

A Closer Look by PEI Outcomes

December 2015

Crisis Oriented Recovery Services (CORS) is a short term intervention model designed to provide immediate crisis intervention, address identified case management needs, and assure hard linkage to ongoing services. The primary objective is to assist individuals in resolving and/or coping with psychological crises by mitigating additional stress or psychological harm. It promotes the development of coping strategies that individuals can utilize to help restore them to their previous level of functioning prior to the crisis event. Clients are seen once a week for six (6) consecutive weeks for individual treatment with sessions lasting 60-90 minutes. The practice can be used for clients ages 3 and above.

This Prevention and Early Intervention (PEI) practice incorporates general outcome measures which include the following:

GENERAL OUTCOME MEASURE	AGE
Youth Outcome Questionnaire - 2.01 (Parent)	4-17
Youth Outcome Questionnaire - Self-Report- 2.0	12-18
Outcome Questionnaire - 45.2	19+

The Outcome Questionnaire (OQ) series, which includes the Youth Outcome Questionnaire 2.01 (YOQ), Youth Outcome Questionnaire-Self Report 2.0 (YOQ-SR) and OQ 45.2, measures an individual's mental health functioning in the past seven days. The clinical cut-off point for the YOQ is 46; 47 for the YOQ-SR; 64 for the OQ. It can be said that those clients with total scores equal to or above the clinical cut-off for their respective outcome questionnaires experience more severe symptoms than those in the normative sample.

The following information provides a closer look at the data that has been collected for this practice since July 2011 through April 2015.

Table 1. CORS Status Since Inception to March 16, 2015

# of Clients Claimed to Practice	# of Clients Entered into PEI OMA	# of Tx Cycles in PEI OMA	Clients with Multiple Tx Cycles	Clients Completing Tx	Clients Dropping-Out of Tx	Clients Still - In Tx
8182	26.50%	2227	2.49%	41.76%	27.08%	31.16%
n=	2168	n=	54	930	603	694

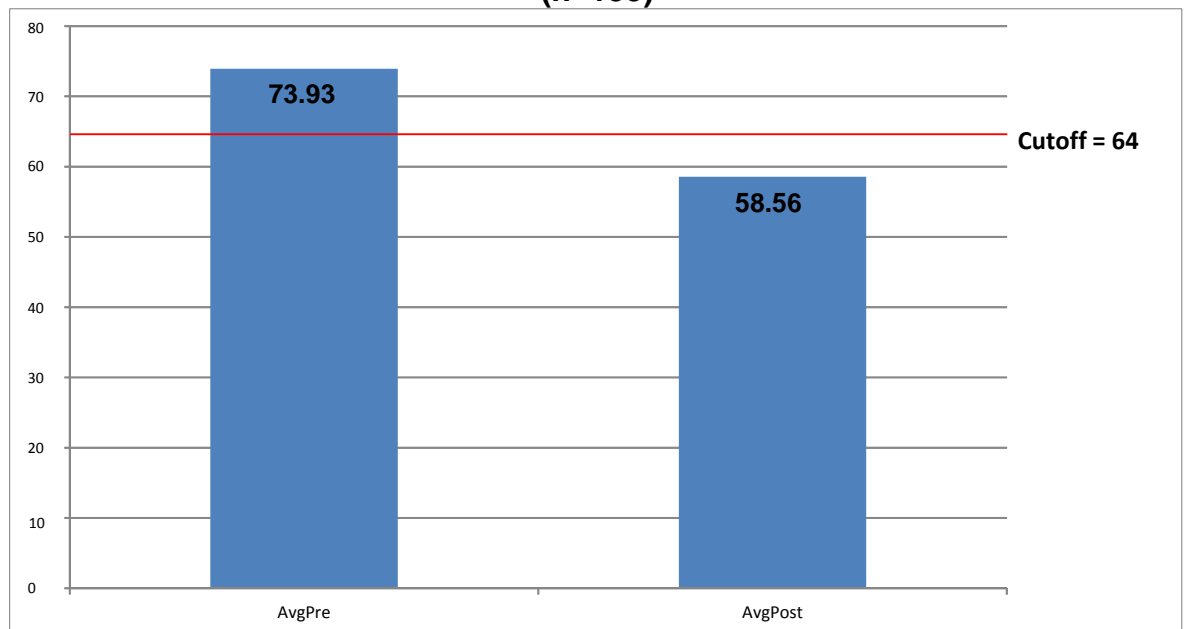
Note 1: Clients Claimed was based on CORS being selected as the EBP in a PEI Plan and having ≥ 2 core services claimed to the practice starting July 1, 2011.

