'Edit Youth Outcome Questionnaire - 2.01 (Parent)' page features the following elements:

- Questionnaire Administration Date:** 7/24/2014
- Type:** Pre
- Subscale / SCALE and Score table:**

Subscale / SCALE	Score
Intrapersonal Distress	20
Somatic	20
Interpersonal Relations	20
Social Problems	20
Behavioral Dysfunction	20
Critical Items	20
Total	20
- Unable to Collect:** Reason: ** Please Select **
- Buttons:** Save, Cancel

On the **Edit Questionnaire** page, all of the validations that applied when the questionnaire was created still apply.

Therefore, you will be able to update the answer for each score as long as you enter a valid answer for each. You will also be able to unmark the questionnaire marked as “Unable to Collect” as long as you enter valid answers for all of the scores on the questionnaire.

However, you will not be able to edit the Questionnaire Administration Date, the type of the questionnaire or mark the questionnaire with scores as “Unable to Collect”.

Click on the **Save** button once you have completed your changes.


To cancel any changes and return to the previous page, click on the **Cancel** button.

Section 14 – Edit End of Treatment Information

First, follow section 13.

Click on the **Edit** icon in the **End of Treatment Information** section.

Client Treatment Information

Beginning of Treatment Information 		End of Treatment Information   EDIT icon	
Therapist ID/Staff Code	0004454	Date of Last Session	9/20/2014
Date of First Session	07/24/2014	Total Number of Sessions	10
DSM-IV Code Principle Axis I-Intake	291.81	Completed EBP	Yes
Age at First Session	15 years 11 months	Client Treatment Success	Significant
		Disposition	Case closed
		DSM-IV Code Principle Axis-I Termination	293.9

You will then be taken to the **Edit End of Treatment** page.

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXXXX	Beginning of Treatment Information	
Birth Date	11/1/1995	Therapist ID/Staff Code	00YYYYXX
Current Age	16 years 4 months	Date of First Session	07/24/2014
Gender	Male	DSM-IV Code Principle Axis I-Intake	291.81
Ethnicity	03-Hispanic	Age at First Session	15 years 11 months
Primary Language	02-Spanish		
End of Treatment Information			
Date of Last Session	<input type="text" value="8/20/2014"/>		
Total Number of Sessions	<input type="text" value="10"/>		
Completed EDP?	<input type="text" value="Yes"/>		
Client Treatment Success	<input type="text" value="Significant"/>		
Disposition	<input type="text" value="Case closed"/>		
DSM-IV Code Principle Axis-I Termination	<input type="text" value="293.9"/> Lookup...		
<input type="button" value="Save"/> <input type="button" value="Cancel"/>			

Note: Total Number of Sessions, Client Treatment Success, Disposition and DSM-IV Code Principle Axis I-Termination are the only fields that can be edited.

Click on the **Save** button once you have completed your changes.

To cancel any changes and return to the previous page, click on the **Cancel** button.

Section 15 – Print

To print, click on the **Print** icon in the top-right corner of the page.



Section 16 – Sign Out

To sign out from the application, click on the **Sign Out** button in the top-right corner of the page.



PEI OMA Dictionary

Active Client:	The client becomes active when 'Beginning of Treatment' (BOT) information is entered and remains active until all required 'End of Treatment' (EOT) information is entered. If EBP is completed, EOT information must include acknowledgement of all required post questionnaires for a treatment cycle to be closed for this Evidence-Based Practice (EBP) for this client at this provider site.
Age at First Session:	Client's calculated age when treatment in a specific EBP commences. This is calculated based on client's date of birth, as indicated in the DMH Integrated System, and 'Date of First Session'.
Beginning of Treatment Information:	Information related to the client's EBP treatment history at the beginning of treatment in a specific EBP at a specific provider site. This information includes: 'Date of First Session', 'DSM-IV Axis I Principle Diagnosis Code - Intake', and 'Therapist/Staff Code'. Completion of all required information identifies the start of treatment within a given EBP and initiates the treatment cycle.
Client ID:	The Department of Mental Health issued, seven-digit number used to uniquely identify a client.
Client's Treatment Success:	A field in "End of Treatment Information" that is enabled when the user selects "Yes" in the "Completed EBP" field. When "Client's Treatment Success" field is enabled, the user must identify whether the clinician determined the "Client Treatment Success" to be "Partial" or "Significant".
Completed EBP:	A yes/no response identifying whether the client completed all required interventions specific to the EBP in which the client received services for this 'treatment cycle'.
Current Age:	The client's current age is calculated based on client's date of birth, as identified in the IS, and the date the user is accessing client information in the PEI Outcome Measures Application.
Date of First Session:	The date signifying the client's first EBP treatment session within a specific EBP at a specific provider site.
Date of Last Session:	Last date for which EBP-specific services were provided and/or claimed.
DSM-IV:	Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition; Published by the American Psychiatric Association, the DSM-IV provides a common language and standard criteria for the classification of mental health disorders.

DSM-IV Axis I Principle Diagnosis Code – Intake:	Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP commenced, as indicated on the client's most recent Initial Assessment, Assessment Addendum, or Annual Update.
DSM-IV Axis I Principle Diagnosis Code – Termination:	Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP ended, as indicated on the client's initial intake assessment, assessment addendum or annual update.
Disposition:	A response identifying the next step for the client at the end of an EBP treatment cycle. Disposition options differ based on whether or not the EBP was completed ("Completed EBP?" field).
End of Treatment Information:	Information related to the client's EBP treatment history at the end of treatment in a specific EBP at a specific provider site. This information includes: 'Date of Last Session', 'Total Number of Sessions', information regarding completion of the EBP, 'Disposition' and 'DSM-IV Axis I Principle Diagnosis Code-Termination'. For clients who have completed treatment, this information will also include the provider's assessment of the success of treatment as well as acknowledgement of all required post-treatment outcome questionnaires. The completion of all required 'End of Treatment Information' closes out the 'treatment cycle'.
Evidence-Based Practice (EBP):	Used to refer to Evidence-Based Practices (EBP), Community-Defined Evidence (CDE) practices, and Promising Practices (PP).
Focus of Treatment:	Refers to a client's primary presenting problems for which EBP mental health services are being delivered (e.g., anxiety, depression, trauma, etc.).
Mental Health Services Act (MHSA):	The MHSA, adopted by the California electorate on November 2, 2004 creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services.
Prevention and Early Intervention (PEI):	A plan funded under the California Mental Health Services Act. This plan focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness.
'Pre' Questionnaire:	All required pre-treatment outcome questionnaires, which should be completed during the first EBP-treatment session ('Date of First Session'). If unable to collect pre-treatment outcome questionnaires during the first EBP treatment session, the pre-treatment questionnaires must be completed no earlier than 7 days before and no later than 14 days after the first EBP-treatment session, or identified as "Unable to Collect."

'Post' Questionnaire:	All required post-treatment outcome questionnaires, which should be completed during the final EBP treatment session ('Date of Last Session'). If unable to collect post-treatment outcome questionnaires during the final EBP-treatment session, the post-treatment questionnaires must be completed no earlier than 7 days before and no later than 14 days after the last EBP treatment session, or identified as "Unable to Collect."
Provider ID:	The state issued, four digit number, associated with the primary location(s)/site(s) where the services are delivered.
Questionnaire:	Outcome measures completed by clients and/or parents/guardians/raters for all clients receiving PEI services. For each EBP in which the client receives services, agencies are expected to collect data using a common measure across all practices (Outcome Questionnaire (OQ) Series), as well as a second measure oriented to specific focus of treatment. At a minimum, for each treatment cycle of PEI EBP services, there will generally be acknowledgement of a 'Pre-' and 'Post-' treatment questionnaire for 2 measures (OQ + Focus of Treatment).
Questionnaire Administration Date:	Date when client or parent/guardian/rater completed each 'outcome measure questionnaire.
Questionnaire Type:	Identifies whether the outcome questionnaire data reflects Pre-treatment, Update or Post-treatment status.
Staff Code:	The seven-digit, alphanumeric DMH-issued staff code for individuals providing mental health services. An individual may be issued more than one staff code in cases where they provide services at more than one location or site. The staff code entered must represent the staff member that provided services to a given client at a given site. The staff code for the individual may be different than the username of the person using the application.
Status:	On the "View Treatment Status" page, this field indicates the status of the treatment cycle relative to outstanding post-treatment outcome questionnaires.
Subscale Totals:	Refers to the total Raw-score and T-score values for each questionnaire completed by the client and/or parent/guardian/rater.
Therapist ID:	See "Staff Code".
Treatment Cycle:	A period of time during which a client receives mental health services for a specific focus of treatment using a specific EBP at a specific provider site. It is encapsulated by completion of 'Beginning of Treatment Information' and all 'End of Treatment Information' requirements.
Unable to Collect:	Refers to a field in all questionnaires, which allows the user to identify when a clinician was unable to collect a completed outcome questionnaire within the

	14-day window that starts on the 'Date of First Session' and the 'Date of Last Session'.
'Update' Questionnaire:	Outcomes questionnaires completed between required pre-treatment and post-treatment outcomes questionnaires for a client within a treatment cycle for a specific EBP. For EBPs exceeding 6-months duration, update questionnaires are required every 6 months (from 'Date of First Session').



**Chief Information Office Bureau
Solutions Delivery Division
Solutions Development Section**

Managing and Adapting Practice (MAP)

[PEI-OMA Supplemental]

**User Manual
v1.5
February 5, 2015**

Table of Contents

Overview – Managing and Adapting Practice (MAP).....	1
Section 1 – Sign In	2
Section 2 – Select a Provider	3
Section 3 – Select MAP as the EBP.....	4
Section 4 – Select a Client	6
Section 5 – Enter Beginning of Treatment Information.....	8
Section 6 – Complete and Submit ‘Pre’ Questionnaires	9
Section 7 – Complete and Submit ‘Update’ Questionnaires.....	16
Section 8 – Complete and Submit End of Focus Information.....	18
Section 9 – Complete and Submit End of Treatment Information	20
Section 10 – Complete and Submit ‘Post’ Questionnaires.....	23
Section 11 – View a Treatment Cycle.....	26
Section 12 – Edit Beginning of Treatment Information	30
Section 12 – View Questionnaires	31
Section 13 – Edit Questionnaires.....	33
Section 14 – View End of Treatment Information	34
Section 15 – Edit End of Treatment Information.....	35
Section 16 – Print.....	36
Section 17 – Sign Out	36
MAP Dictionary.....	37

Overview – Managing and Adapting Practice (MAP)

A MAP treatment cycle is composed of a general track with no focus of treatment (track #0) and one or more focus tracks (track #1 or greater). The general track spans the duration of a MAP treatment cycle while one or more focus tracks take place throughout the duration of the treatment cycle. When a MAP treatment cycle begins, both the general track and the first focus track begin on the same date. When the MAP treatment cycle ends, both the general track and the last focus track end on the same date.

General outcome measures are collected within the general track. The required questionnaires for the general track vary based the age of the client at the Date of First Session. Specific outcome measures are collected within each focus track. Each focus track has a specific focus of treatment (anxiety, depression, disruptive behavior disorder or trauma). Therefore, the required questionnaires for each focus track vary based on the focus of treatment of the track and the age of the client at the Focus Start Date.

At the start of the general track, a “Pre” for each required questionnaire is required. At the start of each focus track, a “Pre” for each required questionnaire is also required. When a focus track ends, a “Post” for each required questionnaire is required if the focus track was completed. At the end of the MAP treatment cycle, a “Post” for each required questionnaire of the general track is required if the EBP was completed.

Section 1 – Sign In

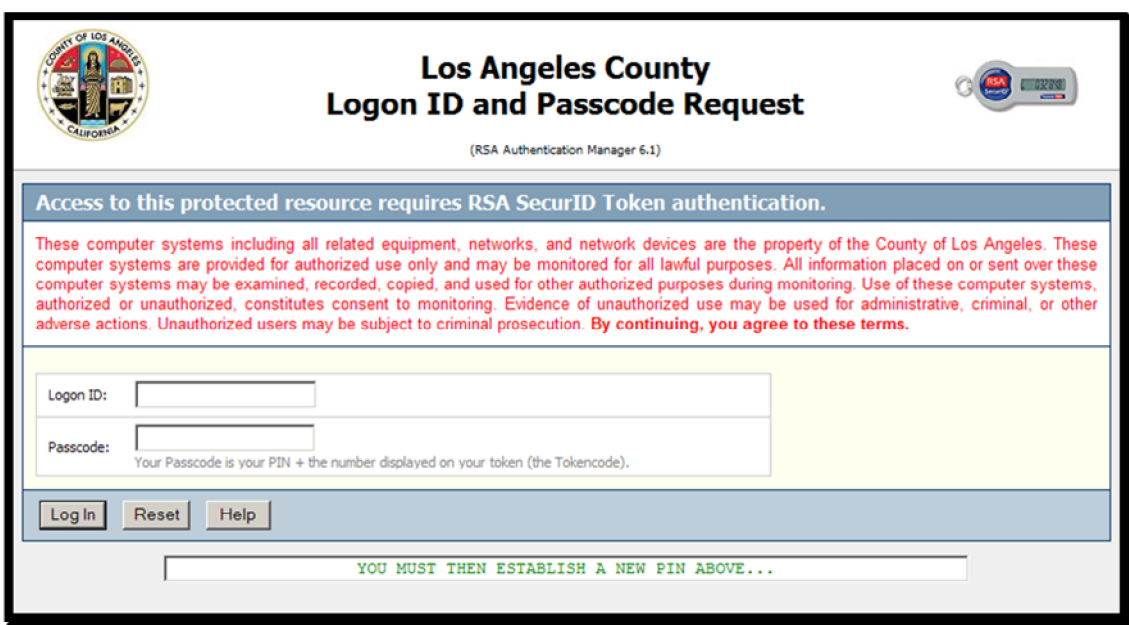
Getting Access: The username and password are the same as the IS username and password. If you do not have them, please go to the OMA Wiki and follow the instructions on how to request them.

OMA Wiki: <http://dmhoma.pbworks.com>

To access the application, open Internet Explorer and type in one of the following URLs:

- For access via the Internet (RSA SecurID required): <https://dmhapps.co.la.ca.us/PEIOMA>
- For access from a DMH facility: <https://intra.dmhapps.co.la.ca.us/PEIOMA>

Access via the Internet: To sign in from the Internet, you will need to log into the County RSA SecurID site first. Information on requesting County RSA SecurID access is available on the OMA Wiki.

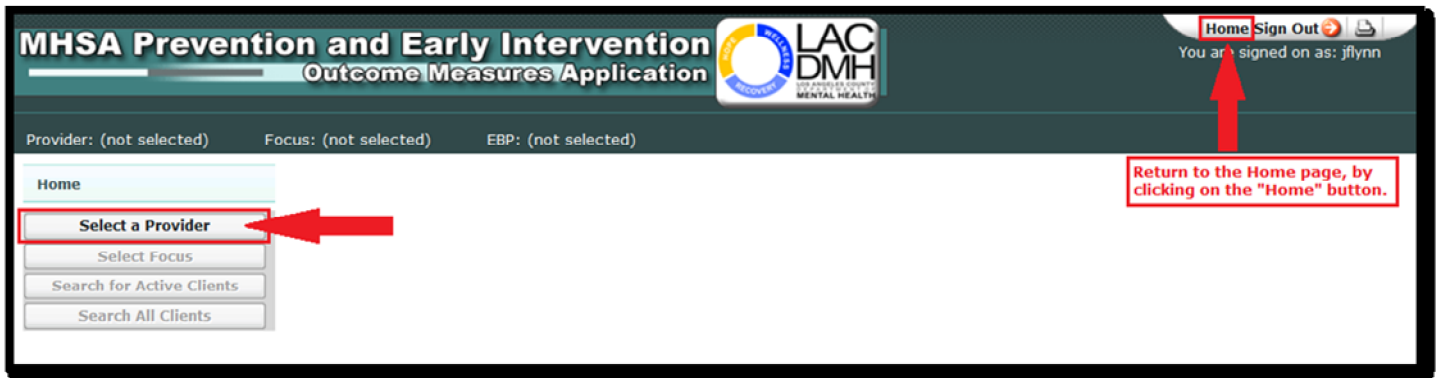


Prevention and Early Intervention – Outcome Measures Application (PEI-OMA) Sign In Page

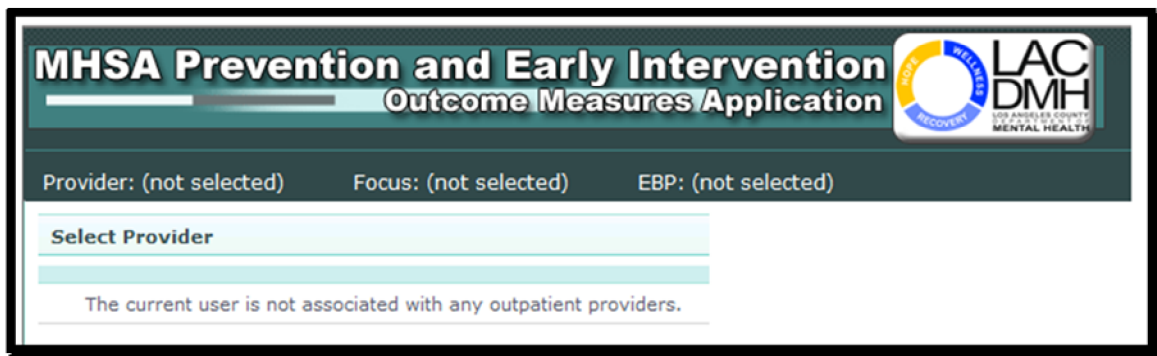
Section 2 – Select a Provider

After logging in successfully, the application will redirect to the Home page. In this page, the user can select the provider, focus of treatment and can search for a client. The Home page has been designed so that the user can return to it from any page within the application by clicking on the Home button in the top-right corner of every page.

To search for a provider, click on the **Select a Provider** button.

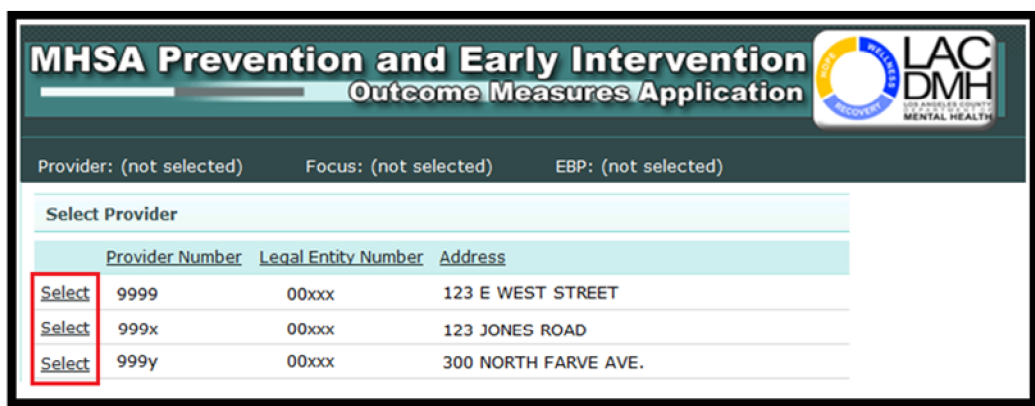


The user must be associated to a provider offering outpatient services in order to proceed. If the user is not associated to such a provider, the application will display the following message:



To correct this issue, user should go to the OMA Wiki and follow the instructions on how to update the list of providers to be associated to. If user is associated to one or more providers offering outpatient services, the application will list all of these providers.

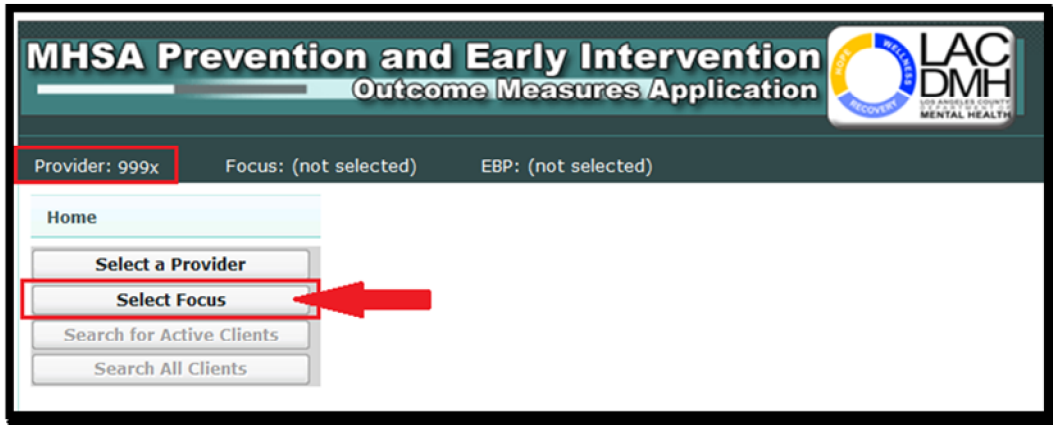
To choose a provider, click on the **Select** link next to the desired provider number.



Section 3 – Select MAP as the EBP

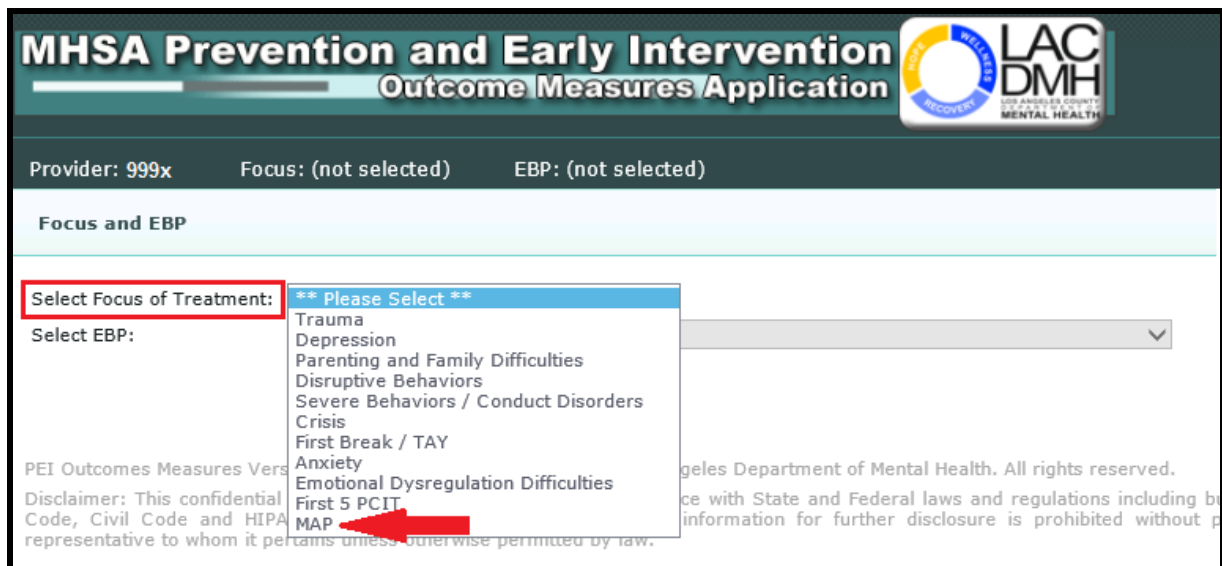
Once a provider is selected, the application will redirect to the Home page. The identification number of the provider selected will be displayed at the top of screen.

