

PEI OMA Data Entry Booster

**Los Angeles County Department of Mental Health
Program Support Bureau
MHSA Implementation & Outcomes Division**



Learning Objectives

- Understand the features of PEI OMA v1.5
- Learn how to modify integrated treatment cycles
- Learn how to enter new treatment cycles for new practices

Basic Information about Data Transition and Need for v1.5

- Contract with CiMH ended in June of 2014
- Prior to that, Data Collected and Submitted using Excel Spreadsheets
- Submitted to CiMH every 6 months, completely replacing data set each time
- Reports created and distributed 60-90 days after the submission was complete

Final Submission and Integration into PEI OMA

- Final Submissions
 - January 2014 for Triple P and MAP for data through 12/31/13
 - February 2014 for TF-CBT for data through 1/31/14
- Building on previously submitted data
- Data entry errors on spreadsheets
- What data was integrated into PEI OMA

Features of PEI OMA v1.5

- Added new practices
 - MAP, TF-CBT, Triple P
- Added new questionnaires
 - RCADS (MAP-Anxiety)
 - “CiMH” questionnaires
- New “Unable to Collect” reasons
 - “Therapist did not administer tool”
 - “Never collected-CiMH” (only for treatment cycles starting prior to 2/1/14)

Features of PEI OMA v1.5 (cont.)

- Fixed inactive Staff Code issue
- Remove Date of Intake
- Create CiMH Historical Data view
 - Shows all data submitted on final spreadsheet as received by CiMH
 - Viewable by provider site

Tools and Resources

- New worksheets created for MAP, TF-CBT, Triple P
- New Quick Guide for RCADS (used for MAP-Anxiety)
- Booster Data Entry Training
- Modifying Initial Data Entry Training
- Updated User Manual
- Page Created on Outcomes Wiki website
 - <http://dmhoma.pbworks.com/w/page/55241527/CiMH>

Sample Optional Worksheets

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
Program Support Bureau-MHSA Implementation and Outcomes Division

BEGINNING OF TREATMENT **OPTIONAL PEI OUTCOMES WORKSHEET** **BEGINNING OF TREATMENT**
General Track: Managing and Adapting Practice (MAP)

ADMINISTRATIVE INFORMATION	
Client ID	
Client Last Name	Client First Name
Provider ID	Therapist ID/Staff Code
BEGINNING OF TREATMENT INFORMATION	
DSM IV Axis I Principle Diagnosis Code (At Intake)	
Date of First Session MAP (Track 0)	
First Focus Of Treatment (Track 1) (eg., Depression, Anxiety, etc.)	
PRE-TREATMENT QUESTIONNAIRES	

<p style="text-align: center;">Youth Outcome Questionnaire® (Parent) Clients Ages 4-17</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>Intrapersonal Distress (ID) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Somatic (S) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Interpersonal Relations (IR) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Social Problems (SP) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Behavioral Dysfunction (BD) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Critical Items (CI) <input style="width: 50px; height: 20px;" type="text"/></p> <p>TOTAL SCORE <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>	<p style="text-align: center;">Youth Outcome Questionnaire® (Self-Report) Clients Ages 12-18</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>Intrapersonal Distress (ID) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Somatic (S) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Interpersonal Relations (IR) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Social Problems (SP) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Behavioral Dysfunction (BD) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Critical Items (CI) <input style="width: 50px; height: 20px;" type="text"/></p> <p>TOTAL SCORE <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>	<p style="text-align: center;">Outcome Questionnaire® Clients Age 19+</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>Symptom Distress (SD) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Interpersonal Relations (IR) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Social Role (SR) <input style="width: 50px; height: 20px;" type="text"/></p> <p>TOTAL SCORE <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>
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- | Reasons for "Unable to Collect" | | |
|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------|
| 1. Administered Wrong Form | 5. Clinician Not Trained In Outcome Measure | 11. Parent/Caregiver Refused |
| 2. Administration Date Exceeds Acceptable Range | 6. Invalid Outcome Measure | 12. Parent/Caregiver Unavailable |
| 3. Client Refused | 7. Lost Contact With Client | 13. Premature Termination |
| 4. Client Unavailable | 8. Lost Contact With Parent/Caregiver | 14. Therapist Did Not Administer Tool |
| | 9. Not Available In Primary Language | 15. Never Collected (CIMH) (Only For Treatment Cycles Starting Before 2/1/14) |
| | 10. Outcome Measure Unavailable | |



