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MAP Dictionary

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): <u>https://dmhapps.co.la.ca.us/PEIOMA</u>
- 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 Reque	est
Access t	o this protected resource requires RSA SecurID Token authentic	ation.
These com computer s computer s authorized adverse act	puter systems including all related equipment, networks, and network devices are the p ystems are provided for authorized use only and may be monitored for all lawful purposed ystems may be examined, recorded, copied, and used for other authorized purposes during or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may ions. Unauthorized users may be subject to criminal prosecution. By continuing, you agr	property of the County of Los Angeles. These s. All information placed on or sent over these g monitoring. Use of these computer systems, be used for administrative, criminal, or other ee to these terms.
Logon ID:		
Passcode:	Your Passcode is your PIN + the number displayed on your token (the Tokencode).	
Log In	Reset Help	
	YOU MUST THEN ESTABLISH A NEW PIN ABOVE	•

MHSA I	Prevention	and Early Inte atcome Measures		Home Sign In 🕑 🕒 🗠 You are not signed-in.
🗟 Sign In				
Enter your use User Name:	r name and password t	o sign in.		
Password:	*****			
	OK Cancel			
PEI Outcomes M Disclaimer: This Code, Civil Cod representative t	leasures Version 1.0 Cc confidential information e and HIPAA Privacy S o whom it pertains unle	pyright © 2011 County of Les A is provided to you in accord wi tandards. Duplication of this inf is otherwise permitted by law.	igeles Department of Mental Health. All rights reser In State and Federal laws and regulations including irmation for further disclosure is prohibited withou	ved. but not limited to applicable Welfare and Institutions it prior written authorization of the client/authorized

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.

MHSA Prevention and Early Intervention					
Provider: (not selected)	Focus: (not selected)	EBP: (not selected)			
Home			Return to the Home page, by clicking on the "Home" button.		
Select a Provider					
Select Focus					
Search for Active Clients					
Search All Clients					

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:

MHSA Prevention and Early Intervention						
Provider: (not selected)	Focus: (not selected)	EBP: (not selected)				
Select Provider						
The current user is not as	sociated with any outpatient p	roviders.				

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.

MHSA Prevention and Early Intervention							
Provider: (not selected)							
Select	Provider						
	Provider Number	Legal Entity Number	Address				
<u>Select</u>	9999	00xxx	123 E WEST STREET				
<u>Select</u>	999x	00xxx	123 JONES ROAD				
Select	999y	00xxx	300 NORTH FARVE AVE.				

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.

MHSA Preve	ntion and Early In Outcome Measure	Stapplication
Provider: 999x Focu	is: (not selected) EBP: (not select	ed)
Focus and EBP		
Select Focus of Treatment:	** Please Select **	
Select EBP:	Trauma Depression Parenting and Family Difficulties Disruptive Behaviors Severe Behaviors / Conduct Disorders Crisis First Break / TAY	~
PEI Outcomes Measures Ver Disclaimer: This confidential Code, Civil Code and HIP/ representative to whom it pe	Anxiety Emotional Dysregulation Difficulties First 5 PCIT MAP	geles Department of Mental Health. All rights reserved. ce with State and Federal laws and regulations including bu information for further disclosure is prohibited without p

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

Focus and E	ВР	
Select Focus o	f Treatment:	MAP
Select EBP:		** Please Select **
		OK Back
PEI Outcomes I	Measures Ver	sion 1.5 Copyright © 2014 County of Los Angeles
Disclaimer: Thi Code, Civil Co representative	s confidential ode and HIPA to whom it pe	l information is provided to you in accordance wit AA Privacy Standards. Duplication of this informertains 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.

Focus and EBP		
Select Focus of Treatment:	МАР	~
Select EBP:	Managing and Adapting Practice (MAP)	\sim
	OK Back	
PEI Outcomes Measures Vers	sion 1.5 Copyright © 2014 County of Los	s Angeles
Disclaimer: This confidential Code, Civil Code and HIPA representative to whom it pe	information is provided to you in accor AA Privacy Standards. Duplication of t rtains unless otherwise permitted by law	dance wit his inform '.