Click on the **Select Focus** button.



The application will redirect to the **Focus and EBP** screen.

Click on the **Select Focus of Treatment** dropdown list and select **MAP**.



Next, click on the **Select EBP** dropdown list and select **Managing and Adapting Practice (MAP)**.

The screenshot shows a form titled "Focus and EBP". It has two dropdown menus: "Select Focus of Treatment:" and "Select EBP:". The "Select Focus of Treatment:" dropdown is set to "MAP". The "Select EBP:" dropdown is open, showing a list of options. The first option is "** Please Select **", and the second option is "Managing and Adapting Practice (MAP)". A red arrow points to the "Managing and Adapting Practice (MAP)" option. Below the dropdowns are "OK" and "Back" buttons. At the bottom of the form, there is a disclaimer: "PEI Outcomes Measures Version 1.5 Copyright © 2014 County of Los Angeles De... Disclaimer: This confidential information is provided to you in accordance with S... Code, Civil Code and HIPAA Privacy Standards. Duplication of this informat... representative to whom it pertains unless otherwise permitted by law."

Note: **Managing and Adapting Practice** is the only EBP associated to the **MAP** Focus of Treatment. Therefore, it is the only choice displayed in the Select EBP dropdown list.

Once you have chosen the **Focus of Treatment** and **EBP**, click on the **OK** button to continue.

The screenshot shows the same "Focus and EBP" form. The "Select Focus of Treatment:" dropdown is set to "MAP" and the "Select EBP:" dropdown is set to "Managing and Adapting Practice (MAP)". The "OK" button is highlighted with a red box. The "Back" button is also visible. The disclaimer at the bottom is the same as in the previous screenshot.

The application will redirect to the **Home** page.

The **Focus of Treatment** and **EBP** chosen will be displayed at the top of the screen and will remain there while using the application.

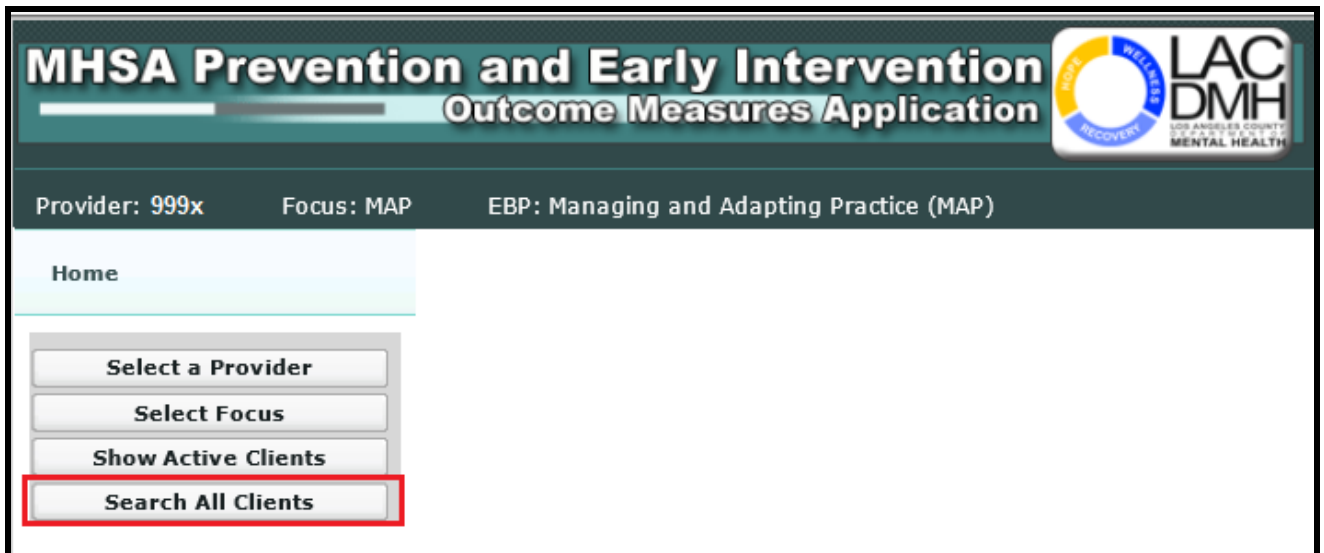
The screenshot shows the "Home" page of the "MHSA Prevention and Early Intervention Outcome Measures Application". At the top, there is a header with the application name and the LAC DMH logo. Below the header, there is a dark bar with the text "Provider: 999x", "Focus: MAP", and "EBP: Managing and Adapting Practice (MAP)". The "Focus: MAP" and "EBP: Managing and Adapting Practice (MAP)" text is highlighted with a red box. Below this bar, there is a "Home" section with a light blue background. On the left side, there is a vertical list of buttons: "Select a Provider", "Select Focus", "Show Active Clients", and "Search All Clients".

Section 4 – Select a Client

Once the Focus and EBP have been selected, you can either update an active treatment cycle for a given client or begin entering a new treatment cycle for the client.

- To update an active treatment cycle for a client, go to section 10 – View a Treatment Cycle.
- To enter a new treatment cycle for a client, follow the instructions below.

From the Home page, click on the **Search All Clients** button.

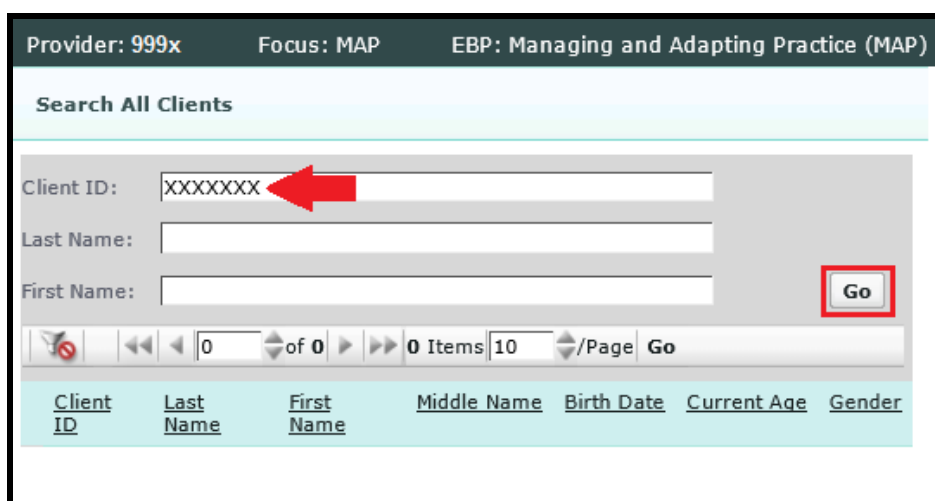


The screenshot shows the MESA (MHS Prevention and Early Intervention Outcome Measures Application) Home page. At the top, there is a header with the application name and the LAC DMH logo. Below the header, the current session information is displayed: Provider: 999x, Focus: MAP, and EBP: Managing and Adapting Practice (MAP). The main content area is titled 'Home' and contains four buttons: 'Select a Provider', 'Select Focus', 'Show Active Clients', and 'Search All Clients'. The 'Search All Clients' button is highlighted with a red rectangular box.

You will be taken to the **Search All Clients** page.

Note: The client you are searching for must already exist in the DMH Integrated System (IS). If the client is not already in the IS, they will not appear in results list.

Search for a client by their **Client ID**, **Last Name** or **First Name**. Next, click on the **Go** button or hit the **Enter** key.



The screenshot shows the 'Search All Clients' page. At the top, the session information is repeated: Provider: 999x, Focus: MAP, and EBP: Managing and Adapting Practice (MAP). Below this, the page title is 'Search All Clients'. There are three input fields: 'Client ID:' with the text 'XXXXXXXX' and a red arrow pointing to it, 'Last Name:', and 'First Name:'. To the right of the 'First Name' field is a 'Go' button, which is highlighted with a red rectangular box. Below the input fields is a pagination bar showing '0 of 0' items, a page size of '10', and a 'Go' button. At the bottom, there is a table header with the following columns: Client ID, Last Name, First Name, Middle Name, Birth Date, Current Age, and Gender.

The results list will display all of the clients that match the criteria entered. Click on the **Select** link next to the client record you have chosen.

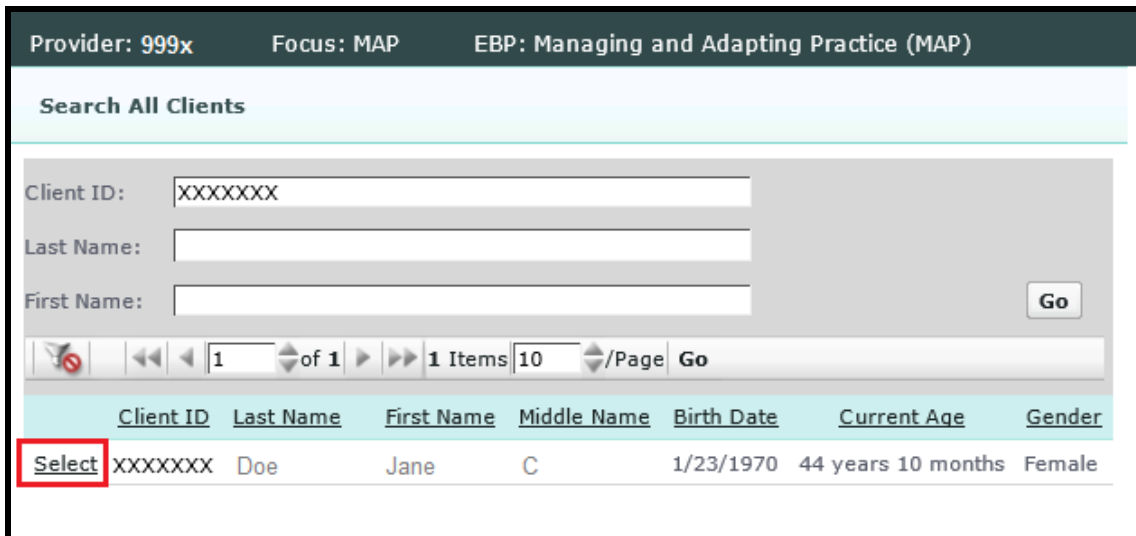


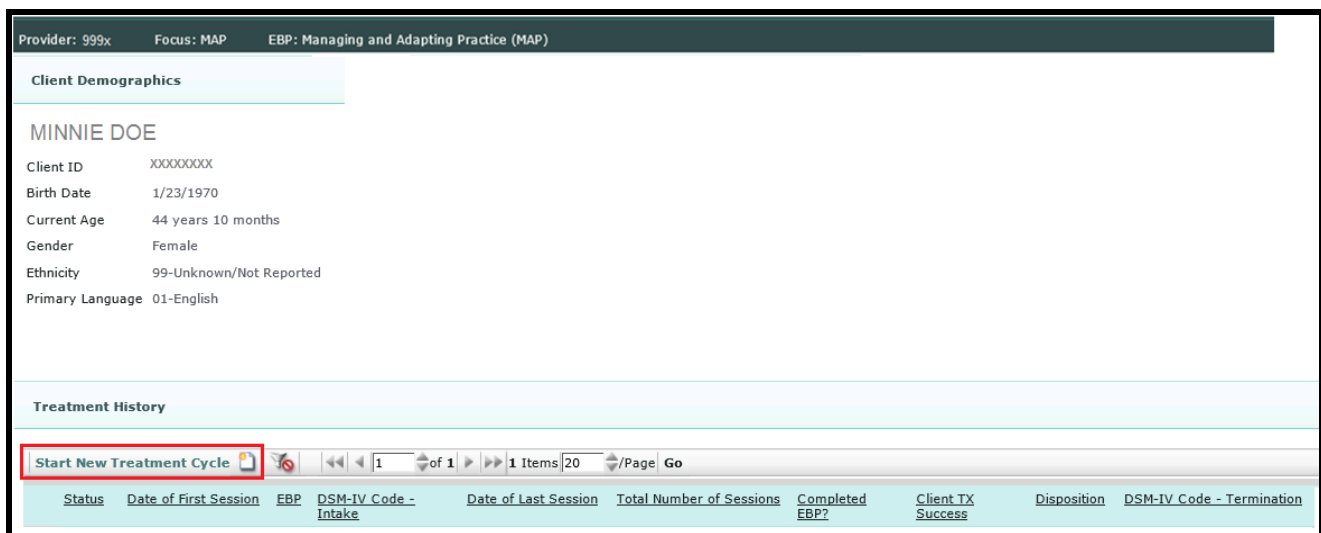
Image: Search All Clients results

Where you go next will depend on whether or not the client you selected has prior treatment history with the provider and focus of treatment selected:

- If Yes, you will be taken to the **Treatment History** page. Proceed to the next page.
- If No, you will be taken to the **Beginning of Treatment Information** page. Skip to section 5.

The **Treatment History** page will display the relevant treatment history for the client with the provider and focus of treatment selected. Note that you will not be able to start a new treatment cycle if an active treatment cycle is indicated for the client.

Click the **Start New Treatment Cycle** button to proceed with a new treatment cycle.

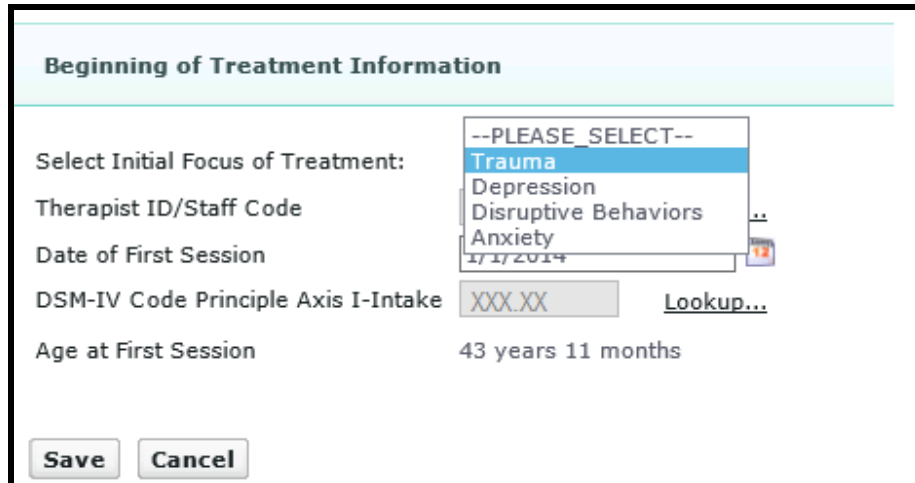


You will be taken to the **Beginning of Treatment Information** page.

Section 5 – Enter Beginning of Treatment Information

On the Beginning of Treatment Information page, do the following:

1. Identify the **Initial Focus of Treatment** from the list of available choices.



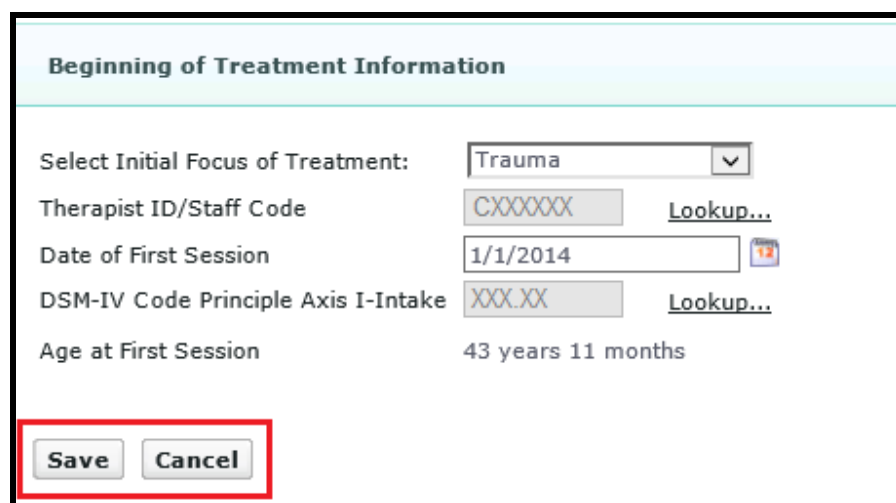
Beginning of Treatment Information

Select Initial Focus of Treatment:
Therapist ID/Staff Code
Date of First Session
DSM-IV Code Principle Axis I-Intake [Lookup...](#)
Age at First Session 43 years 11 months

Image: Beginning of Treatment Information

2. Select a value for **Therapist ID/Staff Code** by clicking on the **Lookup...** link next to the field. This is not a free text field.
3. Enter the **Date of First Session** by typing in the date or by clicking on the Calendar icon and selecting date from the Calendar picker.
4. Select a value for the **DSM-IV Code Principle Axis I – Intake** by clicking on the **Lookup...** link next to the field. This is not a free text field.
5. The value for **Age at First Session** will be automatically calculated after **Date of First Session** is entered.
6. To save your entries, click the **Save** button and the application will take you to the MAP Tracks page. To cancel, click the **Cancel** button and the application will direct you back to the previous page.

Note: The application will validate the dates you enter. If you enter an invalid date, the application will return an error message.



Beginning of Treatment Information

Select Initial Focus of Treatment:
Therapist ID/Staff Code [Lookup...](#)
Date of First Session
DSM-IV Code Principle Axis I-Intake [Lookup...](#)
Age at First Session 43 years 11 months

Image: Beginning of Treatment Information

Section 6 – Complete and Submit ‘Pre’ Questionnaires

After entering the Beginning of Treatment Information, you will be taken to the MAP Track page. On this page, you will see demographic information for the client, the Beginning of Treatment Information and a list of tracks within the client’s MAP treatment cycle.

When an MAP treatment cycle is first created, both the general track (track number zero) and the first focus track (track number 1) are created automatically for you. You will be able to add more focus tracks as you proceed through the treatment cycle.

To submit a questionnaire, select the MAP track the questionnaires are associated with by clicking on the **Select** link for the desired track.

The screenshot displays the MAP Track page for a client named JANE C DOE. The page is divided into several sections:

- Provider:** 999x, **Focus:** MAP, **EBP:** Managing and Adapting Practice (MAP)
- Client Demographics:** JANE C DOE, Client ID: XXXXXX, Birth Date: 3/23/2005, Current Age: 9 years 8 months, Gender: Female, Ethnicity: 99-Unknown/Not Reported, Primary Language: 01-English.
- Client Treatment Information:** Beginning of Treatment Information (with a question mark icon), Therapist ID/Staff Code: CXXXXX, Date of First Session: 1/1/2014, DSM-IV Code Principle Axis I-Intake: XXX.XX, Age at First Session: 9 years 2 months.
- Treatment History MAPTracks:** A table with columns: Track Number, Focus Name, Focus Start Date, Focus End Date, Completed Focus?, Total Number of Sessions, and Status.

	Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status
Select	0	General	01/01/2014		No	0	Active
Select	1	Trauma	01/01/2014		No	0	Active

A **Back** button is located at the bottom left of the page.

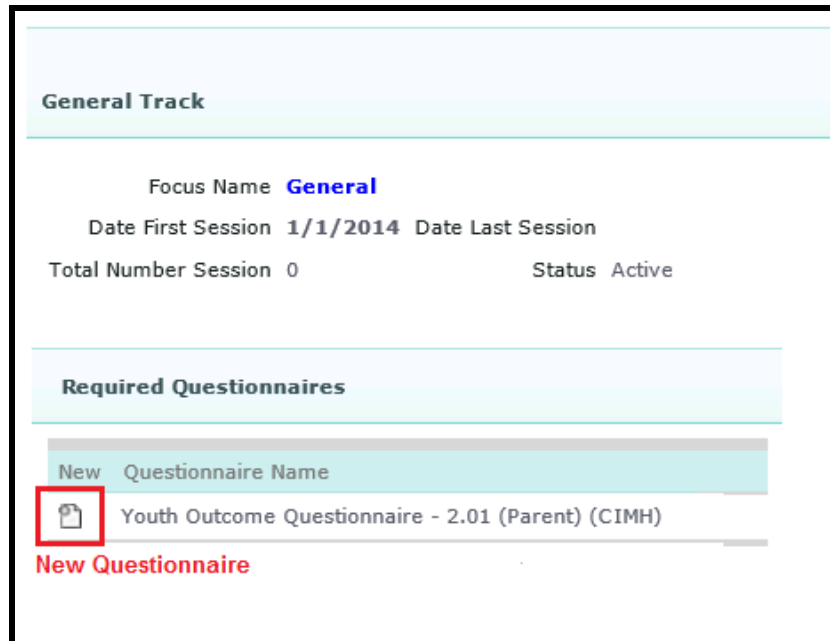
Once you select a track, the application will take you to the Client Treatment Information page for the selected track. On this page, you will see a list of required questionnaires. For the general track, the list is based on the client’s age on the date of first session. For a focus track, the list is based on the focus of treatment and the client’s age on the focus start date.

Note that there may be cases when there will be no required questionnaires for a client.

- For clients with required questionnaires, proceed go to section 6.1
- For clients with no required questionnaires, skip to section 6.4

Section 6.1 - Clients with Required Questionnaires

To submit a questionnaire, click on the **New Questionnaire** icon next to the name of the questionnaire.



The screenshot displays a client profile for the 'General Track'. It includes fields for Focus Name (General), Date First Session (1/1/2014), Date Last Session, Total Number Session (0), and Status (Active). Below this, the 'Required Questionnaires' section is shown. A table lists a questionnaire with a 'New' icon highlighted by a red box. The questionnaire name is 'Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)'. Below the table, the text 'New Questionnaire' is displayed in red.