Note 2: Number of clients Completing Tx or Dropping-Out of Tx was determined by whether the EBP was said to be completed (e.g. answered "yes" or "no") in the PEI OMA.

Since inception, there have been 8,182 clients claimed to CORS and 2,168 clients entered into PEI OMA. The above table also shows that approximately 42% of clients have completed the treatment; 27% have dropped-out; and 31% were still in treatment during that time.

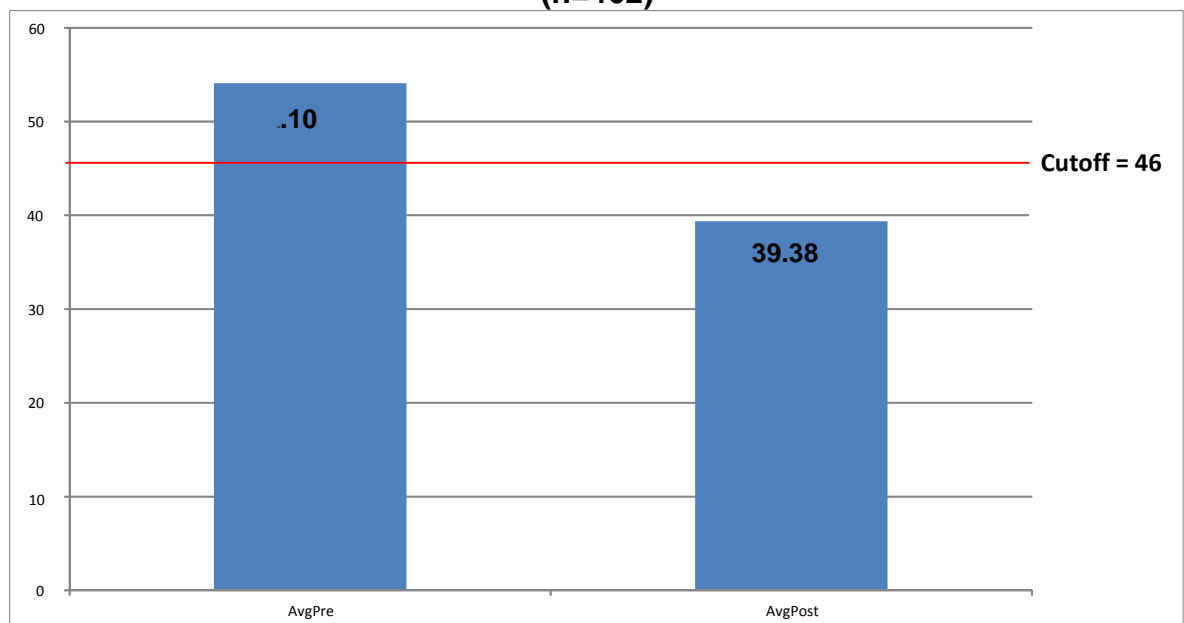
The following graphs compare the average Pre-Score and the average Post-Score for each outcome questionnaire and their clinical cutoff point.

Outcome Questionnaire – 45.2 (n=135)