Rev. 1/21/2015

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Program Support Bureau - MHSA Implementation and Outcomes Division

BEGINNING OF FOCUS **OPTIONAL PEI OUTCOMES WORKSHEET** **BEGINNING OF FOCUS**
Specific Track: Managing and Adapting Practice (MAP)

ADMINISTRATIVE INFORMATION	
Client ID	
Client Last Name	Client First Name
Provider ID	Therapist ID/Staff Code
BEGINNING OF FOCUS INFORMATION	
Focus Start Date (Focus 2 Or Greater)	Focus #
BEGINNING OF FOCUS QUESTIONNAIRES	

<p style="text-align: center;">Trauma Focus</p> <p style="text-align: center;">UCLA PTSD-RI Parent Clients Ages 3-18</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>RAW SCORE <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>	<p style="text-align: center;">UCLA PTSD-RI Child/Adolescent Clients Ages 6-20</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>RAW SCORE <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>	<p style="text-align: center;">Depression Focus</p> <p style="text-align: center;">Patient Health Questionnaire-9 Clients Ages 12+</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>TOTAL SCORE <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>
<p style="text-align: center;">Anxiety Focus</p> <p style="text-align: center;">Revised Child Anxiety And Depression Scale-Child Clients Ages 6-18</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>Separation Anxiety <input style="width: 50px; height: 20px;" type="text"/></p> <p>Generalized Anxiety <input style="width: 50px; height: 20px;" type="text"/></p> <p>Panic <input style="width: 50px; height: 20px;" type="text"/></p> <p>Social Phobia <input style="width: 50px; height: 20px;" type="text"/></p> <p>Obsessive/Compulsive <input style="width: 50px; height: 20px;" type="text"/></p> <p>Depression <input style="width: 50px; height: 20px;" type="text"/></p> <p>Total Anxiety <input style="width: 50px; height: 20px;" type="text"/></p> <p>Total Anxiety & Depression <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>	<p style="text-align: center;">Revised Child Anxiety And Depression Scale-Parent Clients Ages 6-18</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>Separation Anxiety <input style="width: 50px; height: 20px;" type="text"/></p> <p>Generalized Anxiety <input style="width: 50px; height: 20px;" type="text"/></p> <p>Panic <input style="width: 50px; height: 20px;" type="text"/></p> <p>Social Phobia <input style="width: 50px; height: 20px;" type="text"/></p> <p>Obsessive/Compulsive <input style="width: 50px; height: 20px;" type="text"/></p> <p>Depression <input style="width: 50px; height: 20px;" type="text"/></p> <p>Total Anxiety <input style="width: 50px; height: 20px;" type="text"/></p> <p>Total Anxiety & Depression <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>	<p style="text-align: center;">Disruptive Behaviors Focus</p> <p style="text-align: center;">Eyberg Child Behavior Inventory® Clients Ages 2-16</p> <p>Admin. Date <input style="width: 50px; height: 20px;" type="text"/></p> <p>Intensity Raw Score <input style="width: 50px; height: 20px;" type="text"/></p> <p>Intensity T-Score <input style="width: 50px; height: 20px;" type="text"/></p> <p>Problem Raw Score <input style="width: 50px; height: 20px;" type="text"/></p> <p>Problem T-Score <input style="width: 50px; height: 20px;" type="text"/></p> <p>If "Unable To Collect," Enter Number From Below <input style="width: 50px; height: 20px;" type="text"/></p>