Image: Add a new questionnaire

There are two possible scenarios for saving required questionnaires:

- Questionnaires were administered and collected – Continue on to Section 6.2
- Some or all questionnaires were not administered or collected (Unable to Collect) – Skip to Section 6.3

Section 6.2 – Report subscale scores for a Questionnaire

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from dropdown list. If this is the first questionnaire, the only option will be 'Pre'.
3. Enter a valid **Score** for each **Subscale** record. You may tab from one score to the next.
4. To save, click the **Save** button.
5. To cancel, click the **Cancel** button.
6. The application will redirect to the previous page.

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date: 1/1/2014

Type: Pre

Subscale / SCALE	Score
Intrapersonal Distress	20
Somatic	25
Interpersonal Relations	10
Social Problems	20
Behavioral Dysfunction	25
Critical Items	10
Total	110

Unable to Collect Reason: ** Please Select **

Save **Cancel**

Image: Report subscale scores for a questionnaire

Section 6.3 – Unable to collect scores for a questionnaire

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from the dropdown list. If this is the first questionnaire, the only choice will be 'Pre'.
3. Click on the checkbox marked "**Unable to Collect**".

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date: 1/1/2014

Type: Pre

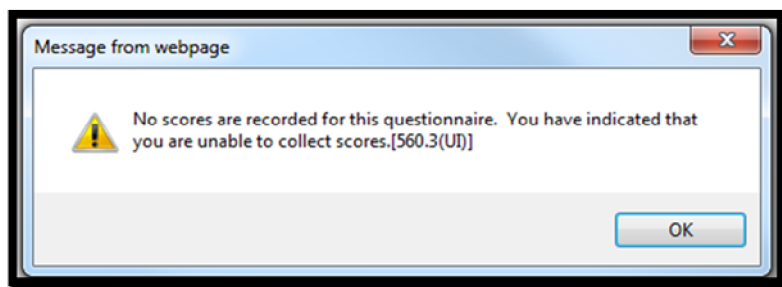
Subscale / SCALE	Score
Intrapersonal Distress	
Somatic	
Interpersonal Relations	
Social Problems	
Behavioral Dysfunction	
Critical Items	
Total	

Unable to Collect Reason: Administered wrong forms

Save Cancel

Image: Report "Unable to Collect" scores for a questionnaire

4. The application will display a confirmation message that indicates no scores will be recorded for this questionnaire.
5. To continue, click the **OK** button on the confirmation message.



6. Indicate the reason you were unable to collect scores by selecting your answer from the **Reason** dropdown list. **Note:** The choices in the **Reason** list vary depending on the questionnaire you are reporting on.
7. To save, click the **Save** button.

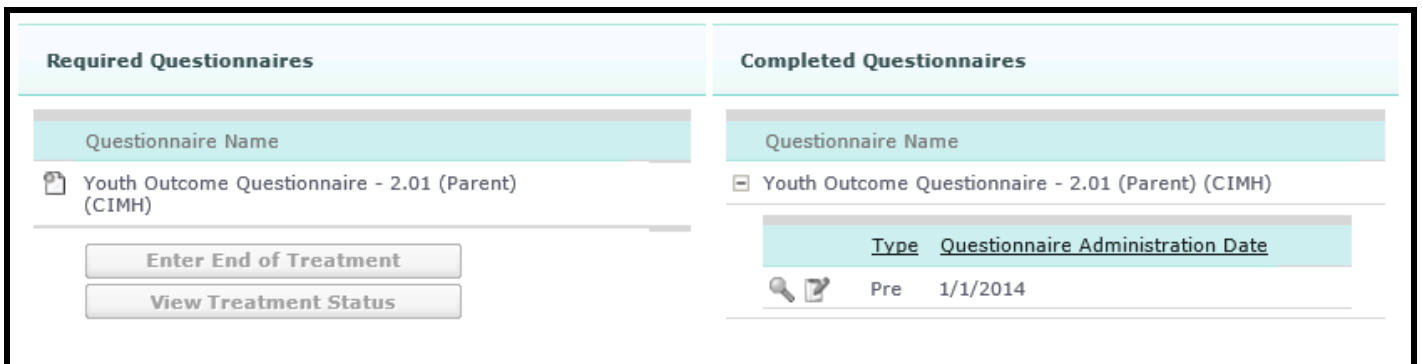
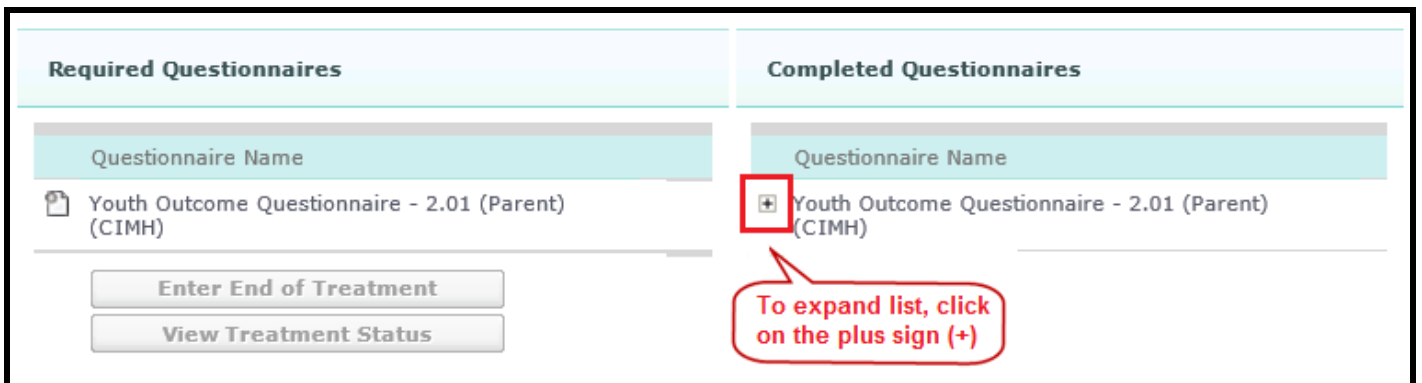
8. To cancel, click the **Cancel** button.
9. The application will redirect to the previous page.

Note: After saving the questionnaire, you will still be able to update it from reporting “**Unable to Collect**” to reporting **subscale score(s)**. However, you will not be able to update the **Questionnaire Administration Date** or the **Type** of the Questionnaire. In addition, once **subscale scores** have been reported for a questionnaire, you will not be able to update it to report “**Unable to Collect**”.

The application will redirect to the **Client Treatment Information** page.

To view the questionnaire you have entered, click on the plus sign (+) next the questionnaire type. The list will expand showing you all of the questionnaires of this type that have been saved.

To view questionnaires already entered, skip to **Section 12 – View Questionnaires**.



Images: List of Completed Questionnaires in Expanded View

To submit an ‘Update’ questionnaire, skip to Section 7.

To select a different MAP Track, click on the **Back** button. From the MAP Tracks page, select the desired track by clicking the **Select** link.

Treatment History MAPTracks							
	Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status
Select	0	General	01/01/2014		No	0	Active
Select	1	Trauma	01/01/2014		No	0	Active

Follow instructions in Section 6.2 to report subscale scores, or 6.3 to report “Unable to Collect”.

Once you have completed all ‘Pre’ questionnaires in a focus track, the **Enter End of Focus** button will become visible on the Client Treatment Information page for the focus track.

If you choose to complete and submit End of Focus Information at this time, click on the **Enter End of Focus** button and skip to **Section 8 – Complete and Submit End of Focus Information**.

The screenshot displays two main sections: 'Required Questionnaires for Track 1' and 'Completed Questionnaires'. The 'Required' section lists two questionnaires: 'UCLA PTSD-RI - Parent (CIMH)' and 'UCLA PTSD-RI - Child/Adolescent (CIMH)'. Below these is a button labeled 'Enter End of Focus' which is highlighted with a red rectangle, and another button labeled 'View Focus Status'. The 'Completed' section shows the same two questionnaires. The 'UCLA PTSD-RI - Parent (CIMH)' entry has a table with columns 'Type' and 'Questionnaire Administration Date', containing rows for 'Pre' (1/1/2014) and 'Update' (6/1/2014). The 'UCLA PTSD-RI - Child/Adolescent (CIMH)' entry also has a similar table with 'Pre' (1/1/2014) and 'Update' (6/1/2014) rows.

Image: Client Treatment Information page

Section 6.4 - Clients with no required questionnaires

If a client you selected does not have any required questionnaires, the application will display the message shown in the image below.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)	
Client Demographics	Client Treatment Information
MINNIE DOE	
Client ID	XXXXXXXX
Birth Date	1/23/1970
Current Age	44 years 10 months
Gender	Female
Ethnicity	99-Unknown/Not Reported
Primary Language	01-English
Beginning of Treatment Information	
Therapist ID/Staff Code	cXXXXXX
Date of First Session	01/01/2014
DSM-IV Code Principle Axis I-Intake	XXX.XX
Age at First Session	43 years 11 months
General Track	
Focus Name General	
Date First Session 1/1/2014 Date Last Session	
Total Number Session 0 Status Active	
Required Questionnaires	
Questionnaire Name	
<input type="button" value="Enter End of Treatment"/>	
<input type="button" value="View Treatment Status"/>	
<div style="border: 2px solid red; padding: 5px;"><p>Due to the client's age, no outcome questionnaires are required for this client. To complete "End of Treatment" information at this time, please click on the "End of Treatment" button. To return to the home page, please click on the "Home" button.</p></div>	
Message for client's that do not have any required questionnaires.	

If you encounter this in a focus track, click on the **Enter End of Focus** button and skip to **Section 8 – Complete and Submit End of Focus Information**.

If you encounter this in the general track, click on the **Enter End of Treatment** button and skip to **Section 9 – Complete and Submit End of Treatment Information**.

Section 7 – Complete and Submit ‘Update’ Questionnaires

From the Client Treatment Information page, click on the **New** icon next to the questionnaire you wish to submit. You will be taken to the **Add Questionnaire** page.

General Track

Focus Name **General**
Date First Session **1/1/2014** Date Last Session
Total Number Session **0** Status **Active**

Required Questionnaires

New	Questionnaire Name
	Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

New Questionnaire

On the Add Questionnaire page, do the following:

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Select ‘Update’ from **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save, click the **Save** button. To cancel this entry, click the **Cancel** button. The application will redirect to the previous page.

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date:

Type:

Subscale / SCALE	Score
Intrapersonal Distress	<input type="text" value="25"/>
Somatic	<input type="text" value="20"/>
Interpersonal Relations	<input type="text" value="20"/>
Social Problems	<input type="text" value="20"/>
Behavioral Dysfunction	<input type="text" value="25"/>
Critical Items	<input type="text" value="20"/>
Total	<input type="text" value="130"/>

Unable to Collect Reason:

Once you have completed and saved an 'Update' type questionnaire, the application will return to **Client Treatment Information** page.

Provider: 999x
Focus: MAP
EBP: Managing and Adapting Practice (MAP)

Client Demographics

JANE C DOE

Client ID XXXXXXXX

Birth Date 3/23/2005

Current Age 9 years 8 months

Gender Female

Ethnicity 99-Unknown/Not Reported

Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code CXXXXXX

Date of First Session 1/1/2014

DSM-IV Code Principle Axis I-Intake XXX.XX

Age at First Session 9 years 2 months

General Track

Focus Name **General**

Date First Session 1/1/2014 Date Last Session

Total Number Session 0 Status Active

Required Questionnaires

Questionnaire Name

Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Completed Questionnaires

Questionnaire Name

Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Type	Questionnaire Administration Date
Pre	1/1/2014
Update	6/1/2014

To view questionnaires, skip to Section 12.

To edit questionnaires, skip to Section 13.

Section 8 – Complete and Submit End of Focus Information

At the end of each focus track, you must complete the End of Focus Information before you can start a new focus track and before you can end the treatment cycle.

To enter End of Focus Information, do the following:

1. Enter the **Focus End Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Enter **Total Number of Session** by typing in the number.
3. Indicate if client completed focus by selecting a value from the **Completed Focus?** dropdown list.
4. To save, click the **Save** button. The application will take you to the **Focus Status** page.
5. To cancel, click the **Cancel** button. The application will redirect to the previous page.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

JANE C DOE

Client ID XXXXXXX
Birth Date 3/23/2005
Current Age 9 years 8 months
Gender Female
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information ?

Therapist ID/Staff Code CXXXXXX
Date of First Session 1/1/2014
DSM-IV Code Principle Axis I-Intake XXX.XX
Age at First Session 9 years 2 months

End of Focus Information

Focus End Date 10/1/2014

Total Number of Sessions 10

Completed Focus? Yes ▼

Save **Cancel**

Note: If the focus was completed, you are required to submit the 'Post' questionnaires for the focus. The **Focus Status** page will indicate whether or not the 'Post' questionnaires.

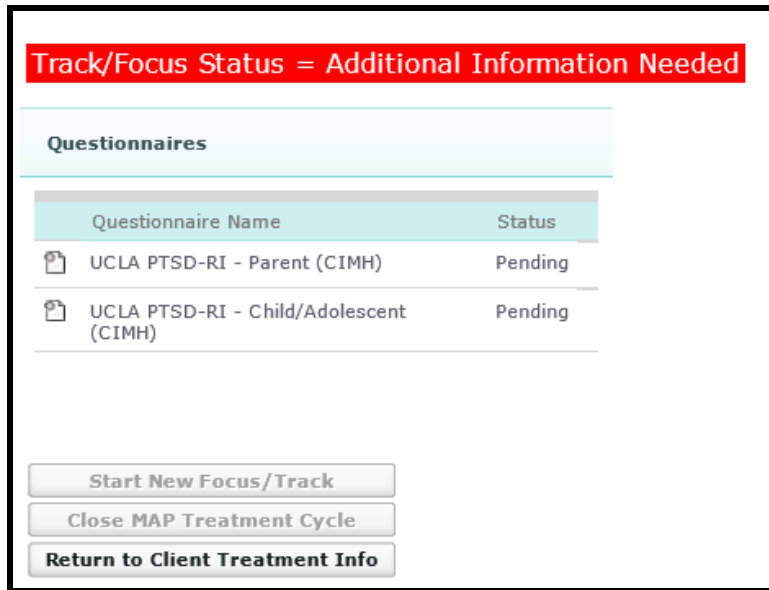


Image: *Focus Status* (in red) indicating that 'Post' questionnaires are required. Note the status of each required 'Post' questionnaire is 'Pending'.

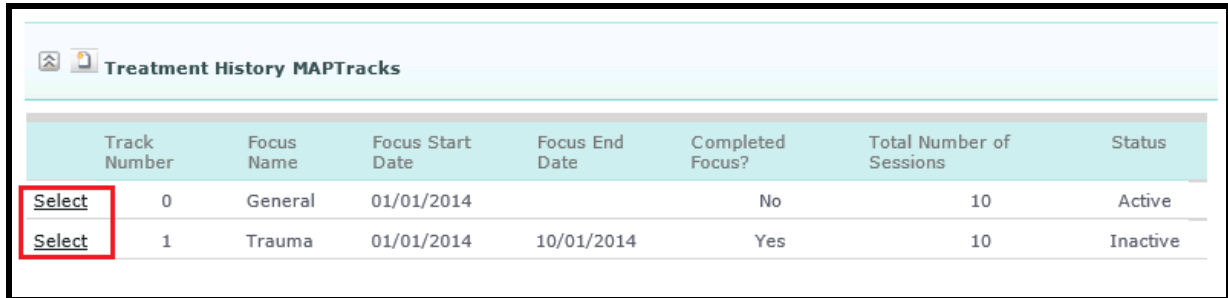
If you wish to complete and submit pending 'Post' questionnaires, please continue on to **Section 10**.

Section 9 – Complete and Submit End of Treatment Information

If you wish to end the MAP treatment cycle, first ensure that all of the focus tracks are inactive. In addition, all 'Pre' questionnaires in the general track must already be completed.

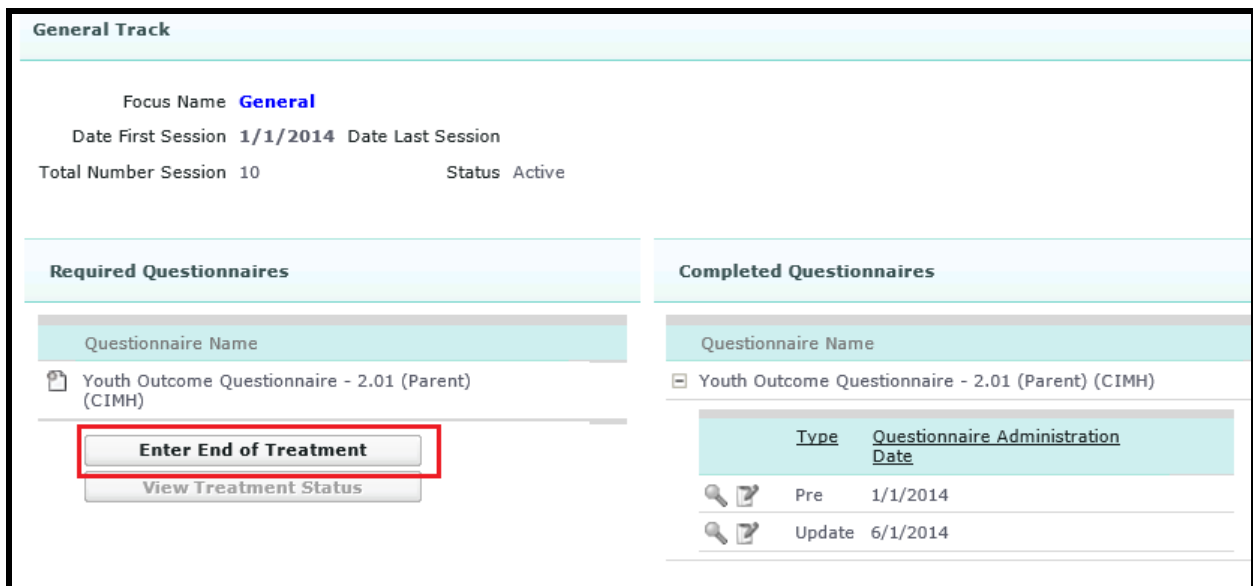
To enter End of Treatment Information, do the following:

1. From the **MAP Tracks** page, select the general track.



	Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status
Select	0	General	01/01/2014		No	10	Active
Select	1	Trauma	01/01/2014	10/01/2014	Yes	10	Inactive

2. On the Client Treatment Information page for the general track, click on the **Enter End of Treatment** button. **Note:** this button will only be enabled once all of the 'Pre' questionnaires for the general track have been submitted.



General Track

Focus Name **General**

Date First Session **1/1/2014** Date Last Session

Total Number Session **10** Status **Active**

Required Questionnaires		Completed Questionnaires	
Questionnaire Name		Questionnaire Name	
Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)		Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)	
Enter End of Treatment		<u>Type</u>	<u>Questionnaire Administration Date</u>
View Treatment Status		Pre	1/1/2014
		Update	6/1/2014

3. The Date of Last Session will be set to the **Focus End Date** for the last focus track.
4. The Total Number of Sessions will be set to the sum of all of the **Total Number of Sessions** from all of the focus tracks.

5. Indicate whether the EBP was completed by choosing the appropriate value from the **Completed EBP** dropdown list. Depending on what you select, there may be additional requirements for completing the **End of Treatment Information**:
 - If you answer 'No', you must enter a response in the **Dropout Reason** field.
 - If you answer 'Yes', no response in the **Dropout Reason** field will be collected.
6. Select a value for the **DSM-IV Code Principle Axis I – Termination** by clicking on the **Lookup** link next to the field. This is not a free text field.
7. To submit your responses, click the **Save** button. The application will take you to the **Treatment Cycle Status** page.
8. To cancel your responses, click the **Cancel** button. The application will redirect to the previous page.

The screenshot shows the 'End of Treatment Information' form. The fields are: Date of Last Session (10/1/2014), Total Number of Sessions (10), Completed EBP? (Yes), DSM-IV Code Principle Axis-I Termination (XXX.XX with a 'Lookup...' link), and Dropout Reason (** Please Select **). The 'Save' and 'Cancel' buttons are highlighted with a red box.

Image: End of Treatment Information with Completed EBP = Yes

The screenshot shows the 'End of Treatment Information' form with 'Completed EBP?' set to 'No'. The 'Dropout Reason' dropdown menu is open, showing options: Child arrested/detained, Child placed in hospital, Child placed out of home (FC/GrpHome), Family moved, Family withdrew, Other, and Unable to contact family. The 'Save' and 'Cancel' buttons are highlighted with a red box.

Image: End of Treatment Information with Completed EBP = No

Note: If selected 'Yes' for **Completed EBP** field, this will not end the client's treatment cycle. You will need to complete and submit all required 'Post' questionnaires in order to end the treatment cycle.

If selected 'No' for **Completed EBP** field, this will end the treatment cycle.

Once you have completed the End of Treatment Information, you will be taken to the **Treatment Cycle Status** page.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)			
Client Demographics		Client Treatment Information	
JANE C DOE			
Client ID	XXXXXX	Beginning of Treatment Information	
Birth Date	3/23/2005	Therapist ID/Staff Code	CXXXXX
Current Age	9 years 8 months	Date of First Session	1/1/2014
Gender	Female	DSM-IV Code Principle Axis I-Intake	XXX.XX
Ethnicity	99-Unknown/Not Reported	Age at First Session	9 years 2 months
Primary Language	01-English	End of Treatment Information	
		Date of Last Session	10/1/2014
		Total Number of Sessions	10
		Completed EBP	Yes
		DSM-IV Code Principle Axis-I Termination	XXX.XX
		Dropout Reason	
Treatment Cycle Status = Additional Information Needed			
Questionnaires			
	Questionnaire Name	Status	
	📄 Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)	Pending	
<input type="button" value="Start New Focus/Track"/> <input type="button" value="Close MAP Treatment Cycle"/> <input type="button" value="Return to Client Treatment Info"/>			

Image: Treatment Cycle Status (in red) indicating that 'Post' questionnaires are needed for the treatment cycle to be completed. Note the status of each required 'Post' questionnaire is 'Pending'.

To submit pending 'Post' questionnaires, continue on to **Section 10**.