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.

MHSA Pro	eventio	n and Early Intervention
Provider: 999x	Focus: MAP	EBP: Managing and Adapting Practice (MAP)
Home		
Select a Pro	vider	
Select For	us	
Show Active (Clients	
Search All C	lients	

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.

MHSA Pr	eventio	n and Early Intervention
Provider: 999x	Focus: MAP	EBP: Managing and Adapting Practice (MAP)
Home		
Select a Pro	ovider	
Show Active	Clients	
Search All C	Clients	

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.

Provider: 99	9x	Focus: MAP	EBP: Mar	naging and A	Adapting Prac	tice (MAP)
Search All	Clients					
Client ID:	XXXXXX	x			_	
Last Name:						
First Name:					_	Go
30 44	∢ 0	🔷 of 0 🕨 🕨	0 Items 10	⇒/Page Go		
<u>Client</u> ID	<u>Last</u> <u>Name</u>	<u>First</u> <u>Name</u>	<u>Middle Name</u>	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.

Provider: 999x	Focus: M	AP EB	P: Managing a	ınd Adaptin	g Practice (MAP)	
Search All Clien	ts					
Client ID: XXX	XXXX					
Last Name:						Go
1	⇒ of 1 ≥	▶▶ 1 Items	10 🔷/Page	Go		
Client ID	Last Name	<u>First Name</u>	Middle Name	Birth Date	Current Age	Gender
Select XXXXXXX	Doe	Jane	С	1/23/1970	44 years 10 months	Female

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.

Provider: 999x	Focus: MAP EBP: I	Managing and Adapting F	ractice (MAP)					
Client Demogra	phics							
MINNIE DO	E							
Client ID	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
Birth Date	1/23/1970							
Current Age	44 years 10 months							
Gender	Female							
Ethnicity	99-Unknown/Not Report	ted						
Primary Language	01-English							
Treatment Hist	ory							
Start New Trea	tment Cycle 📋 🔞	44 4 1 \$\$of 1	I Items 20	/Page Go				
<u>Status</u> <u>Da</u>	te of First Session EBP	<u>DSM-IV Code -</u> Intake	Date of Last Session	Total Number of Sessions	Completed EBP?	<u>Client TX</u> Success	Disposition	DSM-IV Code - Termination

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

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 Age at First Session	PLEASE_SELECT Trauma Depression Disruptive Behaviors Anxiety 17 17 2014 XXX.XX Lookup 43 years 11 months			
Save Cancel				

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.
- 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:	Trauma	~			
Therapist ID/Staff Code	CXXXXXX	Lookup			
Date of First Session	1/1/2014	12			
DSM-IV Code Principle Axis I-Intake	XXX.XX	Lookup			
Age at First Session	43 years 11 mon	ths			
Save Cancel					

Image: Beginning of Treatment Information

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.

Provider:	999x I	Focus: MAP	EBP: Managi	ng and Adai	pting	Practice (MAP)			
Client De	Client Demographics					Client Treatment Information			
JANE	C DOE				Beg	inning of Treatment	Inform	ation 🕜	
Client ID Birth Date	XXX 3/2:	XXXXXXX 3/23/2005				Therapist ID/Staff Code		CXXXXXXX	
Current A	.ge 9y∉	9 years 8 months			Dat	e of First Session		1/1/2014	
Gender Ethnicity	Gender Female				DSN Inta	1-IV Code Principle A ke	xis I-	XXX.XX	
Primary La	anguage 01-	English	teported		Age	at First Session		9 years 2 months	
_									
🖄 Treat	tment Histo	ry MAPTracks	5						
Т	rack Number	Focus Name	Focus Start Date	Focus End I	Date	Completed Focus?	Total I	Number of Sessions	Status
Select	0	General	01/01/2014			No		0	Active
Select	1	Trauma	01/01/2014			No		0	Active
Back									

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.

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

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.

te pe		1/1/2014 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 F	Reason	** Please	Select **		 ~

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".