- | Reasons for "Unable to Collect" | | |
|-------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------|
| 1. Administered Wrong Form | 6. Invalid Outcome Measure | 13. Parent/Caregiver Unavailable |
| 2. Administration Date Exceeds Acceptable Range | 7. Lost Contact With Client | 14. Premature Termination |
| 3. Client Refused | 8. Lost Contact With Parent/Caregiver | 15. Teacher Refused (SESBI Only) |
| 4. Client Unavailable | 9. Not Available In Primary Language | 16. Teacher Unavailable (SESBI Only) |
| 5. Clinician Not Trained In Outcome Measure | 10. Not Required (SESBI Only) | 17. Therapist Did Not Administer Tool |
| | 11. Outcome Measure Unavailable | 18. Never Collected (CIMH) (Only For Treatment Cycles Starting Before 2/1/14) |
| | 12. Parent/Caregiver Refused | |



Rev. 2/19/2015

How is Data Entry Different from Spreadsheets?

- Follows step by step data entry in sequence
- Valid range of scores
- All responses must be entered to save data by section
- If data wasn't collected, mark "Unable to Collect" with reason code
- Questionnaire Administration Dates reported with valid 21 day window enforced

How is Data Entry the Same as Other practices in PEI OMA?

- Process is the same to select a focus, practice, and search for clients
- Start with Beginning of Treatment Information
- Questionnaire Types are the same (Pre/Updates/Post)
- End of Treatment Information
- Posts required to be acknowledged/saved if “Completed EBP” response = Yes to close treatment cycle

How is Data Entry Different from Other Practices in PEI OMA?

- Some data points are different in BOT
 - Triple P – ask Level/Type at start of Triple P
- Some data points are different in EOT
 - Drop out reasons vs. Dispositions collected for MAP and Triple P
 - # of EBP sessions is calculated for MAP based on specific track totals
 - No Drop out reasons collected for TF-CBT
 - DSM-IV diagnosis at termination collected

How is Data Entry Different from Other Practices in PEI OMA? (cont.)

- MAP: General vs Specific Tracks
 - Age is recalculated if client has 2nd specific track for required questionnaires
 - Data is collected at the end of a focus
 - Can start another focus or go to End of Treatment to end MAP
 - All specific tracks must be “inactive” to be able to proceed to “End of Treatment”

Understanding MAP

- A MAP treatment cycle is composed of a general track with
 - no focus of treatment (track #0)
 - with 1 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*

Understanding MAP

Total # of Sessions

9

BOT
Track 0
06/1/2014

GENERAL

EOT
Track 0
01/20/2015

Specific MAP Focus



Understanding MAP

- ❑ General outcomes are collected within the general track
 - The required questionnaires vary based the age of the client at the Date of First Session
- ❑ Specific outcomes are collected within each focus track
 - Each focus track has a specific focus of treatment (*anxiety, depression, disruptive behavior disorder or trauma*)
 - Age calculations for questionnaires for focus track 2 or greater are based on Focus Start Date

Dates and Deadlines: The Treatment Cycle

WHEN TO ADMINISTER PEI OUTCOME MEASURES*

Required "Pre" treatment outcome measure(s) can be administered on the date of first PEI-EBP treatment session, up to 7 days prior to the first treatment session, and up to 14 days after the date of the first session

Required "Post" treatment outcome measure(s) can be administered on the date of last PEI-EBP treatment session, up to 7 days prior to the last treatment session, and up to 14 days after the date of the last session

Start of Treatment

End of Treatment



"Update" Outcome Measure(s) administration is required every six months from the treatment start date, if the client's treatment goes longer than 6 months



In addition to the 6-month requirement, "Update" outcome measures can be administered at any time during treatment

Rules about Dates...21 Day Window

- Pre Questionnaires are valid within 21 days of the Date of First Session for EBP (7 days before DOFS to 14 days after) or Focus Start Date for specific MAP tracks
- Updates can be reported as any time
 - Required at 6 Months if practice goes on that long
 - For MAP, update is required for General questionnaires when shifting a focus (i.e. like changing from Depression to Anxiety)
- Post Questionnaires are valid within 21 days of the Date of Last Session for EBP (7 days before DOLS to 14 days after) or Focus End Date for specific MAP tracks

Using PEI OMA

Selecting A Focus of Treatment

**MHSA Prevention and Early Intervention
Outcome Measures Application**



Home User Manual Sign Out 

You are signed on as: jflynn


Provider: 7328

Focus: (not selected)

EBP: (not selected)

Home

Select a Provider

Select Focus 

Show Active Clients

Search All Clients

CIMH Historical Data

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Click to Select Focus button.