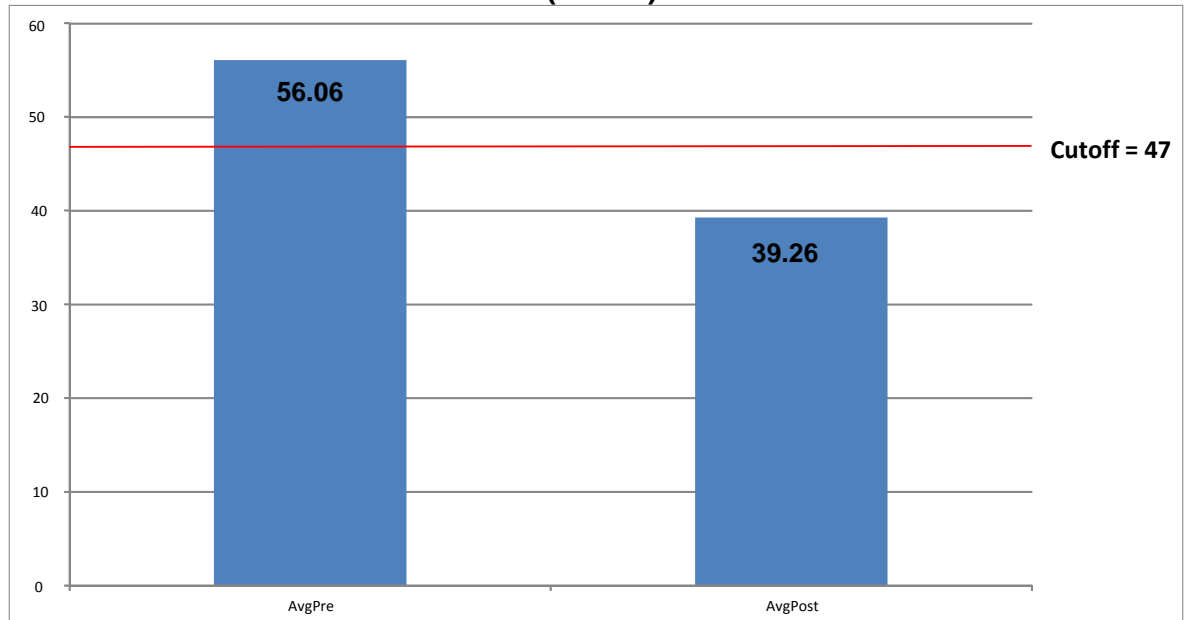
There were 135 clients in our OQ sample with a 20.79% improvement from pre to post scores.

Youth Outcome Questionnaire - 2.01 (Parent) (n=462)



There were 462 clients in our YOQ-Parent sample with a 27.21% improvement from pre to post scores.

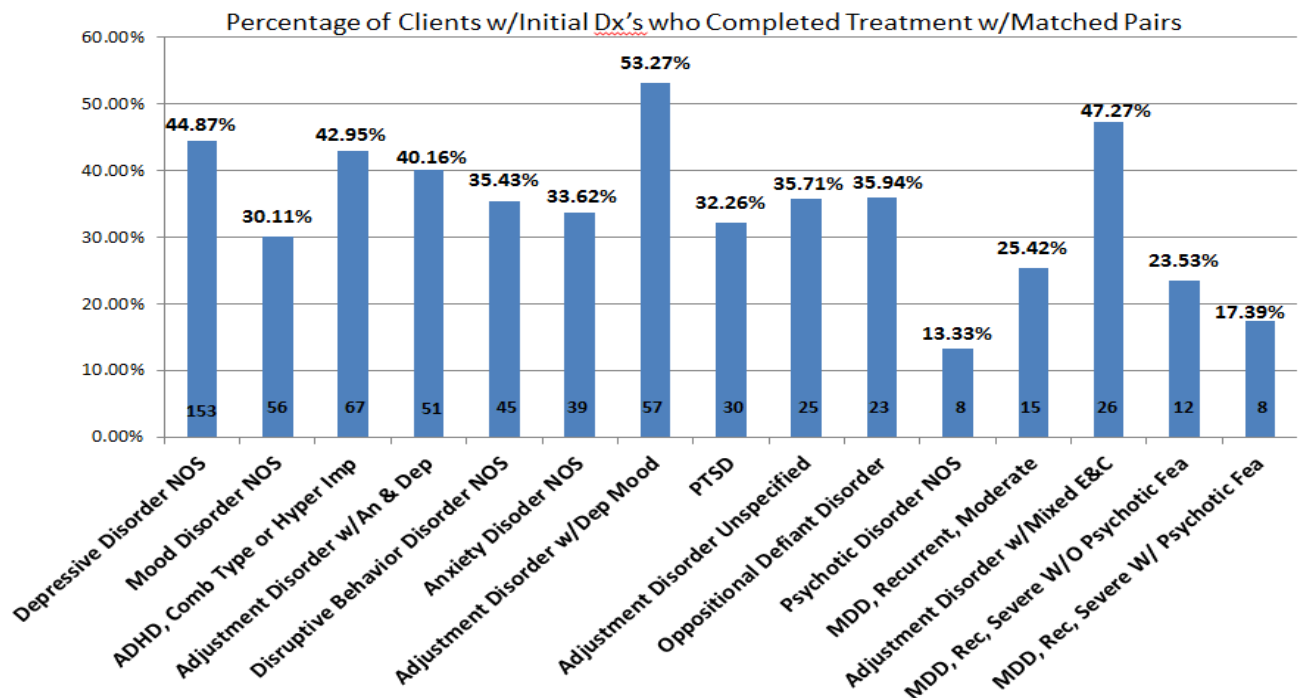
Youth Outcome Questionnaire – Self Report – 2.0 (n=205)