Section 10 – Complete and Submit ‘Post’ Questionnaires

Once the End of Treatment Information is completed, the application will indicate which ‘Post’ questionnaires are still pending completion on the **Treatment Cycle Status** page.

To complete and submit a ‘Post’ questionnaire, click on the **New** icon next to the questionnaire you wish to complete.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

JANE C DOE

Client ID XXXXXX
Birth Date 3/23/2005
Current Age 9 years 8 months
Gender Female
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information


Therapist ID/Staff Code CXXXXXX
Date of First Session 1/1/2014
DSM-IV Code Principle Axis I- Intake XXX.XX
Age at First Session 43 years 11 months

End of Treatment Information

Date of Last Session 10/1/2014
Total Number of Sessions 10
Completed EBP Yes
DSM-IV Code Principle Axis-I Termination XXX.XX
Dropout Reason

Treatment Cycle Status = Additional Information Needed

Questionnaires

Questionnaire Name	Status
 Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)	Pending

Start New Focus/Track
Close MAP Treatment Cycle
Return to Client Treatment Info

Image: Treatment Cycle Status Page

The application will redirect to the **Add Questionnaire** page.

On the **Add Questionnaire** page, do the following:

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
2. Select 'Post' from the **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record, or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save, click the **Save** button.
5. To cancel, click the **Cancel** button.
6. The application will redirect to the previous page.


General Track


Focus Name **General**

Date First Session **1/1/2014** Date Last Session **10/1/2014**


Status **Active**

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date: 10/1/2014 

Type: Post 

Subscale / SCALE	Score
Intrapersonal Distress	20
Somatic	20
Interpersonal Relations	25
Social Problems	25
Behavioral Dysfunction	20
Critical Items	20
Total	130

Unable to Collect Reason: **** Please Select **** 

Save **Cancel**

Image: Entering a 'Post' type questionnaire.

The application will redirect to the **Treatment Cycle Status** page.

The status of each questionnaire will change from 'Pending' to 'Completed' once it has been submitted.

Once you complete all the required 'Post' questionnaires, the **Treatment Cycle Status** indicator on the Client Treatment Information page will change to "Complete" and turn from red to green.

Treatment Cycle Status = Complete

Questionnaires

Questionnaire Name	Status
Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)	Completed

Start New Focus/Track

Close MAP Treatment Cycle

Return to Client Treatment Info

To return to the **Client Treatment Information** page, click on the **Return to Client Treatment Info** button.

Section 11 – View a Treatment Cycle

First, follow **sections 1, 2 and 3**. Once you have selected a provider, focus of treatment and EBP, click on the **Show Active Clients** button.



On the **Show Active Clients** page, you will be given a list of clients who have active treatment cycles at the selected provider site under the chosen EBP.

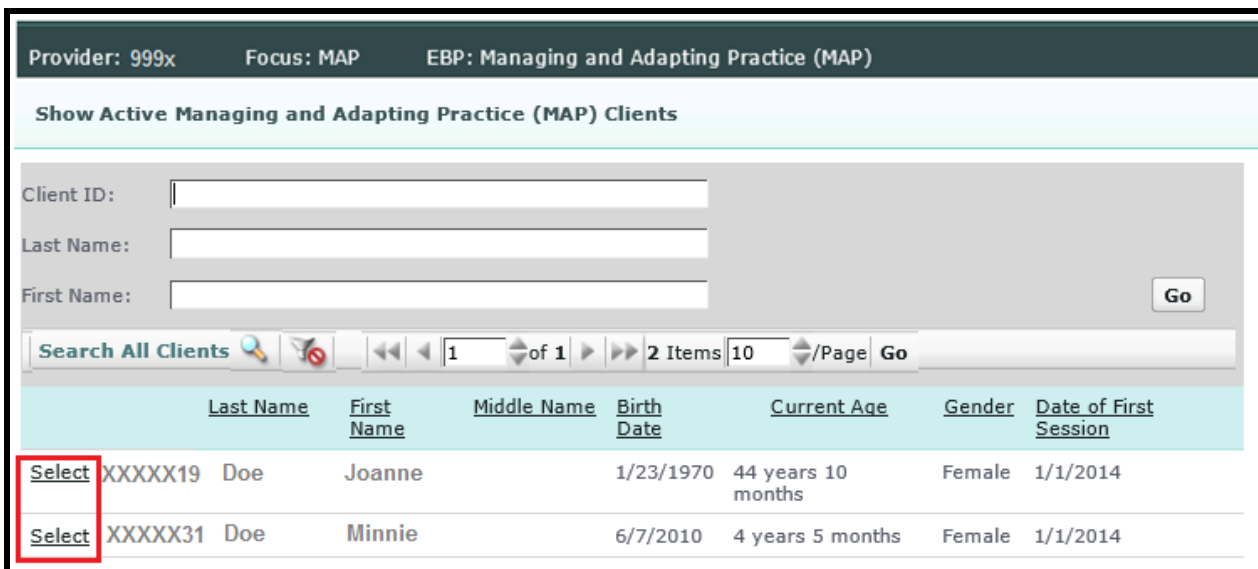


Image: Search Results

Note: By default, the results list only displays 10 active clients at a time. If the client you wish to select is not listed in the first 10 records, there are navigation arrow buttons above the list to move from page to page in the list.



Image: Navigation buttons for the Active Client list

You can also filter the list by entering the client's **ID number**, **Last Name** or **First Name** and then either clicking on the **Go** button or hitting the **Enter** key.

Click on the **Select** link next to the entry for the client whose treatment cycle you wish to view.

The screenshot shows a table with columns: Last Name, First Name, Middle Name, Birth Date, Current Age, Gender, and Date of First Session. There are three rows of data. The first row shows a client aged 9 years 9 months, female, with a first session on 2/1/2014. The second row shows a client aged 23 years 11 months, male, with a first session on 12/2/2013. The third row shows a client aged 16 years 4 months, male, with a first session on 7/24/2014. A red box highlights the 'Select' link in the first column of the second row.

	Last Name	First Name	Middle Name	Birth Date	Current Age	Gender	Date of First Session
Select					9 years 9 months	Female	2/1/2014
Select					23 years 11 months	Male	12/2/2013
Select					16 years 4 months	Male	7/24/2014

After you select the client, you will be taken to the **Treatment History** page. This page will display the relevant treatment history of the client for the focus of treatment and provider you selected.

The screenshot shows the 'Treatment History' page for a client. At the top, it displays 'Provider: 999x', 'Focus: MAP', and 'EBP: Managing and Adapting Practice (MAP)'. Below this is the 'Client Demographics' section for 'JANE C DOE', listing details like Client ID (XXXXXXX), Birth Date (3/23/2005), Current Age (9 years 8 months), Gender (Female), Ethnicity (99-Unknown/Not Reported), and Primary Language (01-English). The 'Treatment History' section includes a 'Start New Treatment Cycle' button and a table with columns: Status, Date of First Session, EBP, DSM-IV Code - Intake, and Date of Last Session. One entry is shown: Active, 1/1/2014, Managing and Adapting Practice (MAP), 290.0. Below this is the 'MAP Tracks' section with a table showing Track Number 1, Focus Name Trauma, and Focus Start Date 01/01/2014.

Image: Treatment History page for the active client.

Click on the **View** icon (magnifying glass) next to record you wish to view.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID XXXXXXXX
 Birth Date 1/23/1970
 Current Age 44 years 10 months
 Gender Female
 Ethnicity 99-Unknown/Not Reported
 Primary Language 01-English

Treatment History

Start New Treatment Cycle [Icons] of 1 Items 20 /Page Go

Status	Date of First Session	EBP	DSM-IV Code - Intake	Date of Last Session	Total Number of Sessions	Completed EBP?	Client TX Success	Disposition	DSM-IV Code - Termination
Inactive	1/1/2014	Managing and Adapting Practice (MAP)	290.0	10/1/2014	10	Yes			290.0

MAP Tracks

Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions
1	Trauma	01/01/2014	10/01/2014	Yes	10

If the EBP for the treatment cycle you selected is MAP, you will be then by taken to the **MAP Tracks** page for the treatment cycle. Otherwise, you will be taken to the **Client Treatment Information** page.

The **MAP Tracks** page will show you the Client Demographic information about the client, the current Beginning and End of Treatment Information and a list of the MAP tracks within the treatment cycle.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID XXXXXXXX
 Birth Date 1/23/1970
 Current Age 44 years 10 months
 Gender Female
 Ethnicity 99-Unknown/Not Reported
 Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code eXXXXXX
 Date of First Session 01/01/2014
 DSM-IV Code Principle Axis I- Intake XXX.XX
 Age at First Session 43 years 11 months

End of Treatment Information

Date of Last Session 10/1/2014
 Total Number of Sessions 10
 Completed EBP Yes
 DSM-IV Code Principle Axis-I Termination XXX.XX
 Dropout Reason

Treatment History MAPTracks

Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status
Select 0	General	01/01/2014	10/01/2014	Yes	10	Inactive
Select 1	Trauma	01/01/2014	10/01/2014	Yes	10	Inactive

Back

Image: The MAP Tracks page

The following can be done from the **MAP Tracks** page:

- Select a MAP track to view or edit
- Edit Beginning of Treatment Information (section 12)
- Edit End of Treatment Information, once entered (section 15).

To proceed to a MAP track, click on the **Select** link next to the desired track.

You will be taken to the **Client Treatment Information** page for the selected track.

From the **Client Treatment Information** page, you can:

- Complete and submit required questionnaires
- View a completed questionnaire
- Edit a completed questionnaire
- Edit End of Focus Information, once entered

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics		Client Treatment Information	
MINNIE DOE			
Client ID	XXXXXXXX	Beginning of Treatment Information	
Birth Date	1/23/1970	Therapist ID/Staff Code	cXXXXXX
Current Age	44 years 10 months	Date of First Session	01/01/2014
Gender	Female	DSM-IV Code Principle Axis I- Intake	XXX.XX
Ethnicity	99-Unknown/Not Reported	Age at First Session	43 years 11 months
Primary Language	01-English		

Track 1

Focus Name **Trauma**
Focus Start Date 1/1/2014 Focus End Date
Total Number Session 0 Focus Status Active

Required Questionnaires for Track 1		Completed Questionnaires	
Questionnaire Name		Questionnaire Name	
UCLA PTSD-RI - Parent (CIMH)		UCLA PTSD-RI - Parent (CIMH)	
Type Questionnaire Administration Date			
Pre 1/1/2014			

Buttons: **New Icon**, **Enter End of Focus**, **View Focus Status**, **View Icon**, **Edit Icon**, **Back**

Image: Client Treatment Information page for a focus track


Note: The **Edit** icon by title "Track 1"(circled in blue) will be disabled until the **End of Focus** has been submitted.

Section 12 – Edit Beginning of Treatment Information

First, follow **section 11**.

Next, click on the **Edit** (paper & pencil) icon in the **Beginning of Treatment Information** section header.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics	Client Treatment Information
MINNIE DOE	
Client ID	XXXXXXXX
Birth Date	1/23/1970
Current Age	44 years 10 months
Gender	Female
Ethnicity	99-Unknown/Not Reported
Primary Language	01-English
Beginning of Treatment Information 	
Therapist ID/Staff Code	cXXXXXX
Date of First Session	01/01/2014
DSM-IV Code Principle Axis I-Intake	XXX.XX
Age at First Session	43 years 11 months

The application will redirect to the **Beginning of Treatment Information** edit page.

Note: **Therapist ID/Staff Code** and **DSM-IV Code Principle Axis I-Intake** are the only fields you can edit in **Beginning of Treatment Information** section.

- To save the changes, click the **Save** button.
- To disregard the changes, click the **Cancel** button.

The application will redirect to the previous page.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID XXXXXXXX
Birth Date 1/23/1970
Current Age 44 years 10 months
Gender Female
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Beginning of Treatment Information

Therapist ID/Staff Code cXXXXXX [Lookup...](#)
Date of First Session 1/1/2014
DSM-IV Code Principle Axis I-Intake 999.99 [Lookup...](#)
Age at First Session 43 years 11 months

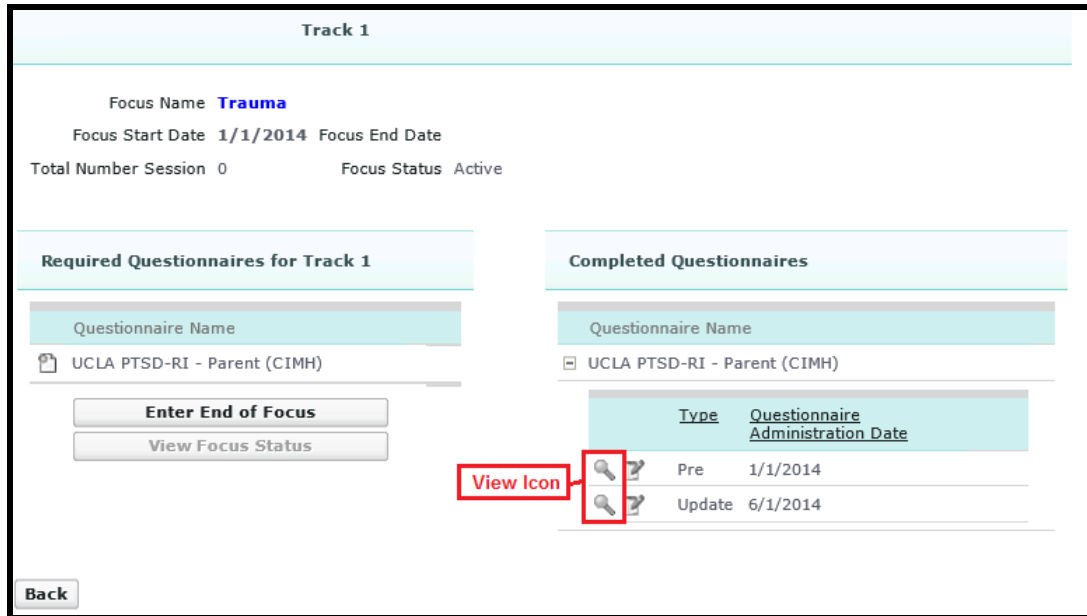
[Save](#) [Cancel](#)

Section 12 – View Questionnaires

First, follow **section 11**.

To view the questionnaire you have entered, click on the plus (+) sign next to the questionnaire name. The list will expand showing all instances of this questionnaire that have been saved.

Click on the **View** icon next to the questionnaire you wish to view.




The screenshot displays the 'Track 1' interface. At the top, it shows 'Track 1' in a light blue header. Below this, the 'Focus Name' is 'Trauma', 'Focus Start Date' is '1/1/2014', and 'Focus End Date' is blank. 'Total Number Session' is '0' and 'Focus Status' is 'Active'. The interface is divided into two main sections: 'Required Questionnaires for Track 1' and 'Completed Questionnaires'. Under 'Required Questionnaires for Track 1', there is a search bar with 'Questionnaire Name' and a dropdown menu showing 'UCLA PTSD-RI - Parent (CIMH)'. Below this are two buttons: 'Enter End of Focus' and 'View Focus Status'. Under 'Completed Questionnaires', there is a search bar with 'Questionnaire Name' and a dropdown menu showing 'UCLA PTSD-RI - Parent (CIMH)'. Below this is a table with columns 'Type' and 'Questionnaire Administration Date'. The table contains two rows: 'Pre' with '1/1/2014' and 'Update' with '6/1/2014'. A red box highlights the 'View Icon' (a magnifying glass) next to the 'Pre' row. A 'Back' button is located at the bottom left of the interface.

Type	Questionnaire Administration Date
Pre	1/1/2014
Update	6/1/2014

Once you have viewed the information, click **OK** to return to previous page.

To edit the questionnaire, click on the **Edit** button and continue to Section 13.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)					
Client Demographics	Client Treatment Information				
MINNIE DOE					
Client ID	XXXXXXXX				
Birth Date	1/23/1970				
Current Age	44 years 10 months				
Gender	Female				
Ethnicity	99-Unknown/Not Reported				
Primary Language	01-English				
Beginning of Treatment Information					
Therapist ID/Staff Code	cXXXXXX				
Date of First Session	01/01/2014				
DSM-IV Code Principle Axis I-Intake	XXX.XX				
Age at First Session	43 years 11 months				
Show UCLA PTSD-RI - Parent (CIMH) 					
Questionnaire Administration Date	1/1/2014				
Type	Pre				
<table border="1"><thead><tr><th>Subscale / SCALE</th><th>Score</th></tr></thead><tbody><tr><td>Subscale PTSD Severity Scale/Total Score</td><td>10</td></tr></tbody></table>		Subscale / SCALE	Score	Subscale PTSD Severity Scale/Total Score	10
Subscale / SCALE	Score				
Subscale PTSD Severity Scale/Total Score	10				
OK Edit					

To return to the Home page, click on the **Home** button in the top-right corner of the page.



MHS Prevention and Early Intervention Outcome Measures Application

LAC DMH
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

Home Sign Out 
You are signed on as: jflynn

Section 13 – Edit Questionnaires

First, follow **section 11**.

To edit the questionnaire you have entered, click on the plus (+) sign next to the questionnaire name. The list will expand showing all instances of this questionnaire that have been saved.

Click on the **Edit** icon next to the questionnaire you wish to edit.

The screenshot shows the 'Track 1' interface. At the top, it displays 'Focus Name Trauma', 'Focus Start Date 1/1/2014', 'Focus End Date', 'Total Number Session 0', and 'Focus Status Active'. Below this, there are two main sections: 'Required Questionnaires for Track 1' and 'Completed Questionnaires'. The 'Required Questionnaires' section lists 'UCLA PTSD-RI - Parent (CIMH)' with buttons for 'Enter End of Focus' and 'View Focus Status'. The 'Completed Questionnaires' section lists the same questionnaire with a table of instances:

Type	Questionnaire Administration Date
Pre	1/1/2014
Update	6/1/2014

An 'Edit Icon' (a question mark in a square) is highlighted with a red box and labeled 'Edit Icon' below it. A 'Back' button is visible in the bottom left corner.

Note: The validation rules that apply when you create a questionnaire still apply when editing it.

- To save the changes, click the **Save** button,
- To disregard the changes, click the **Cancel** button.

The application will redirect to the previous page.

The screenshot shows the 'Edit UCLA PTSD-RI - Parent (CIMH)' form. It includes the following fields and controls:

- Questionnaire Administration Date: 1/1/2014
- Type: Pre
- Subscale / SCALE: Subscale PTSD Severity Scale/Total Score
- Score: 10
- Unable to Collect: Reason: ** Please Select **
- Buttons: Save, Cancel

Section 14 – View End of Treatment Information

First, follow **section 11**. Next, click on the **View** icon next to record you wish to view.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID: XXXXXXXX
 Birth Date: 1/23/1970
 Current Age: 44 years 10 months
 Gender: Female
 Ethnicity: 99-Unknown/Not Reported
 Primary Language: 01-English

Treatment History

Start New Treatment Cycle 1 of 1 1 Items 20 Page Go

Status	Date of First Session	EBP	DSM-IV Code - Intake	Date of Last Session	Total Number of Sessions	Completed EBP?	Client TX Success	Disposition	DSM-IV Code - Termination
Inactive	1/1/2014	Managing and Adapting Practice (MAP)	290.0	10/1/2014	10	Yes			290.0

MAP Tracks

Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions
1	Trauma	01/01/2014	10/01/2014	Yes	10

The application will redirect to the **MAP Tracks** page. This page displays the **End of Treatment Information** to the right of the Beginning of Treatment Information.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID: XXXXXXXX
 Birth Date: 1/23/1970
 Current Age: 44 years 10 months
 Gender: Female
 Ethnicity: 99-Unknown/Not Reported
 Primary Language: 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code: cXXXXXX
 Date of First Session: 01/01/2014
 DSM-IV Code Principle Axis I- Intake: XXX.XX
 Age at First Session: 43 years 11 months

End of Treatment Information

Date of Last Session: 10/1/2014
 Total Number of Sessions: 10
 Completed EBP: Yes
 DSM-IV Code Principle Axis-I Termination: XXX.XX
 Dropout Reason:

Treatment History MAPTracks

Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status	
Select	0	General	01/01/2014	10/01/2014	Yes	10	Inactive
Select	1	Trauma	01/01/2014	10/01/2014	Yes	10	Inactive

[Back](#)

Section 15 – Edit End of Treatment Information

First, follow **section 14**. Then, click on the **Edit** icon in the **End of Treatment Information** section header.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)


Client Demographics **Client Treatment Information**

MINNIE DOE

Client ID: XXXXXXXX
Birth Date: 1/23/1970
Current Age: 44 years 10 months
Gender: Female
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Beginning of Treatment Information

Therapist ID/Staff Code: cXXXXXX
Date of First Session: 01/01/2014
DSM-IV Code Principle Axis I-Intake: XXX.XX
Age at First Session: 43 years 11 months

End of Treatment Information  **Edit Icon**

Date of Last Session: 10/1/2014
Total Number of Sessions: 10
Completed EBP: Yes
DSM-IV Code Principle Axis-I Termination: XXX.XX
Dropout Reason:

Treatment History MAPTracks

Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status
Select 0	General	01/01/2014	10/01/2014	Yes	10	Inactive
Select 1	Trauma	01/01/2014	10/01/2014	Yes	10	Inactive

[Back](#)

The application will redirect to the **Edit End of Treatment Information** page.

End of Treatment Information

Date of Last Session: 10/1/2014
Total Number of Sessions: 10
Completed EBP?: Yes
DSM-IV Code Principle Axis-I Termination: XXX.XX [Lookup...](#)
Dropout Reason: ** Please Select **

[Save](#) [Cancel](#)

Note: **DSM-IV Code Principle Axis I-Termination** is the only field that can be modified in the **End of Treatment Information** section.

- To save the changes, click the **Save** button.
- To disregard the changes, click the **Cancel** button.

The application will redirect to the previous page.

Section 16 – Print

To print, click on the **Print** icon in the top-right corner of the page.



Section 17 – Sign Out

To sign out from the application, click on the **Sign Out** button in the top-right corner of the page.