Selecting A Focus of Treatment

MHSA Prevention and Early Intervention Outcome Measures Application

LAC DMH
LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH

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

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
- Anxiety
- Emotional Dysregulation Difficulties
- First 5 PCIT
- MAP

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Select EBP

Focus and EBP

Select Focus of Treatment: MAP

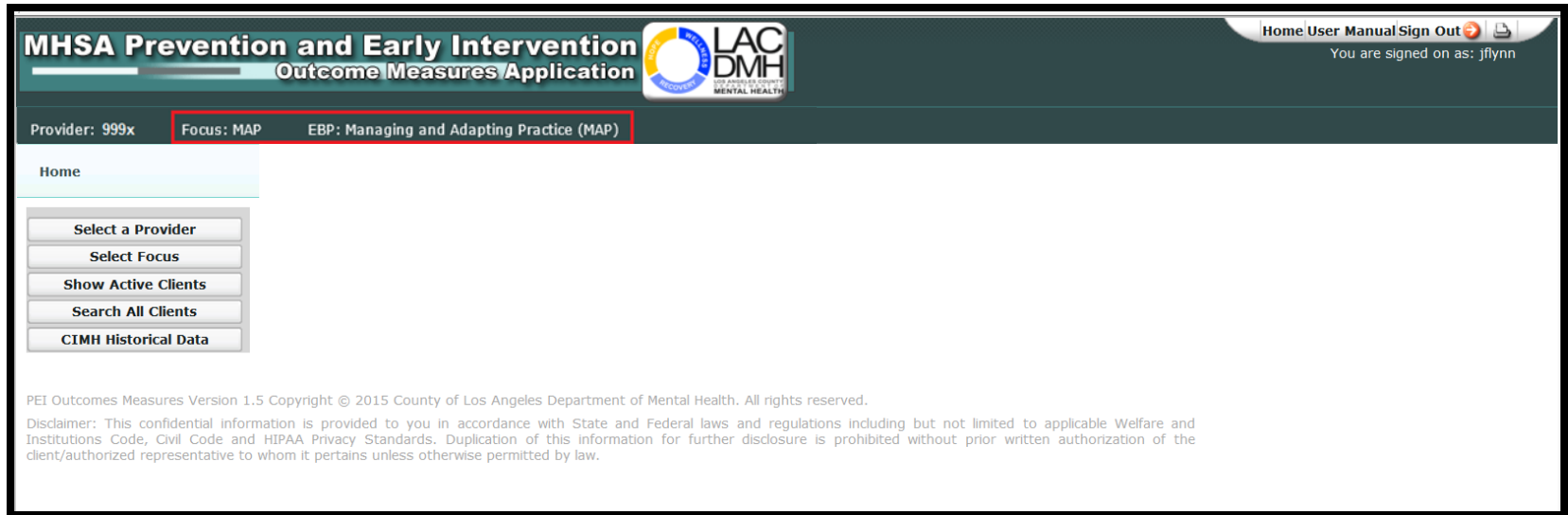
Select EBP: **** Please Select ****
Managing and Adapting Practice (MAP)

OK Back

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representative to whom it pertains unless otherwise permitted by law.

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

Home Screen



The screenshot displays the 'MHPA Prevention and Early Intervention Outcome Measures Application' interface. At the top, the title 'MHPA Prevention and Early Intervention Outcome Measures Application' is shown alongside the LAC DMH logo. In the top right corner, there are links for 'Home', 'User Manual', and 'Sign Out', along with the text 'You are signed on as: jflynn'. Below the header, a navigation bar contains the text 'Provider: 999x', 'Focus: MAP', and 'EBP: Managing and Adapting Practice (MAP)'. The main content area features a 'Home' section with a list of buttons: 'Select a Provider', 'Select Focus', 'Show Active Clients', 'Search All Clients', and 'CIMH Historical Data'. At the bottom, there is a copyright notice for 'PEI Outcomes Measures Version 1.5 Copyright © 2015 County of Los Angeles Department of Mental Health' and a disclaimer regarding confidentiality and HIPAA standards.