There were 205 clients in our YOQ-Self Report sample with 29.97% improvement from pre to post scores.

The above graphs also illustrate that clients began above the clinical cutoff point but ended treatment below the cutoff point which is what we would expect to see when someone has successfully completed the treatment. Based on their total post-scores, it appears that client's mental health functioning improved.

CORS Top Diagnoses



Note: The observations made here are to be considered tentative in nature and not conclusive due to the low number of clients.

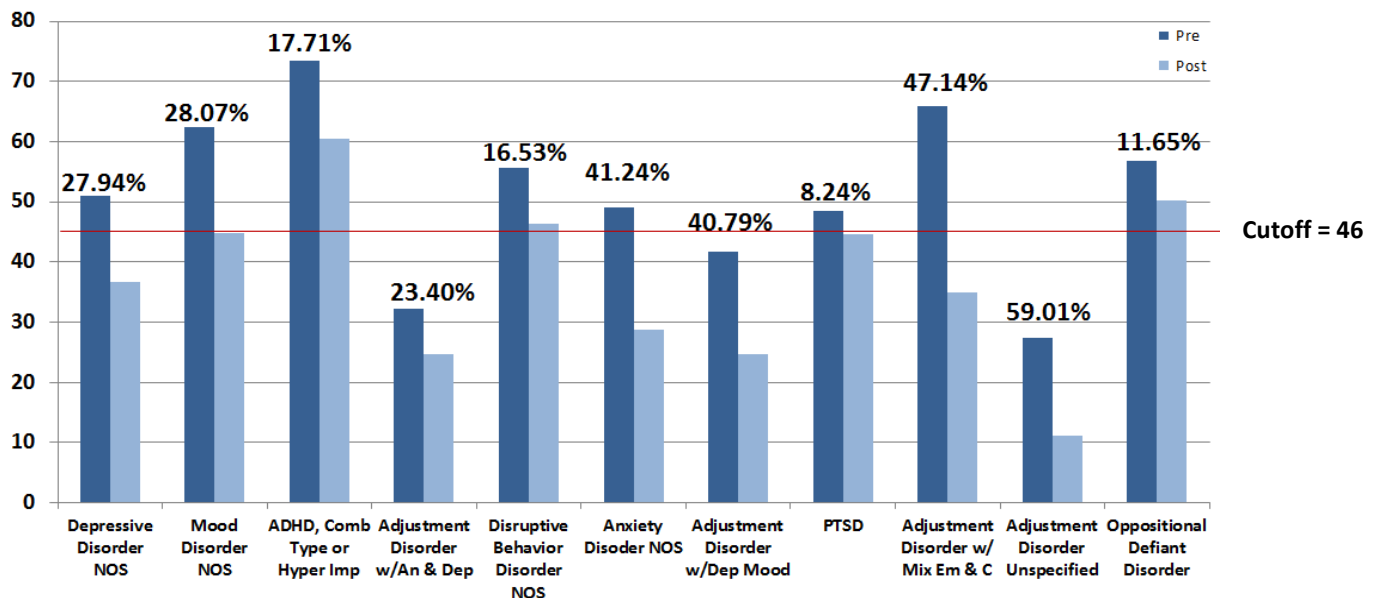
The above bar graph illustrates the percent of clients, by initial diagnosis, that complete treatment with matched pre and post scores.

Adjustment Disorder with Depressed Mood, Adjustment Disorder with Mixed Conduct and Mood, Depressive Disorder NOS and Attention Deficit Hyperactivity Disorder (ADHD) Combined Type had the highest rates of completed Tx.