MAP Dictionary

Active Client	<p>The client is considered 'active' within a focus of treatment when there is an 'active' treatment cycle for the client for the specified focus of treatment, at a given provider site at a particular point in time.</p> <p>A treatment cycle is considered 'active' once 'Beginning of Treatment' (BOT) information for the evidence-based practice (EBP) has been collected. The treatment cycle remains active until all required 'End of Treatment' (EOT) information has been collected. If 'Completed EBP?' is answered yes, EOT information must include acknowledgement of all required 'post' questionnaires.</p>
Age at First Session	<p>The calculated age of a client when treatment in a specific EBP commenced. The calculation is done by comparing client's date of birth, as indicated in the DMH Integrated System, against the Date of First Session for the treatment cycle.</p>
Age at Focus Start	<p>The calculated age of a client within a MAP treatment cycle when treatment of a specific focus commenced. The calculation is done by comparing the client's date of birth, as indicated in the DMH Integrated System, against the Focus Start Date for a given focus track.</p>
Beginning of Treatment Information (BOT)	<p>Information related to the client's EBP treatment history at the beginning of treatment in a specific EBP at a specific provider site. This information includes: 'Date of First Session', 'DSM-IV Axis I Principle Diagnosis Code-Intake', and 'Therapist/Staff Code'.</p> <p>Completion of all required information identifies the start of treatment within a given EBP and initiates the treatment cycle.</p>
Client ID	<p>The Department of Mental Health issued, seven-digit number used to uniquely identify a client.</p>
Client Treatment Success	<p>A field in "End of Treatment Information" that is enabled when the user selects "Yes" in the "Completed EBP" field. When "Client Treatment Success" field is enabled, the user must indicate whether the clinician determined the "Client Treatment Success" to be either "Partial" or "Significant".</p>
Completed EBP	<p>A yes/no response identifying whether the client completed all required interventions specific to the EBP in which the client received services for this 'treatment cycle'.</p>
Current Age	<p>The client's current age is calculated based on client's date of birth, as identified in the IS, and the date the user is accessing client information in the application.</p>
Date of First Session (DOFS)	<p>The date signifying the client's first EBP treatment session within a specific EBP at a specific provider site.</p>
Date of Last Session (DOLS)	<p>Last date for which EBP-specific services were provided and/or claimed.</p>
Dropout Reason	<p>The reason the client failed to complete the MAP treatment cycle.</p>

DSM-IV	Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition; Published by the American Psychiatric Association, the DSM-IV provides a common language and standard criteria for the classification of mental health disorders.
DSM-IV Axis I Principle Diagnosis Code – Intake	Client’s principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP commenced, as indicated on the client’s most recent Initial Assessment, Assessment Addendum, or Annual Update.
DSM-IV Axis I Principle Diagnosis Code – Termination	Client’s principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP ended, as indicated on the client’s initial intake assessment, assessment addendum, or annual update.
Disposition	A response identifying the next step for the client at the end of an EBP ‘treatment cycle’. Disposition options differ based on “Completed EBP – Yes” and “Completed EBP – No” responses.
End of Treatment Information (EOT)	<p>Information related to the client’s EBP treatment history at the end of treatment in a specific EBP at a specific provider site. This information includes: ‘Date of Last Session’, ‘Total Number of Sessions’, information regarding completion of the EBP, ‘Disposition’ and ‘DSM-IV Axis I Principle Diagnosis Code-Termination’.</p> <p>For clients who have completed treatment, this information will also include the provider’s assessment of the success of treatment as well as acknowledgement of all required post-treatment outcome questionnaires. The completion of all required ‘End of Treatment Information’ closes out the ‘treatment cycle’.</p>
Evidence-Based Practice (EBP)	Used to refer to Evidence-Based Practices (EBP), Community-Defined Evidence (CDE) practices, and Promising Practices (PP).
Focus of Treatment	Refers to a client’s primary presenting problems for which EBP mental health services are being delivered (e.g., anxiety, depression, trauma, etc.).
Focus Track	Within a MAP treatment cycle, a series of sessions where a specific focus of treatment is targeted. The focus of treatment within a MAP treatment cycle may change during treatment. Therefore, a MAP treatment cycle may contain more than one focus track. However, there can be only one active focus of treatment at any given time within the treatment cycle. The start date is identified as the track’s Focus Start Date and the end date is identified as the track’s Focus End Date.
Focus End Date (FED)	The last date of a given focus track within a MAP treatment cycle. It will be the same date is one of the following: the Focus Start Date of the next focus track or the Date of Last Session of the MAP treatment cycle.
Focus Start Date (FSD)	The first date of a given focus track within a MAP treatment cycle. It will be the same date is one of the following: the Date of First Session of the MAP treatment cycle or the Focus End Date of the preceding focus track.

General Track	Within a MAP treatment cycle, the collection of general outcome measures over the life of the treatment cycle. There can only be one general track in a MAP treatment cycle. The start date is identified as the Date of First Session and the end date is identified as the Date of Last Session.
Managing and Adapting Practice (MAP)	An evidence-based practice used by the Prevention and Early Intervention program. Unlike other practices, MAP supports a change in the focus of treatment during the treatment cycle. However, there can be only one focus at any given time during treatment. While a set of general outcomes measures are collected over the entire course of treatment, a set of specific outcome measures are collected based on which focus is being treated at the time.
Mental Health Services Act (MHSA)	The MHSA, adopted by the California electorate on November 2, 2004 creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services.
Prevention and Early Intervention (PEI)	A plan funded under the California Mental Health Services Act. This plan focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness.
'Pre' Questionnaire	All required pre-treatment outcome questionnaires, which should be administered during the first EBP-treatment session ('Date of First Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect."
'Post' Questionnaire	All required post-treatment outcome questionnaires, which should be administered during the final EBP treatment session ('Date of Last Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect."
Provider ID	The state-issued four-digit number associated with the primary location(s) or site(s) where services are delivered.
Questionnaire	Outcome measures completed by clients and/or parents/guardians/raters for all clients receiving PEI services. For each EBP in which the client receives services, agencies are expected to collect data using a common measure across all practices (Outcome Questionnaire (OQ) Series), as well as a second measure oriented to specific focus of treatment. At a minimum, for each treatment cycle of PEI EBP services, there will generally be acknowledgement of a 'Pre-' and 'Post-' treatment questionnaire for 2 measures (OQ + Focus of Treatment).
Questionnaire Administration Date	Date when client or parent/guardian/rater completed each outcome measure questionnaire.
Questionnaire Type	Identifies whether the outcome questionnaire data reflects Pre-treatment, Update or Post-treatment status.

Staff Code	The seven-digit, alphanumeric DMH-issued staff code for individuals providing mental health services. An individual may be issued more than one staff code in cases where they provide services at more than one location or site. The staff code entered must represent the staff member that provided services to a given client at a given site. The staff code for the individual may be different than the username of the person using the application.
Status	In the “Treatment Cycle Status” screen, this field indicates the status of the treatment cycle relative to any outstanding post-treatment outcome questionnaires that are required.
Subscale Totals	Refers to the total Raw-score and T-score values for each questionnaire completed by the client and/or parent/guardian/rater.
Therapist ID:	See “Staff Code”.
Treatment Cycle	A period of time during which a client receives mental health services for a specific focus of treatment using a specific EBP at a specific provider site. It is encapsulated by completion of ‘Beginning of Treatment Information’ and all ‘End of Treatment Information’ requirements.
Unable to Collect	Refers to a field in all questionnaires which allows the user to identify when a clinician was unable to collect an outcome questionnaire within the 21-day collection window.
‘Update’ Questionnaire:	Outcomes questionnaires completed between required pre-treatment and post-treatment outcomes questionnaires for a client within a treatment cycle for a specific EBP. For EBPs exceeding 6-months duration, update questionnaires are required every 6 months (from ‘Date of First Session’).



**Chief Information Office Bureau
Solutions Delivery Division
Solutions Development Section**

**First 5 L.A.
Parent-Child Interaction Therapy
(First 5 L.A. PCIT)**

[PEI-OMA Supplemental]

**User Manual
v1.5
February 5, 2015**

Table of Contents

Step 1 – Sign In	1
Step 2 – Select a Provider.....	2
Step 3 – Select a Focus of Treatment and EBP	3
Step 4 – Search for an New or Inactive Client	6
Step 5 – Enter Beginning of Treatment Information	8
Step 6 – Complete and Submit Required Questionnaires.....	9
Step 6.1 - Clients with Required Questionnaires	9
Step 6.2 – Report subscale scores for a Questionnaire	10
Step 6.3 – Unable to collect scores for a Questionnaire	10
Step 6.4 - Clients with no required questionnaires	13
Step 7 – Complete and Submit ‘Update’ Questionnaires	14
Step 8 – Complete and Submit ‘Mid’ Questionnaires.....	17
Step 9 – Complete and Submit End of Treatment Information.....	21
Step 10 – Complete and Submit ‘Post’ Questionnaires	24
Step 11 – Search for Active Clients	27
Step 11.1 – View Beginning of Treatment Information	29
Step 11.2 – Edit Beginning of Treatment Information	30
Step 12 – View Questionnaires.....	31
Step 13 – Edit Questionnaires	33
Step 14 – View End of Treatment Information.....	35
Step 15 – Edit End of Treatment Information	36
Step 16 – Print	37
Step 17 – Sign Out.....	37
First 5 L.A. PCIT Dictionary	38

Step 1 – Sign In

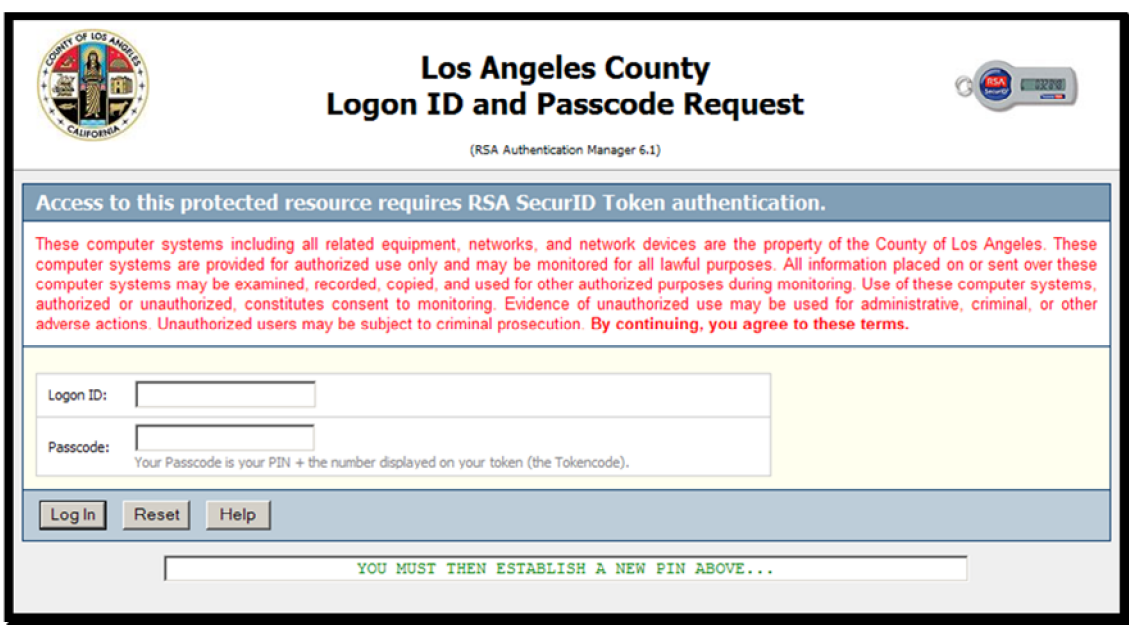
Getting Access: The username and password are the same as the IS username and password. If you do not have them, please go to the OMA Wiki and follow the instructions on how to request them.

OMA Wiki: <http://dmhoma.pbworks.com>

To access the application, open Internet Explorer and type in one of the following URLs:

- For access via the Internet (RSA SecurID required): <https://dmhapps.co.la.ca.us/PEIOMA>
- For access from a DMH facility: <https://intra.dmhapps.co.la.ca.us/PEIOMA>

Access via the Internet: To sign in from the Internet, you will need to log into the County RSA SecurID site first. Information on requesting County RSA SecurID access is available on the OMA Wiki.



Los Angeles County
Logon ID and Passcode Request
(RSA Authentication Manager 6.1)

Access to this protected resource requires RSA SecurID Token authentication.

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse actions. Unauthorized users may be subject to criminal prosecution. **By continuing, you agree to these terms.**

Logon ID:

Passcode:
Your Passcode is your PIN + the number displayed on your token (the Tokencode).

YOU MUST THEN ESTABLISH A NEW PIN ABOVE...



MHS Prevention and Early Intervention
Outcome Measures Application

Home Sign In You are not signed-in.

Sign In

Enter your user name and password to sign in.

User Name:

Password:

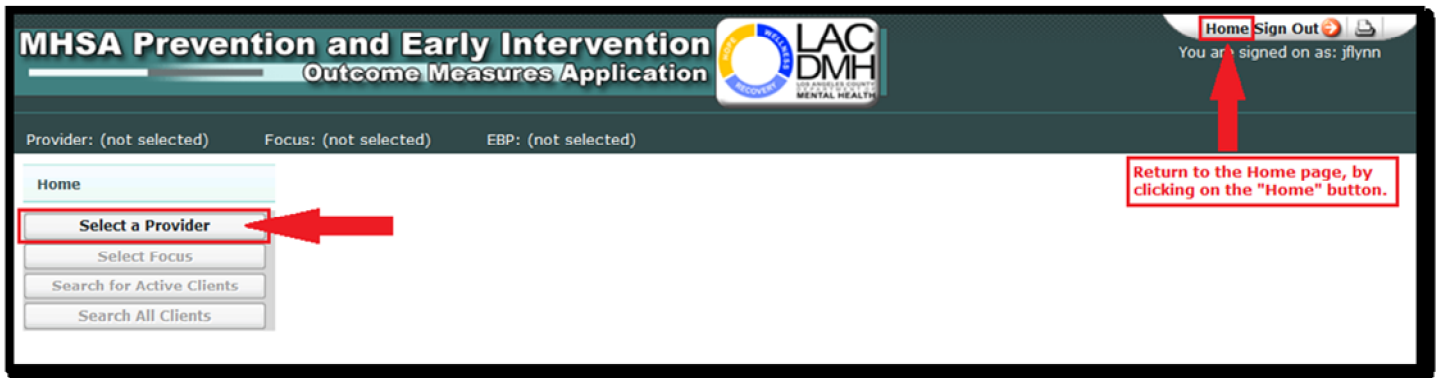
PEI Outcomes Measures Version 1.0 Copyright © 2011 County of Los Angeles Department of Mental Health. All rights reserved.
Disclaimer: This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Prevention and Early Intervention – Outcome Measures Application (PEI-OMA) Sign In Page

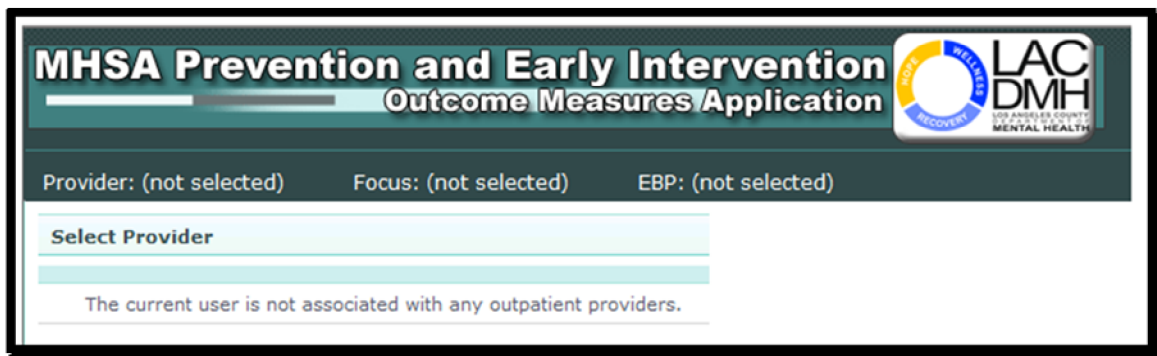
Step 2 – Select a Provider

After logging in successfully, you will be brought to the Home page. From here, you will be able to select the provider, the focus of treatment and the client you wish to work with. The Home page has been designed so that you can return to it from any page within the application by clicking on the Home button in the top-right corner of every page.

From the Home page, first click on **Select a Provider** button.

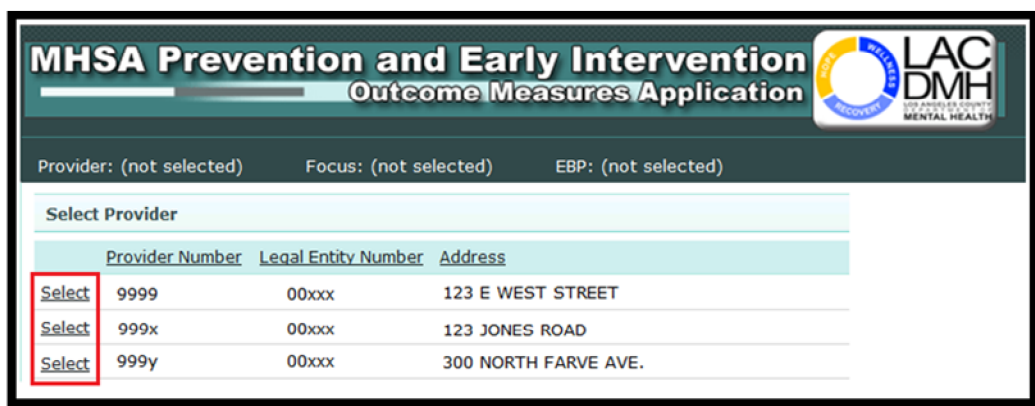


You must be associated to a provider offering outpatient services in order to proceed. If you are not associated to such a provider, the application will display the following message below at this point:



If you wish to correct this issue, please go to the OMA Wiki and follow the instructions on how to update the list of providers you are associated to. If you are associated to one or more providers offering outpatient services, the application will list all of these providers such as in the example below.

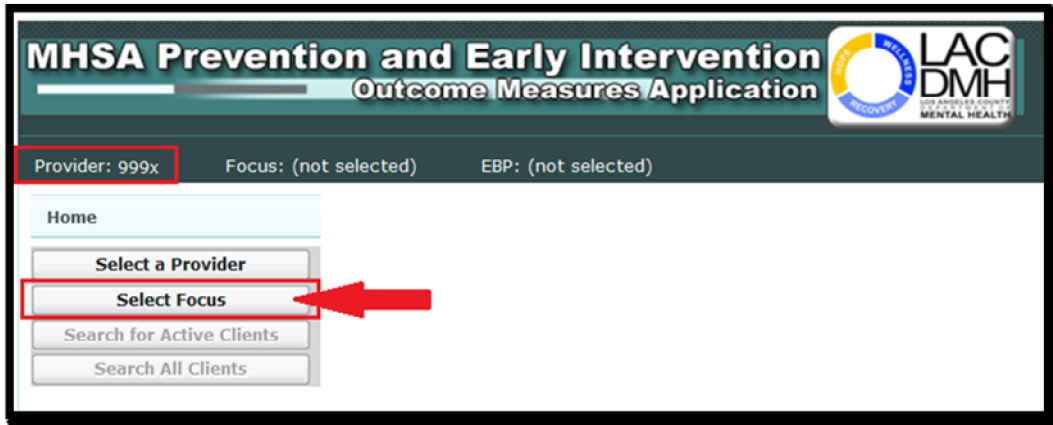
To choose a provider, click on the **Select** link next to the desired provider number.



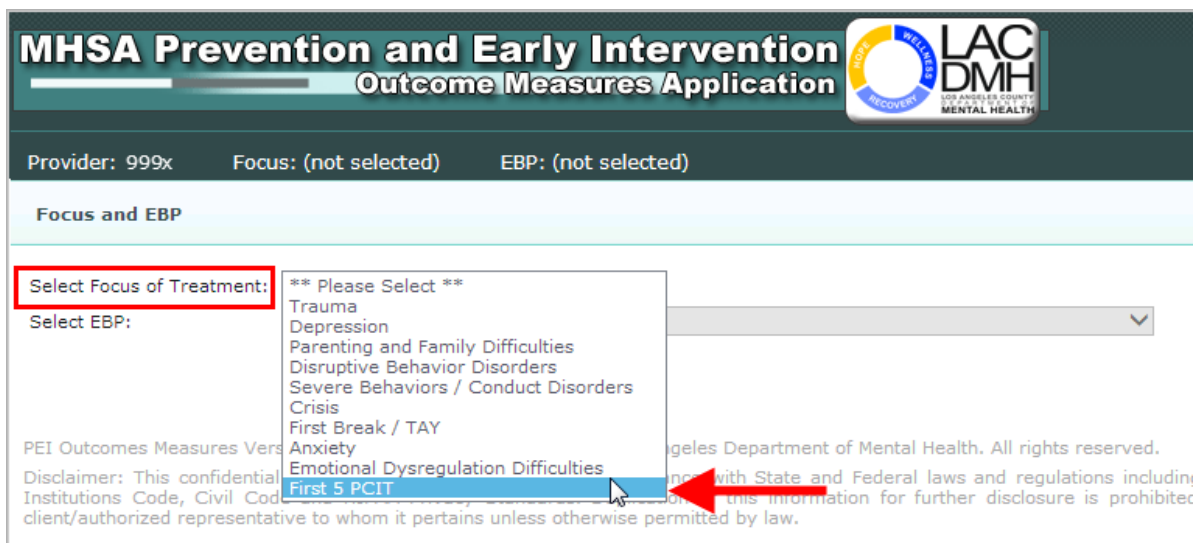
Step 3 – Select a Focus of Treatment and EBP

Once a provider is selected, you will be returned to the Home page. The identification number of the provider selected will be displayed at the top of screen.

Next, click on the **Select Focus** button.



You will be taken to the Focus and EBP screen. On this screen, first select **First 5 PCIT** from the **Select Focus of Treatment** dropdown list provided.



Next, select **First 5 PCIT** from the **Select EBP** (Evidence-Based Practice) dropdown list.

Focus and EBP

Select Focus of Treatment: First 5 PCIT

Select EBP: ** Please Select **
First 5 PCIT

OK Back

PEI Outcomes Measures Version 1.2 Copyright © 2011 County of Los Angeles
Disclaimer: This confidential information is provided to you in accordance
Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication o
client/authorized representative to whom it pertains unless otherwise permitt

Note: **First 5 PCIT** is the only EBP associated to the **First 5 PCIT** Focus of Treatment you have selected. Therefore, it is the only choice displayed in the dropdown list.