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.

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.

Selecting A Client

The screenshot displays the MHPA (Mental Health Prevention and Early Intervention) Outcome Measures Application interface. At the top, the title reads "MHPA Prevention and Early Intervention Outcome Measures Application" next to the LAC DMH logo. The user is logged in as "jflynn". The current session parameters are: Provider: 999x, Focus: MAP, and EBP: Managing and Adapting Practice (MAP). A sidebar menu on the left includes options: Home, Select a Provider, Select Focus, Show Active Clients, Search All Clients (highlighted with a red arrow and a red box), and CIMH Historical Data. A disclaimer at the bottom states: "PEI Outcomes Measures Version 1.5 Copyright © 2015 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 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."

Select A Client

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

Search All Clients

Client ID: XXXXXXXX

Last Name:

First Name:

Go

1 of 1 1 Items 10 /Page Go

Client ID	Last Name	First Name	Middle Name	Birth Date	Current Age	Gender
Select		Jane	C	1/23/1970	44 years 10 months	Female

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.

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.

If No, you will be taken to the Beginning of Treatment Information page.

Client With No Treatment History

Start New 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


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
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Enter Beginning of Treatment Information

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

Enter Beginning of Treatment Information

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

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

Completing Required Questionnaires

Complete and Submit 'Pre' Questionnaires

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

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

[Back](#)

Clients With No Required Questionnaires

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				
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"/>					
<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.

Clients with Required Questionnaires

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

Report Subscale Scores

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

Unable to Collect

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

Questionnaire Administration Date: 

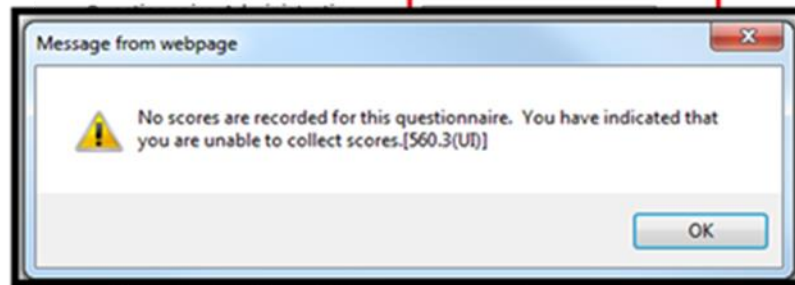
Type: ▼

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

Unable to Collect Reason: ▼

Unable to Collect

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



Interpersonal Relations	<input type="text"/>
Social Problems	<input type="text"/>
Behavioral Dysfunction	<input type="text"/>
Critical Items	<input type="text"/>
Total	<input type="text"/>

Unable to Collect Reason

View Questionnaires

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

Client Demographics	Client Treatment Information
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
Beginning of Treatment Information	
Therapist ID/Staff Code	CXXXXXXXX
Date of First Session	1/1/2014
DSM-IV Code Principle Axis I- Intake	XXXXX
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	Completed Questionnaires						
Questionnaire Name	Questionnaire Name						
Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)	Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)						
<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> Pre</td><td>1/1/2014</td></tr><tr><td> Update</td><td>6/1/2014</td></tr></tbody></table>	Type	Questionnaire Administration Date	Pre	1/1/2014	Update	6/1/2014
Type	Questionnaire Administration Date						
Pre	1/1/2014						
Update	6/1/2014						
<input type="button" value="View Treatment Status"/>							

View Questionnaires

Required Questionnaires

Questionnaire Name

Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Enter End of Treatment

View Treatment Status

Completed Questionnaires

Questionnaire Name

Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

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

List of Completed Questionnaires in Expanded View

Required Questionnaires

Questionnaire Name

Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Enter End of Treatment

View Treatment Status








Completed Questionnaires

Type	Questionnaire Administration Date
Pre	1/1/2014

Back

Note: Continue to click the Back button to return to the Client Demographics page.