Questionnaire Administra Date	tion	1/1/2014	12	
Туре		Pre	~	
Subscale / SCALE	Score			
Intrapersonal Distress				
Somatic				
Interpersonal Relations				
Social Problems				
Behavioral Dysfunction				
Critical Items				
Total				
✓ Unable to Collect	Reason	Administered wro	ng forms	~

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.

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 View Treatment Status	To expand list, click on the plus sign (+)
Required Questionnaires	Completed Questionnaires

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	Type Questionnaire Administration Date				
View Treatment Status	🔍 📝 Pre 1/1/2014				

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.

🗟 Tre	eatment Histor	y MAPTracks	5				
	Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status
<u>Select</u>	0	General	01/01/2014		No	0	Active
<u>Select</u>	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.

Required Questionnaires for Track 1	Completed Questionnaires
Questionnaire Name	Questionnaire Name
UCLA PTSD-RI - Child/Adolescent (CIMH)	Type Questionnaire
Enter End of Focus View Focus Status	Pre 1/1/2014
	UCLA PTSD-RI - Child/Adolescent (CIMH)
	<u>Type</u> <u>Questionnaire</u> <u>Administration Date</u>
	Pre 1/1/2014 Update 6/1/2014
	C opuso of strost.

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 Demogra	phics		Client Treatment Informatio	n			
MINNIE DO Client ID Birth Date	E XXXXXXXX 1/23/1970		Beginning of Treatment Inform Therapist ID/Staff Code Date of First Session	ation cXXXXXX 01/01/2014			
Current Age Gender Ethnicity Primary Language	44 years 10 months Female 99-Unknown/Not Repo 01-English	orted	DSM-IV Code Principle Axis I- Intake Age at First Session	XXX.XX 43 years 11 months			
General Track							
Focus Na Date First Sess Total Number Sess	Focus Name General Date First Session 1/1/2014 Date Last Session Total Number Session 0 Status Active						
Required Quest	ionnaires						
Ques	stionnaire Name						
	Enter End of Treat	ment atus					
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.							
Μ	lessage for client's th	at do not l	have any required questionnai	ires.			

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.

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.

Focus Name General
First Session 1/1/2014 Date Last Session
nber Session 0 Status Active
ed Questionnaires
uestionnaire Name
outh Outcome Questionnaire - 2.01 (Parent) (CIMH)

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 Qu Questionnaire Administrati Date Type	estionnaire - 2.01 (Parent) (CIMH)
Subscale / SCALE	Score
Intrapersonal Distress	25
Somatic	20
Interpersonal Relations	20
Social Problems	20
Behavioral Dysfunction	25
Critical Items	20
Total	130
Unable to Collect	** Please Select ** 🗸 🗸

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

Provider: 999x	Focus: MAP	EBP: Managi	ing and Adapt	ting Practice (M/	AP)		
Client Demograp	hics		Client Trea	atment Informa	ation		
	_	i					
JANE C DOI	Ε		Beginning of 1	Treatment Inform	ation 📝		
Client ID Birth Date	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Therapist ID/S	Staff Code	CX0000	OX.	
Current Age	9 years 8 months		Date of First S	ession	1/1/201	14	
Gender	Female		DSM-IV Code	Principle Axis I-	XXXX.XXX		
Ethnicity Primary Language	99-Unknown/Not Re 01-English	ported	Age at First Se	ession	9 year	s 2months	
General Track							
Focus Nam Date First Sessio Total Number Sessio	e General n 1/1/2014 Date n 0	Last Session Status A	loctive				
General Track Focus Nam Date First Sessio Total Number Sessio Required Questio	ne General n 1/1/2014 Date n 0 nnaires	Last Session Status A	letive	Completed	Questio	nnaires	
General Track Focus Nam Date First Sessio Total Number Sessio Required Questio Questionnaire N	e General in 1/1/2014 Date in 0 nnaires lame	Last Session Status A	letive	Completed	Questio aire Nam	nnaires	
General Track Focus Nam Date First Sessio Total Number Sessio Required Questio Questionnaire N Youth Outcome (CIMH)	e General in 1/1/2014 Date in 0 innaires iame Questionnaire - 2.01	Last Session Status A	uctive	Completed Questionna Questionna	Questio aire Nam	nnaires e estionnaire - 2.01 (Paren	t) (CIMH)
General Track Focus Nam Date First Sessio Total Number Sessio Required Questio Questionnaire N P Youth Outcome (CIMH) Enter Er	e General in 1/1/2014 Date in 0 innaires Vame Questionnaire - 2.01 id of Treatment	Last Session Status A	lictive	Completed of Questionna Youth Outc	Questio aire Nam come Que <u>Type</u>	nnaires e estionnaire - 2.01 (Paren <u>Questionnaire Administ</u> <u>Date</u>	t) (CIMH)
General Track Focus Nam Date First Sessio Total Number Sessio Required Question Questionnaire N Youth Outcome (CIMH) Enter Er View Tr	e General in 1/1/2014 Date in 0 innaires Vame Questionnaire - 2.01 id of Treatment eatment Status	Last Session Status A	.ctive	Completed Questionna Youth Outo	Questio aire Nam come Que <u>Type</u> Pre	nnaires e estionnaire - 2.01 (Paren <u>Questionnaire Administ</u> <u>Date</u> 1/1/2014	t) (CIMH)