Once you have chosen the **Focus of Treatment** and **EBP**, click on the **OK** button to continue.

MHSa Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: (not selected) EBP: (not selected)

Focus and EBP

Select Focus of Treatment: Parenting and Family Difficulties

Select EBP: Incredible Years (IY)

OK Back

PEI Outcomes Measures Version 1.0 Copyright © 2011 County of Los Angeles Department of Mental Health. All rights reserved.
Disclaimer: This confidential information is provided to you in accordance with State and Federal laws and regulations including HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization otherwise permitted by law.

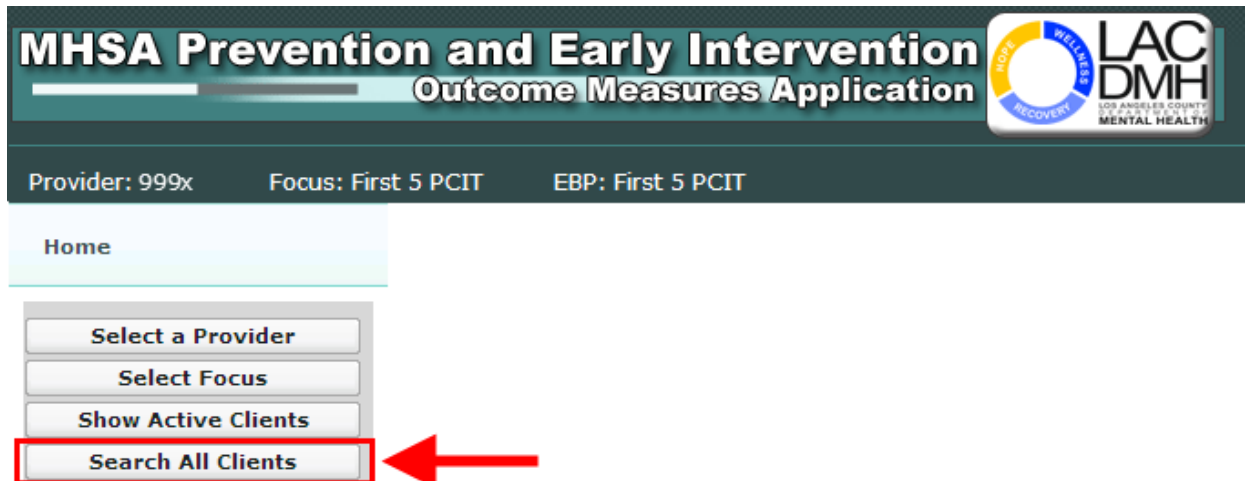
You will be taken to the Home page. The **Focus of Treatment** and **EBP** you have chosen will be displayed at the top of the screen and will remain there while you are using the application.

The screenshot shows the application's header and navigation area. The header is a dark teal bar with the title "MHSa Prevention and Early Intervention Outcome Measures Application" in white. To the right of the title is the LAC DMH logo, which includes a circular graphic with the words "HOPE", "WELLNESS", and "RECOVERY" and the text "LAC DMH LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH". Below the header, a dark teal bar displays the current settings: "Provider: 999x", "Focus: First 5 PCIT", and "EBP: First 5 PCIT". The "Focus" and "EBP" fields are highlighted with a red border. Below this bar is a light blue "Home" button. To the right of the "Home" button is a vertical stack of four buttons: "Select a Provider", "Select Focus", "Show Active Clients", and "Search All Clients". A mouse cursor is pointing at the "Select Focus" button.

Step 4 – Search for a New or Inactive Client

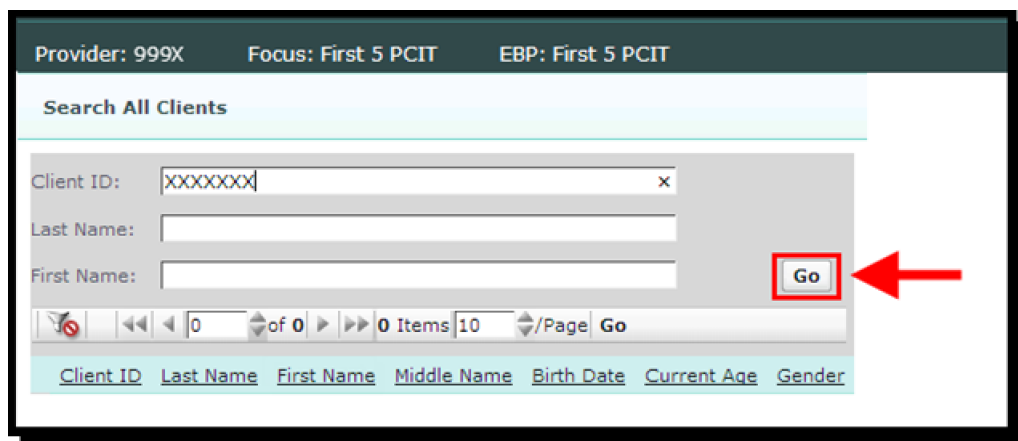
Note: Inactive clients are clients that do not have an active treatment cycle open with the selected provider and focus of treatment you have selected.

From the Home page, click on the **Search All Clients** button. You will be taken to the **Search All Clients** screen.



Note: The client you are searching for must already exist in the DMH Integrated System (IS). If the client is not already in the IS, they will not appear in results list.

Search for a client by their **Client ID**, **Last Name** or **First Name**. Click on the **Go** button or hit the **Enter** key to begin searching.



The results list will display all of the clients that match the criteria entered. Click on the **Select** link next to the chosen client record in the results list.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

Search All Clients

Client ID:

Last Name:

First Name:

of

 Items
 /Page

	<u>Client ID</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Birth Date</u>	<u>Current Age</u>	<u>Gender</u>
Select	XXXXXXXX	Doe	John	A	5/16/2010	3 yrs 4 mos	Male

Image: Click on the **Select** link next to the chosen client record.

Step 5 – Enter Beginning of Treatment Information

1. Select a value for **Therapist ID/Staff Code** by clicking on the **Lookup...** link next to the field. This is not a free text field.
2. Enter the **Date of First Session** by typing in the date or by clicking on the Calendar icon and selecting date from the Calendar picker.
3. Select a value for the **DSM-IV Code Principle Axis I – Intake** by clicking on the **Lookup...** link next to the field. This is not a free text field.
4. The value for **Age at First Session** will be automatically calculated after **Date of First Session** is entered.
5. Identify the **Child-Caregiver Relationship** from the list of available choices.
6. To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

Note: The application will validate the dates you enter. If you enter an invalid date, the application will return an error message.

The screenshot shows a web application interface for entering treatment information. At the top, it displays 'Provider: 999X', 'Focus: First 5 PCIT', and 'EBP: First 5 PCIT'. Below this is a section for 'Client Demographics' for 'John A Doe', with fields for Client ID (9999999), Birth Date (5/16/2010), Current Age (3 yrs 4 mos), Gender (Male), Ethnicity (01-White), and Primary Language (01-English). The main section is 'Beginning of Treatment Information', which includes: 'Therapist ID/Staff Code' (CXXXXXX) with a 'Lookup...' link; 'Date of First Session' (1/2/2013) with a calendar icon; 'DSM-IV Code Principle Axis I-Intake' (XXX.XX) with a 'Lookup...' link; 'Age at First Session' (2 yrs 7 mos); and 'Child Caregiver Relationship' with a dropdown menu. The dropdown menu is open, showing options: '** Please Select **', 'Adoptive Parent', 'Biological Parent (21 yrs and over)', 'Foster Caregiver', 'Relative', and 'Teen Biological Parent (12-20 yrs)'. The 'Teen Biological Parent (12-20 yrs)' option is highlighted. At the bottom left are 'Save' and 'Cancel' buttons.

Image: Beginning of Treatment Information

Step 6 – Complete and Submit Required Questionnaires

There are two possible scenarios for selecting required questionnaires:

- Clients with required questionnaires. – Continue on to Step 6.1
- Clients without required questionnaires. – Skip to Step 6.4

Note: Required questionnaires are determined by the Focus of Treatment and EBP selected as well as the client's age at first session. There may be cases where there are no required questionnaires for a client.

Step 6.1 - Clients with Required Questionnaires

Click on the **New Questionnaire** icon next to the name of the questionnaire you wish to submit.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

Client Demographics		Client Treatment Information	
John A Doe		Beginning of Treatment Information	
Client ID	9999999	Therapist ID/Staff Code	CXXXXXX
Birth Date	5/16/2010	Date of Intake	1/1/2013
Current Age	3 yrs 4 mos	Date of First Session	1/2/2013
Gender	Male	DSM-IV Code Principle Axis I-Intake	XXX.XX
Ethnicity	01-White	Age at First Session	2 yrs 7 mos
Primary Language	01-English	Child Caregiver Relationship	Teen Biological Parent (12-20 yrs)

Required Questionnaires

New	Questionnaire Name
	Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT
	Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT
	Parenting Stress Index (PSI) - First 5 PCIT

New Questionnaire

Image: Add a new questionnaire

There are two possible scenarios for saving required questionnaires:

- Questionnaires were administered and collected – Continue on to Step 6.2
- Some or all questionnaires were not administered or collected (Unable to Collect)– Skip to Step 6.3

Step 6.2 – Report subscale scores for a Questionnaire

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from dropdown list. If this is the first questionnaire, the only option will be 'Pre'.
3. Enter a valid **Score** for each **Subscale** record. You may tab from one score to the next.
4. To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

The screenshot displays a web application interface for entering questionnaire data. At the top, it shows 'Provider: 999X', 'Focus: First 5 PCIT', and 'EBP: First 5 PCIT'. Below this are two main sections: 'Client Demographics' and 'Client Treatment Information'. The client's name is 'John A Doe' with ID '9999999'. Demographics include birth date '5/16/2010', age '3 yrs 4 mos', gender 'Male', ethnicity '01-White', and primary language '01-English'. Treatment information includes therapist ID 'CXXXXXX', intake date '1/1/2013', first session date '1/2/2013', DSM-IV code 'XXX.XX', age at first session '2 yrs 7 mos', and caregiver relationship 'Teen Biological Parent (12-20 yrs)'. A section titled 'Add Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT' contains a 'Questionnaire Administration Date' field set to '1/2/2013' and a 'Type' dropdown set to 'Pre'. Below this is a table for subscale scores:

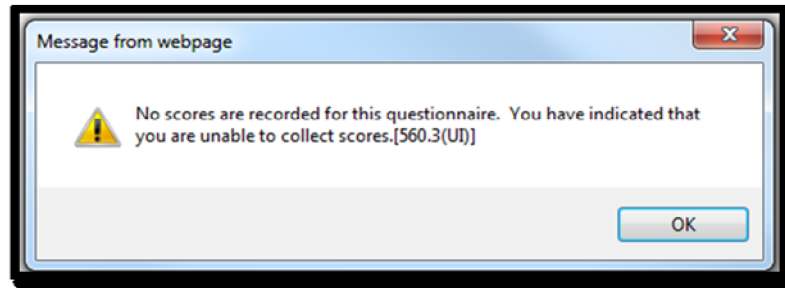
Subscale / SCALE	Score
Intensity - Raw Score	41
Intensity - T-Score	39
Problem - Raw Score	8
Problem - T-Score	49

At the bottom, there is an 'Unable to Collect' checkbox, a 'Reason' dropdown set to '** Please Select **', and 'Save' and 'Cancel' buttons.

Image: Report subscale scores for a questionnaire

Step 6.3 – Unable to collect scores for a Questionnaire

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from the dropdown list. If this is the first questionnaire, the only choice will be 'Pre'.
3. Click on the checkbox marked "**Unable to Collect**". The application will display the following confirmation message that you indicated no scores will be recorded for this questionnaire:



- To continue, click the **OK** button on the confirmation message.
- Indicate the reason you were unable to collect scores by selecting your answer from the **Reason** dropdown list. **Note:** The choices in the **Reason** list vary depending on the questionnaire you are reporting on.
- To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

Subscale / SCALE	Score
Intensity - Raw Score	<input type="text"/>
Intensity - T-Score	<input type="text"/>
Problem - Raw Score	<input type="text"/>
Problem - T-Score	<input type="text"/>

Image: Report “Unable to Collect” scores for a questionnaire

Note: After saving the questionnaire, you will still be able to update it from reporting “**Unable to Collect**” to reporting **subscale score(s)**. However, you will not be able to update the **Questionnaire Administration Date** or the **Type** of the Questionnaire. Also, once **subscale scores** have been reported for a questionnaire, you will not be able to update it to report “**Unable to Collect**”.

The application will re-direct you to the **Client Treatment Information** page.

To view the questionnaire you have entered, click on the plus sign (+) next the questionnaire type. The list will expand showing you all of the questionnaires of this type that have been saved.

To view questionnaires already entered, skip to **Step 11 – View Questionnaires**.

Ethnicity	01-White	DSM-IV Code Principle Axis I-Intake	995.83
Primary Language	01-English	Age at First Session	2 yrs 7 mos
		Child Caregiver Relationship	Teen Biological Parent (12-20 yrs)

Required Questionnaires		Completed Questionnaires	
New	Questionnaire Name		Questionnaire Name
	Eyberg Child Behavior Inventory(ECBI) First 5 PCIT		Eyberg Child Behavior Inventory(ECBI) First 5 PCIT
	Sutter Eyberg Student Behavior Inventory(SESBI) First 5 PCIT		
	Parenting Stress Index(PSI) First 5 PCIT		

To expand list, click on the plus sign (+)

Ethnicity	01-White	DSM-IV Code Principle Axis I-Intake	995.83
Primary Language	01-English	Age at First Session	2 yrs 7 mos
		Child Caregiver Relationship	Teen Biological Parent (12-20 yrs)

Required Questionnaires		Completed Questionnaires	
New	Questionnaire Name		Questionnaire Name
	Eyberg Child Behavior Inventory(ECBI) First 5 PCIT		Eyberg Child Behavior Inventory(ECBI) First 5 PCIT
	Sutter Eyberg Student Behavior Inventory(SESBI) First 5 PCIT		
	Parenting Stress Index(PSI) First 5 PCIT		

Type	Questionnaire Administration Date
Pre	1/2/2013

Images: List of Completed Questionnaires in Expanded View

To submit an 'Update' questionnaire, skip to **Step 7 – Complete and Submit 'Update' Questionnaires.**

Once you have completed all 'Pre' questionnaires, the **CDI Met** button and the **Enter End of Treatment** button will become visible on the Client Treatment Information page.

Once the client and parent have met the CDI requirements, you may choose to complete and submit "Mid" questionnaires. To do so, click on the **CDI Met** button

If you choose to complete and submit End of Treatment Information at this time, click on the **Enter End of Treatment** button and skip to **Step 8 – Complete and Submit End of Treatment Information.**









Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXX	Beginning of Treatment Information ?	
Birth Date	11/1/1995	Therapist ID/Staff Code	cXXXXXX
Current Age	15 years old	Date of Intake	1/1/2011
Gender	Male	Date of First Session	1/10/2011
Ethnicity	99-Unknown/Not Reported	DSM-IV Code Principle Axis I-Intake	999.99
Primary Language	01-English	Age at First Session	15 years old
Required Questionnaires		Completed Questionnaires	
New	Questionnaire Name	Questionnaire Name	
	Youth Outcome Questionnaire - 2.01 (Parent)	 Youth Outcome Questionnaire - 2.01 (Parent)	
	Youth Outcome Questionnaire - Self Report - 2.0	 Youth Outcome Questionnaire - Self Report - 2.0	
	Eyberg Child Behavior Inventory (ECBI)	 Eyberg Child Behavior Inventory (ECBI)	
	Sutter Eyberg Student Behavior Inventory (SESBI)	 Sutter Eyberg Student Behavior Inventory (SESBI)	
Enter End of Treatment			
NEW icon			

Image: The **Enter End of Treatment** button visible on the Client Treatment Information page

Step 6.4 - Clients with no required questionnaires

If a client you have selected does not have any required questionnaires, the application will display the message shown in the image below. Click on the **Enter End of Treatment** button and skip to **Step 8 – Complete and Submit End of Treatment Information**.

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXX	Beginning of Treatment Information ?	
Birth Date	11/1/1995	Therapist ID/Staff Code	cXXXXXX
Current Age	15 years old	Date of Intake	1/1/2011
Gender	Male	Date of First Session	1/10/2011
Ethnicity	99-Unknown/Not Reported	DSM-IV Code Principle Axis I-Intake	999.99
Primary Language	01-English	Age at First Session	15 years old
Required Questionnaires			
Enter End of Treatment			
<p>Due to the client's age, no outcome questionnaires are required for this client. To complete "End of Treatment" information at this time, please click on the "End of Treatment" button. To return to the home page, please click on the "Home" button.</p>			
Message for client's that do not have any required questionnaires.			

Step 7 – Complete and Submit ‘Update’ Questionnaires

From the Client Treatment Information page, click on the **New** icon next to the questionnaire you wish to submit.

The screenshot displays a web interface for a client named JOHN DOE. At the top, it shows 'Provider: 999x', 'Focus: Parenting and Family Difficulties', and 'EBP: Incredible Years (IY)'. Below this are two main sections: 'Client Demographics' and 'Client Treatment Information'. The 'Client Demographics' section lists: Client ID (XXXXXX), Birth Date (11/1/1995), Current Age (15 years old), Gender (Male), Ethnicity (99-Unknown/Not Reported), and Primary Language (01-English). The 'Client Treatment Information' section lists: Therapist ID/Staff Code (cXXXXXX), Date of Intake (1/1/2011), Date of First Session (1/10/2011), DSM-IV Code Principle Axis I-Intake (999.99), and Age at First Session (15 years old). Below these are two columns of questionnaires: 'Required Questionnaires' and 'Completed Questionnaires'. The 'Required Questionnaires' column has a 'New' icon next to each item, which is highlighted with a red box and labeled 'NEW icon'. The 'Completed Questionnaires' column has a plus sign icon next to each item. At the bottom, there is a button labeled 'Enter End of Treatment'.

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXX	Therapist ID/Staff Code	cXXXXXX
Birth Date	11/1/1995	Date of Intake	1/1/2011
Current Age	15 years old	Date of First Session	1/10/2011
Gender	Male	DSM-IV Code Principle Axis I-Intake	999.99
Ethnicity	99-Unknown/Not Reported	Age at First Session	15 years old
Primary Language	01-English		


Required Questionnaires		Completed Questionnaires	
New	Questionnaire Name		Questionnaire Name
	Youth Outcome Questionnaire - 2.01 (Parent)		Youth Outcome Questionnaire - 2.01 (Parent)
	Youth Outcome Questionnaire – Self Report – 2.0		Youth Outcome Questionnaire – Self Report – 2.0
	Eyberg Child Behavior Inventory (ECBI)		Eyberg Child Behavior Inventory (ECBI)
	Sutter Eyberg Student Behavior Inventory (SESBI)		Sutter Eyberg Student Behavior Inventory (SESBI)


NEW icon

Enter End of Treatment

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Select ‘Update’ from **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

Add Youth Outcome Questionnaire - 2.01 (Parent)

Questionnaire Administration Date 

Type 

Subscale / SCALE	Score
Intrapersonal Distress	<input type="text" value="10"/>
Somatic	<input type="text" value="10"/>
Interpersonal Relations	<input type="text" value="10"/>
Social Problems	<input type="text" value="10"/>
Behavioral Dysfunction	<input type="text" value="10"/>
Critical Items	<input type="text" value="10"/>
Total	<input type="text" value="100"/>

Unable to Collect Reason

Once you have completed and saved an 'Update' type questionnaire, the system will return to **Client Treatment Information** page.

Provider: 999x		Focus: Parenting and Family Difficulties		EBP: Incredible Years (IY)							
Client Demographics			Client Treatment Information								
JOHN DOE			Beginning of Treatment Information								
Client ID	XXXXXX	Therapist ID/Staff Code	cXXXXXX								
Birth Date	11/1/1995	Date of Intake	1/1/2011								
Current Age	15 years old	Date of First Session	1/10/2011								
Gender	Male	DSM-IV Code Principle Axis I-Intake	999.99								
Ethnicity	99-Unknown/Not Reported	Age at First Session	15 years old								
Primary Language	01-English										
Required Questionnaires			Completed Questionnaires								
New Questionnaire Name			Questionnaire Name								
	Youth Outcome Questionnaire - 2.01 (Parent)		<input type="checkbox"/> Youth Outcome Questionnaire - 2.01 (Parent)								
	Youth Outcome Questionnaire - Self Report - 2.0										
	Eyberg Child Behavior Inventory (ECBI)										
	Sutter Eyberg Student Behavior Inventory (SESBI)										
<input type="button" value="Enter End of Treatment"/>			<table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Pre 1/10/2011</td> </tr> <tr> <td> </td> <td>Update 6/10/2011</td> </tr> </tbody> </table>			Type	Questionnaire Administration Date		Pre 1/10/2011		Update 6/10/2011
Type	Questionnaire Administration Date										
	Pre 1/10/2011										
	Update 6/10/2011										
			<input type="checkbox"/> Youth Outcome Questionnaire - Self Report - 2.0 <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Pre 1/10/2011</td> </tr> <tr> <td> </td> <td>Update 6/1/2011</td> </tr> </tbody> </table>			Type	Questionnaire Administration Date		Pre 1/10/2011		Update 6/1/2011
Type	Questionnaire Administration Date										
	Pre 1/10/2011										
	Update 6/1/2011										
			<input checked="" type="checkbox"/> Eyberg Child Behavior Inventory (ECBI) <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Pre 1/10/2011</td> </tr> <tr> <td> </td> <td>Update 6/1/2011</td> </tr> </tbody> </table>			Type	Questionnaire Administration Date		Pre 1/10/2011		Update 6/1/2011
Type	Questionnaire Administration Date										
	Pre 1/10/2011										
	Update 6/1/2011										
			<input checked="" type="checkbox"/> Sutter Eyberg Student Behavior Inventory (SESBI) <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Pre 1/10/2011</td> </tr> <tr> <td> </td> <td>Update 6/1/2011</td> </tr> </tbody> </table>			Type	Questionnaire Administration Date		Pre 1/10/2011		Update 6/1/2011
Type	Questionnaire Administration Date										
	Pre 1/10/2011										
	Update 6/1/2011										

To view your questionnaire, skip to Step 12.

To edit your questionnaire, skip to Step 13.