View Questionnaires


Required Questionnaires for Track 1	Completed Questionnaires						
<table border="1"><thead><tr><th>Questionnaire Name</th></tr></thead><tbody><tr><td> UCLA PTSD-RI - Parent (CIMH)</td></tr><tr><td> UCLA PTSD-RI - Child/Adolescent (CIMH)</td></tr></tbody></table>	Questionnaire Name	 UCLA PTSD-RI - Parent (CIMH)	 UCLA PTSD-RI - Child/Adolescent (CIMH)	<table border="1"><thead><tr><th>Questionnaire Name</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> UCLA PTSD-RI - Parent (CIMH)</td></tr><tr><td><input checked="" type="checkbox"/> UCLA PTSD-RI - Child/Adolescent (CIMH)</td></tr></tbody></table>	Questionnaire Name	<input checked="" type="checkbox"/> UCLA PTSD-RI - Parent (CIMH)	<input checked="" type="checkbox"/> UCLA PTSD-RI - Child/Adolescent (CIMH)
Questionnaire Name							
 UCLA PTSD-RI - Parent (CIMH)							
 UCLA PTSD-RI - Child/Adolescent (CIMH)							
Questionnaire Name							
<input checked="" type="checkbox"/> UCLA PTSD-RI - Parent (CIMH)							
<input checked="" type="checkbox"/> UCLA PTSD-RI - Child/Adolescent (CIMH)							
<p><input type="button" value="Enter End of Focus"/> </p> <p><input type="button" value="View Focus Status"/></p>							

Complete and Submit End of Focus Information


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

Client Demographics	Client Treatment Information
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
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: 

Total Number of Sessions:



Completed Focus?: 

Ending Treatment

Complete and Submit End of Focus Information

Track/Focus Status = Additional Information Needed

Questionnaires

Questionnaire Name	Status
 UCLA PTSD-RI - Parent (CIMH)	Pending
 UCLA PTSD-RI - Child/Adolescent (CIMH)	Pending

Start New Focus/Track

Close MAP Treatment Cycle

Return to Client Treatment Info

Complete and Submit End of Focus Information

Track/Focus Status = Complete

Questionnaires

Questionnaire Name	Status
UCLA PTSD-RI - Parent (CIMH)	Completed
UCLA PTSD-RI - Child/Adolescent (CIMH)	Completed

Start New Focus/Track





Close MAP Treatment Cycle



Return to Client Treatment Info

Complete and Submit End of Focus Information

  **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	10	Active
Select	1	Trauma	01/01/2014	10/01/2014	Yes	10	Inactive

Complete and Submit End of Focus Information

General Track

Focus Name **General**

Date First Session 1/1/2014 Date Last Session

Total Number Session 10

Status Active

Required Questionnaires

Questionnaire Name

 Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)





Enter End of Treatment

View Treatment Status

Completed Questionnaires

Questionnaire Name

 Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

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

Completed EBP

End of Treatment Information

End of Treatment Information

Date of Last Session

Total Number of Sessions

Completed EBP?

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

Dropout Reason

Completed EBP

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)			
Client Demographics		Client Treatment Information	
JANE C DOE			
Client ID	XXXXXXX	Beginning of Treatment Information	
Birth Date	3/23/2005	Therapist ID/Staff Code	CXXXXXX
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

[Start New Focus/Track](#)
[Close MAP Treatment Cycle](#)
[Return to Client Treatment Info](#)

Completed EBP

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

Client Demographics		Client Treatment Information	
JANE C DOE			
Client ID	XXXXXXXX	Beginning of Treatment Information	
Birth Date	3/23/2005	Therapist ID/Staff Code	CXXXXXXXX
Current Age	9 years 8 months	Date of First Session	1/1/2014
Gender	Female	DSM-IV Code Principle Axis I-Intake	XXXXXX
Ethnicity	99-Unknown/Not Reported	Age at First Session	43 years 11 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	XXXXXX
		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](#)