To view questionnaires, skip to Section 12.

To edit questionnaires, skip to Section 13.

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 a	nd Ada	pting Practice (MAP)	
Client Demogra	aphics			Client Treatment Informatio	n
JANE C DC	ЭЕ			Beginning of Treatment Inform	ation 🍞
Client ID	X000000X				
Birth Date	3/23/2005			Therapist ID/Staff Code	CX00000X
Current Age	9 years 8 months			Date of First Session	1/1/2014
Gender	Female			DSM-IV Code Principle Axis I-	XXX_XX
Ethnicity	99-Unknown/Not Re	ported		Intake	
Primary Language	e 01-English			Age at First Session	9 years 2 months
End of Focus 1	Information				
Focus End Date Total Number of Completed Focus	Sessions 10 10 3? Yes				
Save	el				

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.

Tra Qu	ck/Focus Status = Additiona	al Information Neede
	Questionnaire Name	Status
ு	UCLA PTSD-RI - Parent (CIMH)	Pending
2	UCLA PTSD-RI - Child/Adolescent (CIMH)	Pending
	Start New Focus/Track	
c	Close MAP Treatment Cycle	
Ret	turn to Client Treatment Info	

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.

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.

Treatment I	History MAPT	racks				
Track Number	Focus Name	Focus Start Date	Focus End Date	Completed Focus?	Total Number of Sessions	Status
0	General	01/01/2014		No	10	Active
1	Trauma	01/01/2014	10/01/2014	Yes	10	Inactive
	Treatment	Track Focus Number Name 0 General 1 Trauma	Treatment History MAPTracks Track Focus Focus Start Number Name Date 0 General 01/01/2014 1 Trauma 01/01/2014	Treatment History MAPTracks Track Focus Focus Start Focus End Number Name Date Date 0 General 01/01/2014 1 Trauma 01/01/2014 10/01/2014	Treatment History MAPTracks Track Focus Focus Start Focus End Completed Number Name Date Date Focus? 0 General 01/01/2014 No 1 Trauma 01/01/2014 10/01/2014 Yes	Treatment History MAPTracks Track Number Focus Date Focus Start Date Focus End Date Completed Focus? Total Number of Sessions 0 General 01/01/2014 No 10 1 Trauma 01/01/2014 10/01/2014 Yes 10

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</u> <u>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.

End of Treatment Information	
Date of Last Session Total Number of Sessions Completed EBP? DSM-IV Code Principle Axis-I Termination	10/1/2014 10 Yes XXX.XX <u>Lookup</u>
Dropout Reason	** Please Select ** V
Save Cancel	

Image: End of Treatment Information with Completed EBP = Yes

End of Treatment Information			
Date of Last Session Total Number of Sessions Completed EBP? DSM-IV Code Principle Axis-I Termination	10/1/2014 10 No	✓ Lookup	
Dropout Reason Save Cancel	** Please Sel Child arrester Child placed of Child placed of Family moved Family withdr Other Unable to con	ect ** d/detained in hospital out of home (FC/GrpHome) d ew tact family	