Psychotic Disorder NOS and Major Depressive Disorder, Recurrent Severe with and without Psychotic Features were identified as diagnoses that had the lowest rates of completed Tx.

CORS Top Diagnoses

Pre-Post Comparisons and Percent Improvement Top Eleven Dx for Those Completing YOQ - Parent

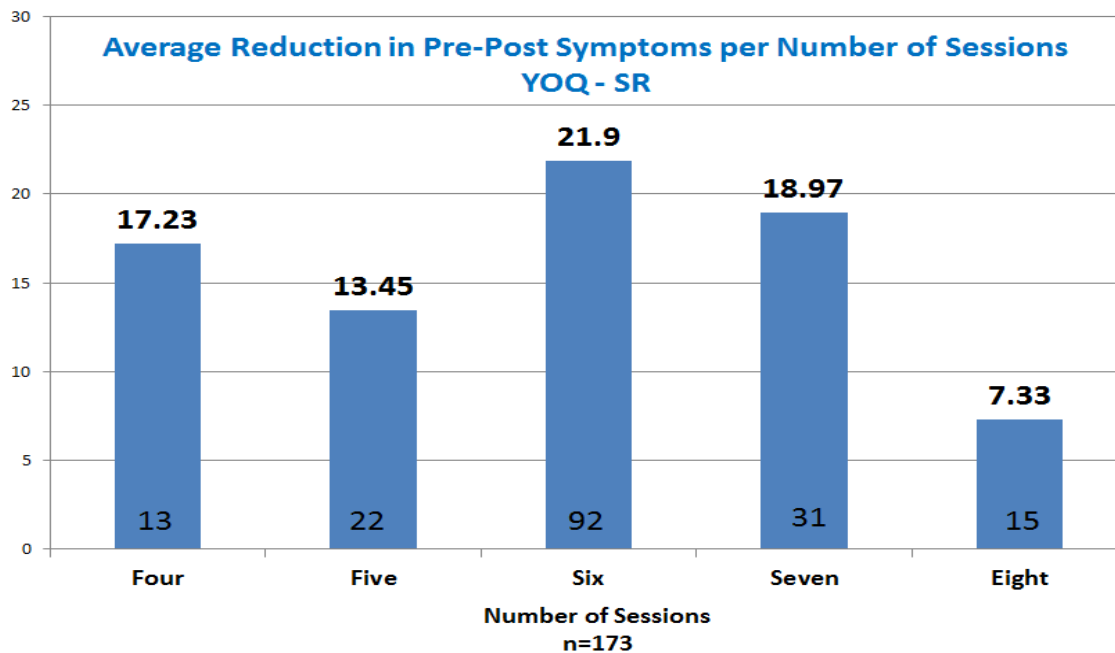


In the above bar graph, the pre-post score differences make up the percent improvement for those completing treatment according to each of the top eleven diagnoses in CORS.

Particular diagnoses may evidence large percent improvement overall, but in some cases they never exceed a point of clinical significance at pre or decrease enough to evidence a return to “normal” levels of symptoms/functioning at post.

Adjustment Disorder with Mixed Emotions and Conduct, Anxiety Disorder NOS, and Mood Disorder NOS, evidence both larger percent change and significant pre-post differences.

In contrast, Adjustment Disorder Unspecified and Adjustment Disorder with Depressed Mood show large percent improvement but the pre scores never place the client in the clinical range. PTSD shows pre-post change which straddles the cutoff for clinical significance but the percent improvement is limited to 8%.



Most clients (173/205) received between 4 and 8 sessions of treatment. Thirty two individuals received treatment that was either above or below this range, but their outcomes were not included due to their small sample size.

This bar graph shows the effectiveness of treatment for those receiving 4 to 8 sessions with the average pre-post differences reported. In all, 92 individuals received six sessions of CORS and achieved an average pre-post difference of 21.9 points. In this sample, six sessions seemed to be the most effective in reducing symptoms. Thirty one individuals received seven sessions of CORS and, on average, experienced a post score that was 18.97 points lower than the pre at the beginning of treatment.

Based on the information above, it appears that CORS has been an effective short term practice that's helped individuals stabilize after experiencing a crisis. As with any therapeutic intervention, it has been reported that the effectiveness/success of the practice can be attributed to two factors, finding a suitable client, and their willingness to participate in treatment.