Entering a 'Post' Type Questionnaire

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

Treatment Cycle Status

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

View a Treatment Cycle

Provider: 999x

Focus: MAP

EBP: Managing and Adapting Practice (MAP)

Home

Select a Provider

Select Focus

Show Active Clients

Search All Clients

Search All Clients



1



of 1



1 Items

10



/Page

Go

View a Treatment Cycle



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

Show Active Managing and Adapting Practice (MAP) Clients

Client ID:

Last Name:

First Name:

Search All Clients   of 1 /Page

	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Birth Date</u>	<u>Current Age</u>	<u>Gender</u>	<u>Date of First Session</u>
<input type="button" value="Select"/>	XXXXX19 Doe	Joanne		1/23/1970	44 years 10 months	Female	1/1/2014
<input type="button" value="Select"/>	XXXXX31 Doe	Minnie		6/7/2010	4 years 5 months	Female	1/1/2014

Treatment History

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

Treatment History

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

<u>Status</u>	<u>Date of First Session</u>	<u>EBP</u>	<u>DSM-IV Code - Intake</u>	<u>Date of Last Session</u>
Active	1/1/2014	Managing and Adapting Practice (MAP)	290.0	

MAP Tracks

Track Number	Focus Name	Focus Start Date	Focus End Date
1	Trauma	01/01/2014	

Treatment History

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	ERP	DSM-IV Code - Intake	Date of Last Session	Total Number of Sessions	Completed ERP?	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

Treatment History

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](#)
















Client Treatment Information

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	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

 **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									
<table border="1"><thead><tr><th>Questionnaire Name</th></tr></thead><tbody><tr><td> UCLA PTSD-RI - Parent (CIMH)</td></tr></tbody></table> <p>New Icon</p> <p>Enter End of Focus</p> <p>View Focus Status</p>	Questionnaire Name	 UCLA PTSD-RI - Parent (CIMH)	<table border="1"><thead><tr><th>Questionnaire Name</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> UCLA PTSD-RI - Parent (CIMH)</td></tr><tr><td><table border="1"><thead><tr><th>Type</th><th>Questionnaire Administration Date</th></tr></thead><tbody><tr><td>  Pre</td><td>1/1/2014</td></tr></tbody></table><p>View Icon Edit Icon</p></td></tr></tbody></table>	Questionnaire Name	<input checked="" type="checkbox"/> UCLA PTSD-RI - Parent (CIMH)	<table border="1"><thead><tr><th>Type</th><th>Questionnaire Administration Date</th></tr></thead><tbody><tr><td>  Pre</td><td>1/1/2014</td></tr></tbody></table> <p>View Icon Edit Icon</p>	Type	Questionnaire Administration Date	  Pre	1/1/2014
Questionnaire Name										
 UCLA PTSD-RI - Parent (CIMH)										
Questionnaire Name										
<input checked="" type="checkbox"/> UCLA PTSD-RI - Parent (CIMH)										
<table border="1"><thead><tr><th>Type</th><th>Questionnaire Administration Date</th></tr></thead><tbody><tr><td>  Pre</td><td>1/1/2014</td></tr></tbody></table> <p>View Icon Edit Icon</p>	Type	Questionnaire Administration Date	  Pre	1/1/2014						
Type	Questionnaire Administration Date									
  Pre	1/1/2014									

Back

Edit Beginning of Treatment Information

Provider: 999x		Focus: MAP		EBP: Managing and Adapting Practice (MAP)	
Client Demographics			Client Treatment Information		
MINNIE DOE					
Client ID	XXXXXXXX	Beginning of Treatment Information			EDIT icon
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				

Edit 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


Beginning of Treatment Information

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

View Questionnaires

MHSA Prevention and Early Intervention Outcome Measures Application



Home Sign Out   You are signed on as: jflynn

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

Questionnaire Name

 UCLA PTSD-RI - Parent (CIMH)

Enter End of Focus

View Focus Status

Completed Questionnaires

Questionnaire Name

 UCLA PTSD-RI - Parent (CIMH)

Type	Questionnaire Administration Date
------	-----------------------------------