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 Demogra	phics	Client Treatment Informatio	n				
JANE C DO	E	Beginning of Treatment Inform	ation 🍞	End of Teachmont Information			
Client ID	XXXXXXXXX	beginning of frederic filofin		End of Treatment Information			
Birth Date	3/23/2005	Therapist ID/Staff Code	CXXXXXXX	Date of Last Session	10/1/2014		
Current Age	9 years 8 months	Date of First Session	1/1/2014	Total Number of Sessions	10		
Gender	Female	DSM-IV Code Principle Axis I- Intake	XXX.XX	Completed EBP	Yes		
Primary Language	e 01-English	Age at First Session	9 years 2 months	DSM-IV Code Principle Axis-I Termination	XXX.XXX		
				Dropout Reason			
Questionnaire	5						
Questionna	ire Name	Status					
Youth Outco (CIMH)	ome Questionnaire - 2.01 (Parent)	Pending					
Start New Close MAP To Return to Clien	Focus/Track reatment Cycle at 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.

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: Man	naging and Adapting Practice (M	IAP)		
Client Demogra	phics	Client Treatment Informatio	n		
JANE C DO	E	Beginning of Treatment Inform	ation 📝		
Client ID	XXXXXXXXX	beginning of fredericite finoriti		End of Treatment Information	
Birth Date	3/23/2005	Therapist ID/Staff Code	CXXXXXXX	Date of Last Session	10/1/2014
Current Age	9 years 8 months	Date of First Session	1/1/2014	Total Number of Sessions	10
Gender	Female	DSM-IV Code Principle Axis I- Intake	XXX.XX	Completed EBP	Yes
Primary Language	99-Onknown/Not Reported	Age at First Session	43 years 11 months	DSM-IV Code Principle Axis-I Termination	XXX.XX
				Dropout Reason	
Treatment C	ycle Status = Additiona s	al Information Needed			
Questionnai	ire Name	Status			
Youth Outco (CIMH)	ome Questionnaire - 2.01 (Parent) Pending			
Start New Close MAP Tr Return to Clien	Focus/Track reatment Cycle t 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 Genera Date First Session 1/1/2 Status Active	al 014 Date Last Session 10/1/2014
Add Youth Outcome Qu	uestionnaire - 2.01 (Parent) (CIMH)
Questionnaire Administrat Date Type	ion 10/1/2014 🔯 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 ** 🗸 🗸

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.

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.

Provider: 999x	Focus: M	AP EBP	: Managing ar	nd Adapting	Practice (MAP)		
Show Active Ma	naging and	Adapting Pr	actice (MAP)	Clients			
Client ID:	ts 🔍 🕅		ef 1	2 Items	10 Page Go		Go
2	Last Name	<u>First</u> <u>Name</u>	Middle Name	<u>Birth</u> Date	Current Age	<u>Gender</u>	<u>Date of First</u> Session
Select XXXXX19	Doe	Joanne		1/23/1970	44 years 10 months	Female	1/1/2014
Select XXXXX31	Doe	Minnie		6/7/2010	4 years 5 months	Female	1/1/2014

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.

Search All Clients 🔍 🌾 斗 🕇 🗍 🔷 of 1 🕨 🕨 3 Items 10 🔷/Page Go							
	Last Name	First Name	Middle Name	Birth Date	Current Age	<u>Gender</u>	Date of First Session
Select	10.11110				9 years 9 months	Female	2/1/2014
Select			-610000		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.