Step 8 – Complete and Submit ‘Mid’ Questionnaires

Once a client and caregiver have reach the point in the treatment cycle where CDI is met, ‘Mid’ questionnaires are expected to be administered and collected. The application will allow ‘Mid’ questionnaires to be submitted once a ‘Pre’ questionnaire has been submitted for each required questionnaire.

At this point, both the CDI Met button and the Enter End of Treatment button will become visible on the on the Client Treatment Information page.

The screenshot displays two columns of questionnaires: 'Required Questionnaires' and 'Completed Questionnaires'. Both columns list three questionnaires: 'Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT', 'Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT', and 'Parenting Stress Index (PSI) - First 5 PCIT'. Below the lists, two buttons are visible: 'CDI Met' and 'Enter End of Treatment', both highlighted with red boxes.

Image: CDI Met button and Enter End of Treatment button visible on Client Treatment Information page.

1. Click the CDI Met button on the Client Treatment Information page. This will take you to the **Mid of Treatment** page.

The screenshot shows the 'Mid of Treatment Information' page. At the top, it displays 'Provider: 999X', 'Focus: First 5 PCIT', and 'EBP: First 5 PCIT'. The page is divided into two main sections: 'Client Demographics' and 'Client Treatment Information'. The 'Client Demographics' section includes fields for Name (John A Doe), Client ID (9999999), Birth Date (5/16/2010), Current Age (3 yrs 5 mos), Gender (Male), Ethnicity (01-White), and Primary Language (01-English). The 'Client Treatment Information' section includes a 'Beginning of Treatment Information' link, Therapist ID/Staff Code (CXXXXXX), Date of Intake (1/1/2013), Date of First Session (1/2/2013), DSM-IV Code Principle Axis I-Intake (XXX.XX), Age at First Session (2 yrs 7 mos), and Child Caregiver Relationship (Teen Biological Parent (12-20 yrs)). Below these sections is a 'Mid of Treatment Information' section with a 'Date CDI Met' field and a calendar icon. At the bottom, there are 'Save' and 'Cancel' buttons.

Image: Date CDI Met field on Mid of Treatment page.

2. On the Mid of Treatment page, enter **the date CDI was met into the Date CDI Met** field by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
3. To save your entry, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entry. The application will direct you back to the previous page.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

Client Demographics		Client Treatment Information	
John A Doe			
Client ID	9999999	Beginning of Treatment Information ⓘ	
Birth Date	5/16/2010	Therapist ID/Staff Code	CXXXXXX
Current Age	3 yrs 5 mos	Date of Intake	1/1/2013
Gender	Male	Date of First Session	1/2/2013
Ethnicity	01-White	DSM-IV Code Principle Axis I-Intake	XXX.XX
Primary Language	01-English	Age at First Session	2 yrs 7 mos
		Child Caregiver Relationship	Teen Biological Parent (12-20 yrs)
		Mid of Treatment Information ⓘ	
		Date CDI Met	4/1/2013

Required Questionnaires	Completed Questionnaires												
<table border="1"> <thead> <tr> <th>New</th> <th>Questionnaire Name</th> </tr> </thead> <tbody> <tr> <td>📄</td> <td>Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT</td> </tr> <tr> <td>📄</td> <td>Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT</td> </tr> <tr> <td>📄</td> <td>Parenting Stress Index (PSI) - First 5 PCIT</td> </tr> </tbody> </table>	New	Questionnaire Name	📄	Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	📄	Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT	📄	Parenting Stress Index (PSI) - First 5 PCIT	<table border="1"> <thead> <tr> <th>Questionnaire Name</th> </tr> </thead> <tbody> <tr> <td>📄 Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT</td> </tr> <tr> <td>📄 Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT</td> </tr> <tr> <td>📄 Parenting Stress Index (PSI) - First 5 PCIT</td> </tr> </tbody> </table>	Questionnaire Name	📄 Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	📄 Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT	📄 Parenting Stress Index (PSI) - First 5 PCIT
New	Questionnaire Name												
📄	Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT												
📄	Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT												
📄	Parenting Stress Index (PSI) - First 5 PCIT												
Questionnaire Name													
📄 Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT													
📄 Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT													
📄 Parenting Stress Index (PSI) - First 5 PCIT													

View Mid Status Enter End of Treatment

Image: Mid of Treatment Information and View Mid Status button on Client Treatment Info page.

NOTE: Once **Date CDI Met** is entered, you are required to input a 'Mid' type questionnaire for each required questionnaire before you can input any other type of questionnaire. In addition, if you choose to end the treatment cycle, from this point forward, you are required to input a 'Mid' questionnaire for each required questionnaire in order for the treatment cycle to eventually be considered inactive.

4. On the Client Treatment Info page, you will see the date entered for **Date CDI Met**. In addition, the **CDI Met** button will now say **View Mid Status**.
5. Click on the **View Mid Status** button. You will be taken to the **Mid Questionnaires** page. The **Mid Treatment Cycle Status** message will read "Additional Information Needed" until a 'Mid' type questionnaire has been submitted for each required questionnaire.



Image: Mid Treatment Cycle Status message above list of **'Mid' Questionnaires** required.

6. Click on the **New** icon next to one of the Mid questionnaires listed. You will be taken to the **Add Client Scores** page to submit the 'Mid' type questionnaire.
7. Follow the directions in step 6.1 to submit each 'Mid' questionnaire (follow step 6.2 if you are unable to collect scores for a 'Mid' type questionnaire). Under **Type**, your only option will be **'Mid'** instead of 'Pre' or 'Update'. You will be returned to the **Mid Questionnaires** page after you save each questionnaire.
8. After each required questionnaire is submitted, the Status message for each will change from **"Pending"** to **"Completed"**.
9. Once all required Mid type questionnaires have been submitted, the Mid Treatment Cycle Status message will change to **"Complete"**

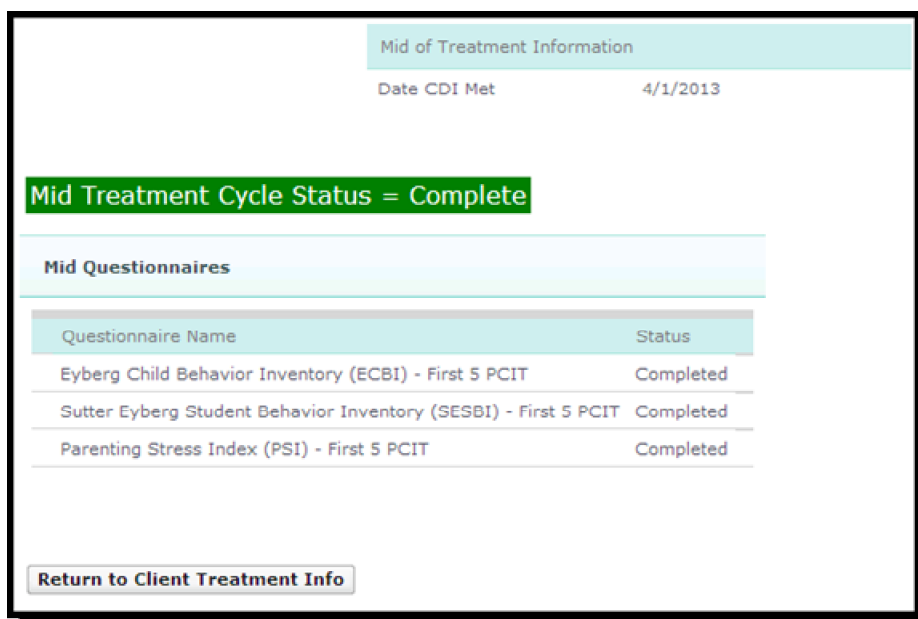


Image: The Mid Treatment Cycle Status message after all **'Mid'** questionnaires have been completed.

Click on the Return to Client Treatment Info button. The system will return to **Client Treatment Information** page.

Required Questionnaires		Completed Questionnaires							
New	Questionnaire Name	Questionnaire Name							
	Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	<input checked="" type="checkbox"/>	Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT						
	Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT								
	Parenting Stress Index (PSI) - First 5 PCIT								
<input type="button" value="View Mid Status"/>									
<input type="button" value="Enter End of Treatment"/>									
			<table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Pre 1/2/2013</td> </tr> <tr> <td> </td> <td>Mid 4/1/2013</td> </tr> </tbody> </table>	Type	Questionnaire Administration Date		Pre 1/2/2013		Mid 4/1/2013
Type	Questionnaire Administration Date								
	Pre 1/2/2013								
	Mid 4/1/2013								
			<table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Pre 1/2/2013</td> </tr> <tr> <td> </td> <td>Mid 4/1/2013</td> </tr> </tbody> </table>	Type	Questionnaire Administration Date		Pre 1/2/2013		Mid 4/1/2013
Type	Questionnaire Administration Date								
	Pre 1/2/2013								
	Mid 4/1/2013								
			<table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Pre 1/3/2013</td> </tr> <tr> <td> </td> <td>Mid 4/1/2013</td> </tr> </tbody> </table>	Type	Questionnaire Administration Date		Pre 1/3/2013		Mid 4/1/2013
Type	Questionnaire Administration Date								
	Pre 1/3/2013								
	Mid 4/1/2013								

Image: 'Mid' questionnaires completed for each required questionnaire.

To view your questionnaire, skip to **Step 12**.

To edit your questionnaire, skip to **Step 13**.

Step 9 – Complete and Submit End of Treatment Information

1. From the Client Treatment Information page, click on the **Enter End of Treatment** button.
2. Enter the **Date of Last Session** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
3. Enter the **Total Number of Sessions**.
4. Indicate whether this evidence-based practice (EBP) was completed by choosing the appropriate value from the **Completed EBP** dropdown list. Depending on what you select, there will be different requirements for completing the **End of Treatment Information**:
 - If you answer 'Yes', you must enter a response in the **Client Treatment Success** field. The **Treatment Outcome Option** field will not require a response and will be disabled.
 - If you answer 'No', you must enter a response in the **Treatment Outcome Option** field. The **Client Treatment Success** field will not require a response and will be disabled.
5. Select a value from the **Disposition** dropdown list. The list of available responses will change
6. Select a value for the **DSM-IV Code Principle Axis I – Termination** by clicking on the **Lookup** link next to the field. This is not a free text field.
7. For the **Child-Caregiver Relationship Changed?** field, indicate if the child-caregiver relationship has changed since Beginning of Treatment. If it has, you will be required to indicate the child-caregiver relationship at the time of End of Treatment.
8. To save, click the **Save** button.
9. To cancel, click the **Cancel** button, system will redirect you to the previous page.


Age at First Session 2 yrs 7 mos

Child Caregiver Relationship Teen Biological Parent (12-20 yrs)

Mid of Treatment Information

Date CDI Met 4/1/2013

End of Treatment Information

Date of Last Session 

Total Number of Sessions

Completed EBP

Client Treatment Success

Disposition

DSM-IV Code Principle Axis-I Termination [Lookup...](#)

Treatment Outcome Option

Child Caregiver Relationship Changed?

Image: End of Treatment Information with Completed EBP = Yes

Age at First Session	2 yrs 7 mos	
Child Caregiver Relationship	Teen Biological Parent (12-20 yrs)	
Mid of Treatment Information		
Date CDI Met	4/1/2013	
End of Treatment Information		
Date of Last Session	<input type="text" value="8/20/2013"/>	<input type="button" value="12"/>
Total Number of Sessions	<input type="text" value="2"/>	
Completed EBP	<input type="button" value="No"/>	
Client Treatment Success	<input type="button" value="** Please Select **"/>	
Disposition	<input type="button" value="New EBP with different focus"/>	
DSM-IV Code Principle Axis-I Termination	<input type="text" value="300.29"/>	<input type="button" value="Lookup..."/>
Treatment Outcome Option	<input type="button" value="Change in placement"/>	
Child Caregiver Relationship Changed?	<input type="button" value="Yes"/>	<input type="button" value="Adoptive Parent"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

Image: End of Treatment Information with Completed EBP = No

Note: If you selected 'Yes' for **Completed EBP** field, this will not end the client's treatment cycle. You will need to complete and submit all required 'Post' questionnaires in order to end the treatment cycle. If you selected 'No' for **Completed EBP** field, this will end the treatment cycle.

Once you have completed the End of Treatment Information, you will be taken to **Treatment Cycle Status** page.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

Client Demographics	Client Treatment Information									
John A Doe										
Client ID 9999999										
Birth Date 5/16/2010										
Current Age 3 yrs 5 mos										
Gender Male										
Ethnicity 01-White										
Primary Language 01-English										
	Beginning of Treatment Information	End of Treatment Information								
	Therapist ID/Staff Code CXXXXXX	Date of Last Session 8/1/2013								
	Date of Intake 1/1/2013	Total Number of Sessions 10								
	Date of First Session 1/2/2013	Completed EBP Yes								
	DSM-IV Code Principle Axis I-Intake 995.83	Client Treatment Success Significant								
	Age at First Session 2 yrs 7 mos	Disposition Case closed								
	Child Caregiver Relationship Teen Biological Parent (12-20 yrs)	DSM-IV Code Principle Axis-I Termination 291.0								
	Mid of Treatment Information									
	Date CDI Met 4/1/2013									
Treatment Cycle Status = Additional Information Needed										
Questionnaires										
<table border="1"> <thead> <tr> <th>Questionnaire Name</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td> Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT</td> <td>Pending</td> </tr> <tr> <td> Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT</td> <td>Pending</td> </tr> <tr> <td> Parenting Stress Index (PSI) - First 5 PCIT</td> <td>Pending</td> </tr> </tbody> </table>			Questionnaire Name	Status	Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	Pending	Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT	Pending	Parenting Stress Index (PSI) - First 5 PCIT	Pending
Questionnaire Name	Status									
Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	Pending									
Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT	Pending									
Parenting Stress Index (PSI) - First 5 PCIT	Pending									
Return to Client Treatment Info										

Image: Treatment Cycle Status (in red) indicating that 'Post' questionnaires are needed for the treatment cycle to be completed. Note the status of each required 'Post' questionnaire is 'Pending'.

If you wish to complete and submit pending 'Post' questionnaires, please continue on to **Step 10**.

Step 10 – Complete and Submit ‘Post’ Questionnaires




Once you have input the End of Treatment Information, the application will indicate which ‘Post’ questionnaires are still pending completion on the **Treatment Cycle Status** page.

To complete and submit a ‘Post’ questionnaire, click on the **New** icon next to the questionnaire you wish to complete.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

Client Demographics		Client Treatment Information	
John A Doe		Beginning of Treatment Information ⓘ	
Client ID	9999999	Therapist ID/Staff Code	CXXXXXX
Birth Date	5/16/2010	Date of Intake	1/1/2013
Current Age	3 yrs 5 mos	Date of First Session	1/2/2013
Gender	Male	DSM-IV Code Principle Axis I-Intake	995.83
Ethnicity	01-White	Age at First Session	2 yrs 7 mos
Primary Language	01-English	Child Caregiver Relationship	Teen Biological Parent (12-20 yrs)
		End of Treatment Information ⓘ	
		Date of Last Session	8/1/2013
		Total Number of Sessions	10
		Completed EBP	Yes
		Client Treatment Success	Significant
		Disposition	Case closed
		DSM-IV Code Principle Axis-I Termination	291.0
		Mid of Treatment Information	
		Date CDI Met	4/1/2013

Treatment Cycle Status = Additional Information Needed

Questionnaires	
Questionnaire Name	Status
 Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	Pending
 Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT	Pending
 Parenting Stress Index (PSI) - First 5 PCIT	Pending


NEW Icon


[Return to Client Treatment Info](#)

You will be taken to the **Add Questionnaire** page.

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
2. Select ‘Post’ from the **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record, or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To submit questionnaire, click on the **Save** button.
5. To cancel this entry, click on the **Cancel** button.

Add Parenting Stress Index (PSI) - First 5 PCIT

Questionnaire Administration Date 

Type 

Subscale / SCALE	Score
Parental Distress (PD) - Raw Score	<input type="text" value="20"/>
Parent-Child Dysfunctional Interaction (P-CDI) - R	<input type="text" value="20"/>
Difficult Child (DC) - Raw Score	<input type="text" value="20"/>
Total Stress - Raw Score	<input type="text" value="20"/>

Unable to Collect Reason



Image: Entering a 'Post' type questionnaire for the **Parenting Stress Index (PSI)**.

You will be returned to the **Treatment Cycle Status** page.

The status of each questionnaire will change from 'Pending' to 'Completed' once it has been submitted.

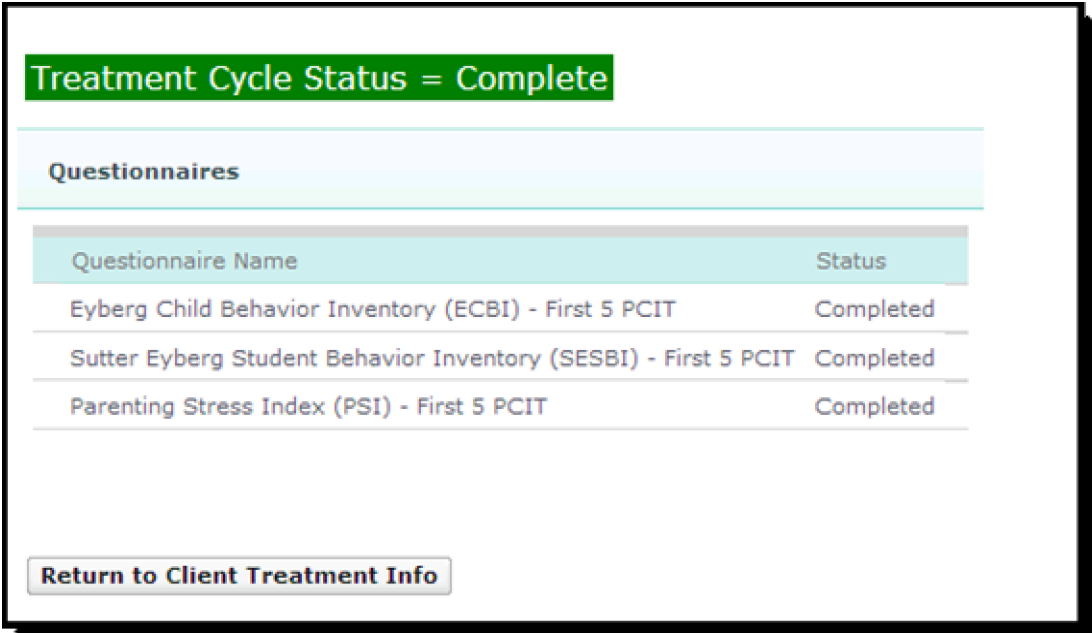
Treatment Cycle Status = Additional Information Needed

Questionnaires

Questionnaire Name	Status
 Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	Pending
 Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT	Pending
Parenting Stress Index (PSI) - First 5 PCIT	Completed

Once you complete all the required 'Post' questionnaires, the Treatment Cycle Status indicator will change to "Complete" (in green).

To return to the **Client Treatment Information** page, click on the **Return to Client Treatment Info** button.



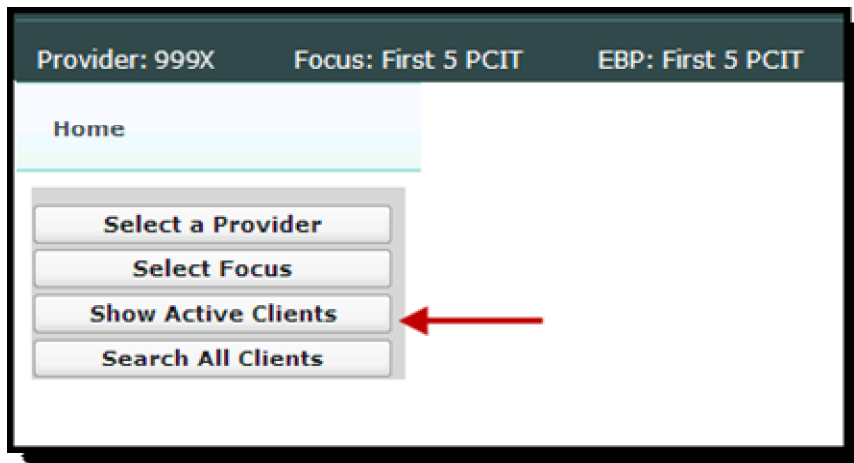
The screenshot displays a web interface with a green header bar containing the text "Treatment Cycle Status = Complete". Below this is a section titled "Questionnaires" which contains a table with two columns: "Questionnaire Name" and "Status". The table lists three questionnaires, all of which are marked as "Completed". At the bottom of the interface is a button labeled "Return to Client Treatment Info".

Questionnaire Name	Status
Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT	Completed
Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT	Completed
Parenting Stress Index (PSI) - First 5 PCIT	Completed

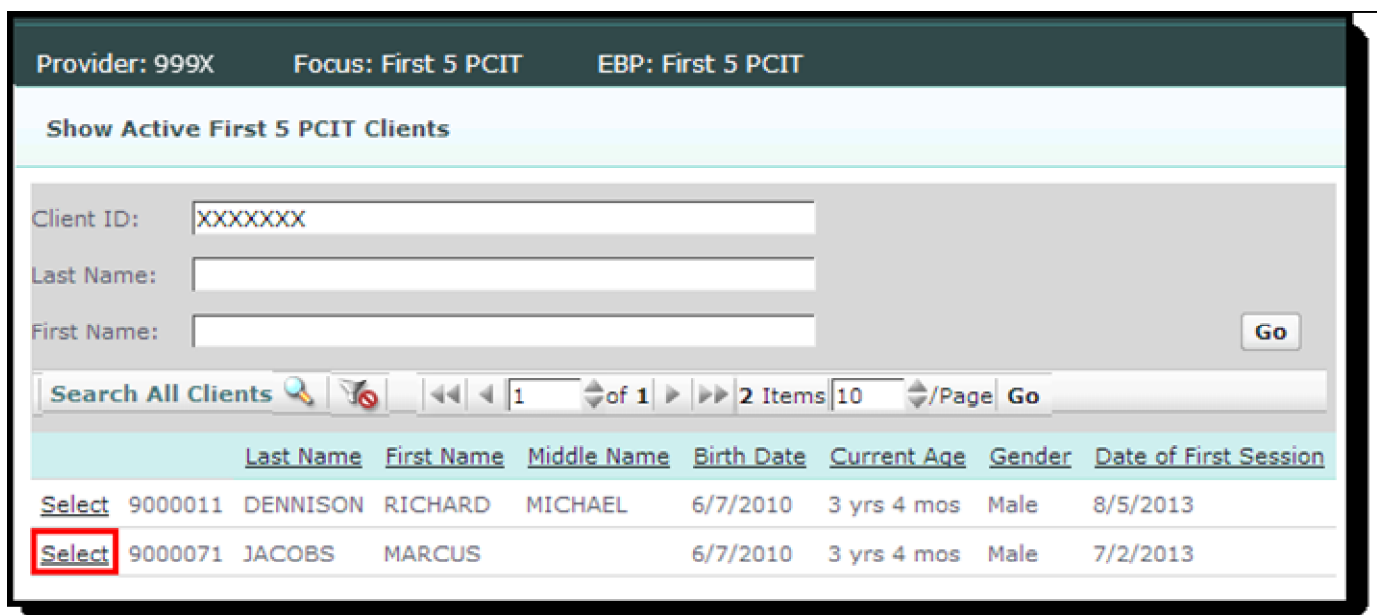
Step 11 – Show Active Clients

First, follow **Steps 1, 2 and 3**.