Provider: 999x	Focus: MAP	EBP: Managing	and Adapting Pract	ice (MAP)		
Client Demogra	phics					
JANE C DO	E					
Client ID	XXXXXXXXXX					
Birth Date	3/23/2005					
Current Age	9 years 8 months					
Gender	Female					
Ethnicity	99-Unknown/Not Rep	orted				
Primary Language	01-English					
Start New Trea	ory atment Cycle 🖺 🏹	10	⇒of 1 > >> 1	Items 20	/Page Go	
<u>Status</u> <u>Da</u>	te of First Session E	<u>BP</u>		DSM-IV Code Intake	e - Date of Last Se	<u>ssion</u>
🔍 Active 1/1	/2014 M	lanaging and Ada MAP)	pting Practice	290.0)	
MAP Track	5					
Track N	lumber Focu	ıs Name	Focus Start D	ate	Focus End Date	е
1	Trau	ıma	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 EB	BP: Managing and Adap	ting Practice (I	MAP)						
Client Demogra	phics									
MINNIE DO	E									
Client ID	XXXXXXXXXXX									
Birth Date	1/23/1970									
Current Age	44 years 10 months									
Gender	Female									
Ethnicity	99-Unknown/Not Rep	ported								
Primary Language	01-English									
Treatment Histo	ry									
Start New Trea	ment Cycle 🔲 🛛		of 1 P PP 1 1	Items 20 \rightarrow /Page 0	io					
<u>Status</u> <u>Da</u>	e of First Session EE	<u>3P</u>		<u>DSM-IV Code -</u> <u>Intake</u>	Date of Last Session	Total Number of Sessions	Completed EBP?	Client TX Success	Disposition	DSM-IV Code - Termination
Sinactive 1/1	/2014 Ma (M	anaging and Adapting I 1AP)	Practice	290.0	10/1/2014	10	Yes			290.0
MAP Tracks										
Track Nu	mber Focus	Name	Focus Start D	ate	Focus End Date	Co	ompleted Focus?		Total Nu	mber of Sessions
1	Traum	а	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: 999	Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)										
Client Den	nograp	hics		Client Treatment	Informatio	'n					
MINNIE			Beginning of Treatment Information			End o	End of Treatment Information 📝				
Client ID Birth Date	1	XXXXXXXXX 1/23/1970		Therapist ID/Staff (Code	cXXXXXX		Date c	of Last Session	10/1/2014	
Current Age	4	44 years 10 mont	ths	Date of First Sessio	nc	01/01/2014		Total	Number of Sessions	10	
Gender	ł	Female		DSM-IV Code Princ. Intake	tiple Axis I-	XXX.XX		Comp	leted EBP	Yes	
Ethnicity	1	99-Unknown/Not	Reported	Age at First Session	1	43 years 11 mor	ths	DSM-1	V Code Principle Axis-I	XXX.XX	
Primary Lan	iguage	01-English						Dropor	ut Reason		
🖄 Treatn	nent Hi	istory MAPTraci	ks								
Tra Nur	ick nber	Focus Name	Focus Start Date	Focus End Date	Complete Focus?	ed Total I Session	lumber of 15	Status			
Select	0	General	01/01/2014	10/01/2014	Ye	₹S	10	Inactive	v		
Select	1	Trauma	01/01/2014	10/01/2014	Ye	₹S	10	Inactive	Y.		
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 an	d Adapting Practice (MAP)		
Client Demog	raphics	Cli	ent Treatment Informat	tion	
	DE	В	eginning of Treatment Info	rmation	
Client ID	XXXXXXXX	Th	eren eine ID (Chaff Canda		
Birth Date	1/23/1970	- Ir	ierapist ID/Starr Code	CXXXXXX	
Current Age	44 years 10 months	Di	ate of First Session	01/01/2014	
Gender	Female	D: In	SM-IV Code Principle Axis I take	I- XXX.XX	
Ethnicity	99-Unknown/Not Repo	rted	a at First Session	43 years 11 months	
Primary Langua	ge 01-English	A	ye at 115t 56551011	Ho years II monuis	
Focus Focus Start Total Number Se	Name Trauma : Date 1/1/2014 Focus :ssion 0 Foc	End Date us Status Act	ive		
Focus Focus Start Total Number Se Required Que	Name Trauma : Date 1/1/2014 Focus :ssion 0 Foc stionnaires for Track 1	End Date us Status Act	ive Completed Que	stionnaires	
Focus Focus Start Total Number Se Required Que	Name Trauma : Date 1/1/2014 Focus :ssion 0 Foc stionnaires for Track 1 ire Name	End Date us Status Act	ive Completed Que Questionnaire	stionnaires	
Focus Focus Start Total Number Se Required Que Questionna	Name Trauma : Date 1/1/2014 Focus :ssion 0 Foc stionnaires for Track 1 ire Name -RI - Parent (CIMH)	End Date us Status Act	ive Completed Que Questionnaire UCLA PTSD-RJ	e stionnaires Name I - Parent (CIMH)	
Focus Focus Start Total Number Se Required Que Questionna UCLA PTSE W Icon E	Name Trauma Date 1/1/2014 Focus ession 0 Foc stionnaires for Track 1 ire Name P-RI - Parent (CIMH) hter End of Focus	End Date us Status Act	ive Completed Que Questionnaire UCLA PTSD-RJ	estionnaires Name I - Parent (CIMH) De Questionnaire	
Focus Focus Start Total Number Se Required Que Questionna UCLA PTSC W Icon Eu	Name Trauma Date 1/1/2014 Focus ession 0 Foc stionnaires for Track 1 ire Name -RI - Parent (CIMH) nter End of Focus iew Focus Status	End Date us Status Act	ive Completed Que Questionnaire UCLA PTSD-RI IVI	Sectionnaires Name I - Parent (CIMH) De <u>Questionnaire</u> <u>Administration Date</u> : 1/1/2014	
Focus Focus Start Total Number Se Required Que Questionna UCLA PTSC W Icon En	Name Trauma Date 1/1/2014 Focus ession 0 Foc stionnaires for Track 1 ire Name P-RI - Parent (CIMH) hter End of Focus iew Focus Status	End Date us Status Act	ive Completed Que Questionnaire DUCLA PTSD-RJ Tyj View Icon Edit Ic	estionnaires Name I - Parent (CIMH) De <u>Questionnaire</u> <u>Administration Date</u> : 1/1/2014	

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.

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: Managir	ng and Adapting Practice (MAP)	
Client Demogra	phics	Client Treatment Informatio	n
MINNIE DOI	E	Beginning of Treatment Inform	ation 7 EDIT icon
Client ID	XXXXXXXXX		
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-	XXX.XX
Ethnicity	99-Unknown/Not Reported	Indke	
Primary Language	01-English	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 Demogra	phics	
MINNIE DO	E	
Client ID	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Birth Date	1/23/1970	
Current Age	44 years 10 mon	nths
Gender	Female	
Ethnicity	99-Unknown/Not	t Reported
Primary Language	01-English	
Beginning of Tre	eatment Inform	nation
The	rapist ID/Staff Co	ode cXXXXXX Lookup
	Date of First Sessi	ion 1/1/2014
DSM-IV Code Pr	inciple Axis I-Inta	ake 999.99 <u>Lookup</u>
	Age at First Sessi	ion 43 years 11 months
Save Cance	el	

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.

Track 1	
Focus Name Trauma Focus Start Date 1/1/2014 Focus End Date Total Number Session 0 Focus Status A	Active
Required Questionnaires for Track 1	Completed Questionnaires
Questionnaire Name	Questionnaire Name
UCLA PTSD-RI - Parent (CIMH)	UCLA PTSD-RI - Parent (CIMH)
Enter End of Focus	<u>Type</u> <u>Questionnaire</u> <u>Administration Date</u>
View Focus Status	View Icon - Pre 1/1/2014
L	Update 6/1/2014
Back	

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 EB	3P: Managir	ng and A	dapting Practice (MAP)	
Client Demogra	aphics		Clien	t Treatment Informati	on
MINNIE DC Client ID Birth Date Current Age Gender Ethnicity Primary Language	MINNIE DOE Client ID XXXXXXXX Birth Date 1/23/1970 Current Age 44 years 10 months Gender Female Ethnicity 99-Unknown/Not Reported Brimany Language 01 English		Begi Ther Date DSM Intal Age	anning of Treatment Inform apist ID/Staff Code of First Session -IV Code Principle Axis I- ce at First Session	nation cXXXXXX 01/01/2014 XXX.XX 43 years 11 months
Show UCLA P	ſSD-RI - Parent (CI№	1H) 🝸			
Questionnaire A	dministration Date	1/1/201	.4		
Туре		Pre			
Subscale / SC	CALE	Sc	ore		
Subscale PTS	D 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.