Once you have selected a provider, focus of treatment and EBP, click on the **Show Active Clients** button.



The active client should appear in the results list. To select an active client from the results list, click on the **Select** link next to the client in the list.



NOTE: By default, the results list only displays 10 active clients at a time. If the client you wish to select is not listed in the first 10 records, you can use the navigation buttons above the list to move from page to page in the list. You can also filter the results list by entering the **Client ID**, **Last Name** or **First Name** of the client and then clicking on the **Go** button.



Image: Navigation buttons for the Active Client list

You will then be taken to the Treatment History page. This page will display the entire client's Treatment History, for the provider, focus of treatment you have selected.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
 Client ID XXXXXX
 Birth Date 11/1/1995
 Current Age 15 years old
 Gender Male
 Ethnicity 99-Unknown/Not Reported
 Primary Language 01-English

Treatment History

Start New Treatment Cycle [Icons] 1 of 1 1 Items | 10 Page Go

Status	Date of First Session	EBP	Date of Intake	DSM-IV Code - Intake	Date of Last Session	Total Number Session	Completed EBP	Client TX Success	Disposition	DSM-IV Code - Termination
Active	1/1/2011	Incredible Years (IY)	1/1/2011	290.21						

Image: Treatment History page for the active client.

To view Beginning of Treatment Information, continue on to **Step 11.1**.

To view End of Treatment Information, skip to **Step 14**.

Step 11.1 – View Beginning of Treatment Information

First, follow **step 11**.

Click on the **View** icon (magnifying glass) next to record you wish to view.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID XXXXXX
Birth Date 11/1/1995
Current Age 15 years old
Gender Male
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Treatment History

Start New Treatment Cycle 1 of 1 1 Items 10 /Page Go

Status	Date of First Session	EBP	Date of Intake	DSM-IV Code - Intake	Date of Last Session	Total Number Session	Completed EBP	Client TX Success	Disposition	DSM-IV Code - Termination
Active	1/1/2011	Incredible Years (IY)	1/1/2011	290.21						

You will then be taken to the **Client Treatment Information** page. From this page, you can:

- View Beginning of Treatment Information
- Edit Beginning of Treatment (step 11.2)
- Complete and submit required questionnaires (steps 6 and 7)
- View any completed questionnaires (step 12)
- Edit any completed questionnaires (step 13)

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID XXXXXX
Birth Date 11/1/1995
Current Age 15 years old
Gender Male
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code cXXXXXX
Date of Intake 1/1/2011
Date of First Session 1/10/2011
DSM-IV Code Principle Axis I- Intake 999.99
Age at First Session 15 years old

Required Questionnaires

New	Questionnaire Name
	Youth Outcome Questionnaire - 2.01 (Parent)
	Youth Outcome Questionnaire - Self Report - 2.0
	Eyberg Child Behavior Inventory (ECBI)
	Sutter Eyberg Student Behavior Inventory (SESBI)

Completed Questionnaires

Questionnaire Name
Sutter Eyberg Student Behavior Inventory (SESBI)

NEW icon

Expand icon

Step 11.2 – Edit Beginning of Treatment Information

First, follow **steps 11 and 11.1**. Next, click on the **Edit** icon in the **Beginning of Treatment Information** section heading.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXX	Therapist ID/Staff Code	cXXXXXX
Birth Date	11/1/1995	Date of Intake	1/1/2011
Current Age	15 years old	Date of First Session	1/10/2011
Gender	Male	DSM-IV Code Principle Axis I-Intake	999.99
Ethnicity	99-Unknown/Not Reported	Age at First Session	15 years old
Primary Language	01-English		

Required Questionnaires		Completed Questionnaires	
New	Questionnaire Name	Questionnaire Name	
<input type="checkbox"/>	Youth Outcome Questionnaire - 2.01 (Parent)	<input checked="" type="checkbox"/> Sutter Eyberg Student Behavior Inventory (SESBI)	
<input type="checkbox"/>	Youth Outcome Questionnaire - Self Report - 2.0		
<input type="checkbox"/>	Eyberg Child Behavior Inventory (ECBI)		
<input type="checkbox"/>	Sutter Eyberg Student Behavior Inventory (SESBI)		

You will then be taken to the Beginning of Treatment Information edit page.

Note: **Therapist ID/Staff Code** and **DSM-IV Code Principle Axis I-Intake** are the only fields you can edit in Beginning of Treatment Information section.

To save your changes, click on the **Save** button. To disregard the changes and return to previous page, click on the **Cancel** button.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID XXXXXX
Birth Date 11/1/1995
Current Age 15 years old
Gender Male
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Beginning of Treatment Information

Therapist ID/Staff Code cXXXXX [Lookup...](#)

Date of Intake 1/1/2011

Date of First Session 1/1/2011

DSM-IV Code Principle Axis I-Intake 999.99 [Lookup...](#)

Age At First Session 12 years old

[Save](#) [Cancel](#)

Step 12 – View Questionnaires

First, follow **step 11**.

To view the questionnaire you have entered, click on the plus (+) sign next to the questionnaire type. The list will expand showing all of the questionnaires of this type that have been saved.

Next, click on the **View** (magnifying glass) icon next to the questionnaire you wish to view.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID: XXXXXX
Birth Date: 11/1/1995
Current Age: 15 years old
Gender: Male
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code: cXXXXXX
Date of Intake: 1/1/2011
Date of First Session: 1/10/2011
DSM-IV Code Principle Axis I-Intake: 999.99
Age at First Session: 15 years old

Required Questionnaires

New	Questionnaire Name
	Youth Outcome Questionnaire - 2.01 (Parent)
	Youth Outcome Questionnaire - Self Report - 2.0
	Eyberg Child Behavior Inventory (ECBI)
	Sutter Eyberg Student Behavior Inventory (SESBI)

Completed Questionnaires

Questionnaire Name	Type	Questionnaire Administration Date
Youth Outcome Questionnaire - 2.01 (Parent)	Pre	1/10/2011
Youth Outcome Questionnaire - 2.01 (Parent)	Update	6/10/2011
Youth Outcome Questionnaire - Self Report - 2.0	Pre	1/10/2011
Youth Outcome Questionnaire - Self Report - 2.0	Update	6/1/2011

Enter End of Treatment

VIEW icon

Once you have viewed the information, you can return to previous page by clicking on the **OK** button.

You can edit the questionnaire by clicking on the **Edit** button and continue on to Step 13.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID: XXXXXX
Birth Date: 11/1/1995
Current Age: 15 years old
Gender: Male
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code: cXXXXXX
Date of Intake: 1/1/2011
Date of First Session: 1/10/2011
DSM-IV Code Principle Axis I-Intake: 999.99
Age at First Session: 15 years old

End of Treatment Information

Date of Last Session: 6/17/2011
Total Number of Sessions: 2
Completed EBP: Yes
Client Treatment Success: Significant
Disposition: Case closed
DSM-IV Code Principle Axis-I Termination: 999.99

Outcome Questionnaire - 45.2*

Questionnaire Administration Date: 1/10/2011
Type: Pre

Symptom Distress	10
Interpersonal Relations	10
Social Role	10
Total	10

OK **Edit**

To return to the Home page, click on the **Home** button in the top-right corner of the page.



Step 13 – Edit Questionnaires

First, follow **step 11**.

To edit the questionnaire you have entered, click on the plus (+) sign next to the questionnaire type. The list will expand showing all of the questionnaires of this type that have been saved.

Then click on the **Edit** (paper & pencil) icon next to the questionnaire you wish to edit.

The screenshot displays a client record for JOHN DOE. The page is divided into several sections:

- Client Demographics:** JOHN DOE, Client ID: XXXXXX, Birth Date: 11/1/1995, Current Age: 15 years old, Gender: Male, Ethnicity: 99-Unknown/Not Reported, Primary Language: 01-English.
- Client Treatment Information:** Beginning of Treatment Information (with a plus icon), Therapist ID/Staff Code: cXXXXXX, Date of Intake: 1/1/2011, Date of First Session: 1/10/2011, DSM-IV Code Principle Axis I-Intake: 999.99, Age at First Session: 15 years old.
- Required Questionnaires:** A list of questionnaires with an 'Enter End of Treatment' button below. The list includes: Youth Outcome Questionnaire - 2.01 (Parent), Youth Outcome Questionnaire - Self Report - 2.0, Eyberg Child Behavior Inventory (ECBI), and Sutter Eyberg Student Behavior Inventory (SESBI).
- Completed Questionnaires:** A list of completed questionnaires with columns for Type and Questionnaire Administration Date. The list includes: Youth Outcome Questionnaire - 2.01 (Parent) (expanded to show Pre and Update entries), Youth Outcome Questionnaire - Self Report - 2.0 (expanded to show Pre and Update entries), Eyberg Child Behavior Inventory (ECBI), and Sutter Eyberg Student Behavior Inventory (SESBI). Red boxes highlight the plus (+) icons next to the 'Pre' and 'Update' entries in the 'Completed Questionnaires' section.

Note: The validation rules that apply when you create a questionnaire still apply when editing it.

To save your changes, click on the **Save** button. To cancel any changes and return to the previous page, click on the **Cancel** button.

Provider: 999x

Focus: Parenting and Family Difficulties


EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID XXXXXX
Birth Date 11/1/1995
Current Age 15 years old
Gender Male
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English


Client Treatment Information

Beginning of Treatment Information 

Therapist ID/Staff Code cXXXXXX
Date of Intake 1/1/2011
Date of First Session 1/10/2011
DSM-IV Code Principle Axis I-Intake 999.99
Age at First Session 15 years old

Edit Sutter Eyberg Student Behavior Inventory (SESBI)

Questionnaire Administration Date 

Type 

Subscale / SCALE	Score
Intensity - Raw Score	<input type="text" value="266"/>
Intensity - T-Score	<input type="text" value="81"/>
Problem - Raw Score	<input type="text" value="38"/>
Problem - T-Score	<input type="text" value="77"/>

Unable to Collect Reason 

Step 14 – View End of Treatment Information

First, follow **step 11**.

Next, click on the **View** icon (Magnifying glass) next to record you wish to view.


Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
 Client ID: XXXXXX
 Birth Date: 11/1/1995
 Current Age: 15 years old
 Gender: Male
 Ethnicity: 99-Unknown/Not Reported
 Primary Language: 01-English

Treatment History

Start New Treatment Cycle [Icon] [Icon] [Icon] 1 of 1 [Icon] 1 Items | 10 /Page Go

Status	Date of First Session	EBP	Date of Intake	DSM-IV Code - Intake	Date of Last Session	Total Number Session	Completed EBP	Client TX Success	Disposition	DSM-IV Code - Termination
 Active	1/10/2011	Seeking Safety (SS)	1/1/11	999.99						

You will then be taken to the **Client Treatment Information** page. From this page, you can view the **End of Treatment Information**.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
 Client ID: XXXXXX
 Birth Date: 11/1/1995
 Current Age: 15 years old
 Gender: Male
 Ethnicity: 99-Unknown/Not Reported
 Primary Language: 01-English





Client Treatment Information

Beginning of Treatment Information [Icon]





End of Treatment Information [Icon]

Therapist ID/Staff Code	cXXXXXX	Date of Last Session	6/17/2011
Date of Intake	1/1/2011	Total Number of Sessions	2
Date of First Session	1/10/2011	Completed EBP	Yes
DSM-IV Code Principle Axis I- Intake	999.99	Client Treatment Success	Significant
Age at First Session	15 years old	Disposition	Case closed
		DSM-IV Code Principle Axis-I Termination	999.99

Required Questionnaires

New	Questionnaire Name
	Youth Outcome Questionnaire - 2.01 (Parent)
	Youth Outcome Questionnaire - Self Report - 2.0
	Eyberg Child Behavior Inventory (ECBI)
	Sutter Eyberg Student Behavior Inventory (SESBI)

Completed Questionnaires

Questionnaire Name
 Youth Outcome Questionnaire - 2.01 (Parent)
 Youth Outcome Questionnaire - Self Report - 2.0
 Eyberg Child Behavior Inventory (ECBI)
 Sutter Eyberg Student Behavior Inventory (SESBI)

[View Treatment Status](#)

Step 15 – Edit End of Treatment Information

First follow **step 14**. Click on the **Edit** icon in the **End of Treatment Information** section heading.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information		
JOHN DOE				
Client ID	XXXXXX	Beginning of Treatment Information		
Birth Date	11/1/1995	Therapist ID/Staff Code	cXXXXXX	
Current Age	15 years old	Date of Intake	1/1/2011	
Gender	Male	Date of First Session	1/10/2011	
Ethnicity	99-Unknown/Not Reported	DSM-IV Code Principle Axis I- Intake	999.99	
Primary Language	01-English	Age at First Session	15 years old	
Required Questionnaires		Completed Questionnaires		
New	Questionnaire Name	Questionnaire Name		
	Youth Outcome Questionnaire - 2.01 (Parent)			Youth Outcome Questionnaire - 2.01 (Parent)
	Youth Outcome Questionnaire - Self Report - 2.0			Youth Outcome Questionnaire - Self Report - 2.0
	Eyberg Child Behavior Inventory (ECBI)			Eyberg Child Behavior Inventory (ECBI)
	Sutter Eyberg Student Behavior Inventory (SESBI)			Sutter Eyberg Student Behavior Inventory (SESBI)
View Treatment Status				

End of Treatment Information EDIT icon	
Date of Last Session	6/17/2011
Total Number of Sessions	2
Completed EBP	Yes
Client Treatment Success	Significant
Disposition	Case closed
DSM-IV Code Principle Axis-I Termination	999.99

You will then be taken to the **Edit End of Treatment Information** page.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics		Client Treatment Information	
JOHN DOE			
Client ID	XXXXXX	Beginning of Treatment Information	
Birth Date	11/1/1995	Therapist ID/Staff Code	cXXXXXX
Current Age	15 years old	Date of Intake	1/1/2011
Gender	Male	Date of First Session	1/10/2011
Ethnicity	99-Unknown/Not Reported	DSM-IV Code Principle Axis I- Intake	999.99
Primary Language	01-English	Age at First Session	15 years old
End of Treatment Information			
Date of Last Session	<input type="text" value="6/17/2011"/>		
Total Number of Sessions	<input type="text" value="2"/>		
Completed EBP	<input type="text" value="Yes"/>		
Client Treatment Success	<input type="text" value="Significant"/>		
Disposition	<input type="text" value="Case closed"/>		
DSM-IV Code Principle Axis-I Termination	<input type="text" value="290.20"/> Lookup...		
<input type="button" value="Save"/> <input type="button" value="Cancel"/>			

Note: Total Number of Sessions, Client Treatment Success, Disposition and DSM-IV Code Principle Axis I-Termination are the only fields you can edit in the **End of Treatment Information** section.

To save your changes, click on the **Save** button. To cancel changes and return to previous page, click on the **Cancel** button.

Step 16 – Print

To print, click on the **Print** icon in the top-right corner of the page.



Step 17 – Sign Out

To sign out from the application, click on the **Sign Out** button in the top-right corner of the page.



First 5 L.A. PCIT Dictionary

21-day collection window	<p>For First 5 L.A. PCIT users, the Questionnaire Administration Date for all questionnaires must be between 7 days prior to and 14 days after one of the following collection points depending on the type of questionnaire:</p> <ul style="list-style-type: none"> • Pre Questionnaires: Date of First Session • Mid Questionnaires: Date CDI Met • Post Questionnaires: Date of Last Session
Active Client	<p>The client becomes active when 'Beginning of Treatment' (BOT) information is entered for a new treatment cycle. The client remains active until all required 'End of Treatment' (EOT) information is entered for that treatment cycle. If EBP is completed, EOT information must include acknowledgement of all required 'post' questionnaires for the treatment cycle to be closed for this Evidence-Based Practice (EBP) for this client at this provider site.</p>
Age at First Session	<p>Client's calculated age when treatment in a specific EBP commences. This is calculated based on client's date of birth, as indicated in the IS, and 'Date of First Session'.</p>
Beginning of Treatment Information	<p>Information related to the client's EBP treatment history at the beginning of treatment in a specific EBP at a specific provider site. This information includes: 'Date of First Session', 'DSM-IV Axis I Principle Diagnosis Code - Intake', and 'Therapist/Staff Code'. Completion of all required information identifies the start of treatment within a given EBP and initiates the treatment cycle.</p>
Client ID	<p>The Department of Mental Health issued, seven-digit number used to uniquely identify a client.</p>
Client's Treatment Success	<p>A field in "End of Treatment Information" that is enabled when the user selects "Yes" in the "Completed EBP" field. When "Client's Treatment Success" field is enabled, the user must identify whether the clinician determined the "Client's Treatment Success" to be "Partial" or "Significant".</p>
Completed EBP	<p>A Yes/No response identifying whether the client completed all required interventions specific to the EBP in which the client received services for this 'treatment cycle'.</p>
Current Age	<p>The client's current age is calculated based on client's date of birth, as identified in the IS, and the date the user is accessing client information in the application.</p>
Date CDI Met	<p>The date, determined by the clinician, when Child Directed Interaction (CDI) has been met in a First 5 L.A. PCIT treatment cycle.</p>
Date of First Session	<p>The date signifying the client's first EBP treatment session within a specific EBP at a specific provider site.</p>

Date of Last Session:	Last date for which EBP-specific services were provided and/or claimed.
Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV)	Published by the American Psychiatric Association, the DSM-IV provides a common language and standard criteria for the classification of mental health disorders.
DSM-IV Axis I Principle Diagnosis Code – Intake	Client’s principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP commenced, as indicated on the client’s most recent Initial Assessment, Assessment Addendum, or Annual Update.
DSM-IV Axis I Principle Diagnosis Code – Termination	Client’s principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP ended, as indicated on the client’s initial intake assessment, assessment addendum or annual update.
Disposition	A response identifying the next step for the client at the end of an EBP ‘treatment cycle’. Disposition options differ based on “Completed EBP – Yes” and “Completed EBP – No” responses.
End of Treatment Information	Information related to the client’s EBP treatment history at the end of treatment in a specific EBP at a specific provider site. This information includes: ‘Date of Last Session’, ‘Total Number of Sessions’, information regarding completion of the EBP, ‘Disposition’ and ‘DSM-IV Axis I Principle Diagnosis Code-Termination’. For clients who have completed treatment, this information will also include the provider’s assessment of the success of treatment as well as acknowledgement of all required post-treatment outcome questionnaires. The completion of all required ‘End of Treatment Information’ closes out the ‘treatment cycle’.
Evidence-Based Practice (EBP)	Used to refer to Evidence-Based Practices (EBP), Community-Defined Evidence (CDE) practices, and Promising Practices (PP). For First 5 L.A. PCIT users, the EBP will always refer to “First 5 PCIT
Focus of Treatment	Focus of Treatment refers to a client’s primary presenting problems for which EBP mental health services are being delivered (e.g., anxiety, depression, trauma, etc.). For First 5 L.A. users, the Focus of Treatment will always be identified as “First 5 PCIT”.
Mental Health Services Act (MHSA)	The MHSA, adopted by the California electorate on November 2, 2004 creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services.

'Mid' Questionnaire	All required outcome questionnaires which should be completed at the point Child Directed Interaction (CDI) is met. If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect."
'Pre' Questionnaire	All required pre-treatment outcome questionnaires, which should be administered during the first EBP-treatment session ('Date of First Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect."
'Post' Questionnaire	All required post-treatment outcome questionnaires, which should be administered during the final EBP treatment session ('Date of Last Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect."
Provider ID	The state-issued four-digit number associated with the primary location(s) or site(s) where services are delivered.
Questionnaire	Outcome measures completed by clients and/or parents/guardians/raters for all clients receiving First 5 L.A. PCIT services. At a minimum, for each treatment cycle of First 5 L.A. PCIT services, there will be acknowledgement of a 'Pre' and a 'Post' treatment questionnaire for each outcome measures.
Questionnaire Administration Date	Date when client or parent/guardian/rater completed each outcome measure questionnaire.
Questionnaire Type	Questionnaire Type identifies whether the outcome questionnaire data reflects Pre-treatment, Update or Post-treatment status.
Staff Code	The seven-digit, alphanumeric DMH-issued staff code for individuals providing mental health services. An individual may be issued more than one staff code in cases where they provide services at more than one location or site. The staff code entered must represent the staff member that provided services to a given client at a given site. The staff code for the individual may be different than the username of the person using the application.
Status	In the "Mid of Treatment Information" screen, this field indicates the status of the collection of Mid Questionnaire after CDI is met. In the "End of Treatment Information" screen, this field indicates the status of the treatment cycle, relative to outstanding post-treatment outcome questionnaires.
Subscale Totals	Refers to the total Raw-score and T-score values for each questionnaire completed by the client and/or parent/guardian/rater.
Treatment Cycle	A "Treatment Cycle" is the time during which a client receives services for a specific EBP at a specific provider site. It is encapsulated by completion of 'Beginning of Treatment Information' and all 'End of Treatment Information' requirements.

Unable to Collect	Refers to a field in all questionnaires which allows the user to identify when a clinician was unable to collect a outcome questionnaire within the 21-day collection window.
'Update' Questionnaire:	Outcomes questionnaires completed between required pre-treatment and post-treatment outcomes questionnaires for a client within a treatment cycle for a specific EBP. For EBPs exceeding 6-months duration, update questionnaires are required every 6 months (from 'Date of First Session').