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.

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
Enter End of Focus View Focus Status	Type Questionnaire Administration Date Pre 1/1/2014 Update 6/1/2014
Back	

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.

Edit UCLA PTSD-RI - Parent (CIMH)				
Questionnaire Administration Date Type	1/1/2014 × 🗊 Pre V			
Subscale / SCALE Subscale PTSD Severity Scale/	Score Total Score 10			
Unable to Collect Reason	** Please Select **	~		
Save Cancel				

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

Provider: 999x	Focus: MAP	EBP: Managi	ing and Adapting Practice (MAP)	·					
Client Demogra	phics									
MINNIE DO	E									
Client ID	XXXXXXXX									
Birth Date	1/23/1970									
Current Age	44 years 10 mor	nths								
Gender	Female									
Ethnicity	99-Unknown/Not	Reported								
Primary Language	01-English									
Treatment Histo	ry									
Start New Treat	ment Cycle 门	30 44	↓ 1 ⇒ of 1 > >> 1	Items 20 🔷/Page	Go					
<u>Status</u> Dat	e of First Session	EBP		<u>DSM-IV Code -</u> Intake	Date of Last Session	Total Number of Sessions	Completed EBP?	Client TX Success	Disposition	DSM-IV Code - Termination
Inactive 1/1	/2014	Managing ar (MAP)	nd Adapting Practice	290.0	10/1/2014	10	Yes			290.0
MAP Tracks										
Track Nu	mber Fo	ocus Name	Focus Start D	ate	Focus End Date	Co	mpleted Focus?		Total Nu	mber of Sessions
1	Tr	auma	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: Managin	g and Adapting Practi	ce (MAP)						
Client Demogr	aphics		Client Treatment	Information	n					
MINNIE DO Client ID Birth Date Current Age Gender Ethnicity Primary Languag	MINNIE DOE Client ID XXXXXXX 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 Age at First Session 43 years 11 months				End of Treatment Information Image: Complete Service Ser			
Treatment	: History MAPTrac Focus Name General Trauma	ks Focus Start Date 01/01/2014 01/01/2014	Focus End Date 10/01/2014 10/01/2014	Complete Focus? Ye Ye	d Total Numbe Sessions 15 1	er of 10	Dropout Kr Status Inactive Inactive	eason		 1
Back										

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

Provider: 999>	x	Focus: MAP	EBP: Managin	g and Adapting Practic	ce (MAP)				
Client Dem	nograp	hics		Client Treatment	Informatio	n			
MINNIE Client ID Birth Date Current Age Gender Ethnicity Primary Lang	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 7 Date of Total Nu Complet DSM-IV Termina Dropout	Treatment Information Last Session umber of Sessions ted EBP Code Principle Axis-I tion t Reason	Edit Icon 10/1/2014 10 Yes XXX.XX	
🗟 Treatm	nent H	istory MAPTrac	ks						
Trac Nun	ck nber	Focus Name	Focus Start Date	Focus End Date	Complete Focus?	d Total Number of Sessions	Status		
Select	0	General	01/01/2014	10/01/2014	Ye	s 10	Inactive		
Select	1	Trauma	01/01/2014	10/01/2014	Ye	s 10	Inactive		
Back									

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

Date of Last Session	10/1/2014			
Total Number of Sessions	10			
Completed EBP?	Yes	\sim		
DSM-IV Code Principle Axis-I Termination	XXX.XX	Lookup		
Dropout Reason	** Please Sel	ect **	1	~

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.



Active Client	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.
	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.
Age at First Session	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.
Age at Focus Start	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.
Beginning of Treatment Information (BOT)	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 Treatment Success	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".
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 application.
Date of First Session (DOFS)	The date signifying the client's first EBP treatment session within a specific EBP at a specific provider site.
Date of Last Session (DOLS)	Last date for which EBP-specific services were provided and/or claimed.
Dropout Reason	The reason the client failed to complete the MAP treatment cycle.

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)	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.).
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').