Pre	1/1/2014
-----	----------


Update	6/1/2014
--------	----------

View Icon



Back

View Questionnaires

Provider: 999x		Focus: MAP		EBP: Managing and Adapting Practice (MAP)	
Client Demographics			Client Treatment Information		
MINNIE DOE					
Client ID	XXXXXXX	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				
Show UCLA PTSD-RI - Parent (CIMH) 					
Questionnaire Administration Date	1/1/2014				
Type	Pre				
Subscale / SCALE		Score			
Subscale PTSD Severity Scale/Total Score		10			
<input type="button" value="OK"/> <input type="button" value="Edit"/>					

Edit Questionnaires

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

Questionnaire Name

 UCLA PTSD-RI - Parent (CIMH)

Enter End of Focus

View Focus Status



Back

Completed Questionnaires

Questionnaire Name

 UCLA PTSD-RI - Parent (CIMH)

Type	Questionnaire Administration Date
------	-----------------------------------

 Pre	1/1/2014
 Update	6/1/2014

Edit Icon

Edit Questionnaires

Edit UCLA PTSD-RI - Parent (CIMH)

Questionnaire Administration Date

Type

Subscale / SCALE	Score
Subscale PTSD Severity Scale/Total Score	<input type="text" value="10"/>

Unable to Collect Reason

View End 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

Treatment History

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

Status	Date of First Session	ERP	DSM-IV Code - Intake	Date of Last Session	Total Number of Sessions	Completed ERP?	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

View End of Treatment Information

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

Client Demographics	Client Treatment Information
<p>MINNIE DOE</p> <p>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</p>	
<p>Beginning of Treatment Information</p> <p>Therapist ID/Staff Code: eXXXXXX Date of First Session: 01/01/2014 DSM-IV Code Principle Axis I-Intake: XXXXX Age at First Session: 43 years 11 months</p>	
<p>End of Treatment Information</p> <p>Date of Last Session: 10/1/2014 Total Number of Sessions: 10 Completed EBP: Yes DSM-IV Code Principle Axis-I Termination: XXXXX Dropout Reason:</p>	

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](#)

Edit End of Treatment Information

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

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

Edit Icon

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](#)

Edit End of Treatment Information

End of Treatment Information

Date of Last Session

Total Number of Sessions

Completed EBP? ▼

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

Dropout Reason ▼

View CiMH Historical Data

MHSA Prevention and Early Intervention Outcome Measures Application

Home User Manual Sign Out → You are signed on as: jflynn

Provider: 7328 Focus: (not selected) EBP: (not selected)

Home

- Select a Provider
- Select Focus
- Show Active Clients
- Search All Clients
- CIMH Historical Data** ←

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View CiMH Historical Data

MAP Triple-P TF-CBT

CIMH MAP

Client ID Go Status All

DOB Go Reason All

1 of 17 165 Items 10 /Page Go

<u>Select</u>	<u>Client ID</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>Date of First Session</u>	<u>Status</u>	<u>Reason</u>	<u>Replaced In PEI OMA</u>	<u>Client Practice ID</u>
<u>Select</u>			male	Caucasia	11/29/2011	Not Integrated	Inactive	No	
<u>Select</u>			female	Other	9/12/2011	Not Integrated	Inactive	No	
<u>Select</u>			female	Hispanic/	2/1/2012	Not Integrated	Inactive	No	
<u>Select</u>			female	Hispanic/	10/6/2011	Not Integrated	Inactive	No	
<u>Select</u>			male	Hispanic/	8/9/2012	Not Integrated	Inactive	No	
<u>Select</u>			female	Caucasia	8/3/2011	Not Integrated	Inactive	No	
<u>Select</u>			male	Hispanic/	8/21/2013	Integrated			
<u>Select</u>			male	Caucasia	3/11/2013	Not Integrated	Inactive	No	
<u>Select</u>			female	Hispanic/	4/12/2012	Not Integrated	Inactive	No	
<u>Select</u>			male	Hispanic/	10/28/2013	Integrated			

Data looks exactly how it was entered at the time of data transfer.

View CiMH Historical Data

Provider: 7330 Focus: (not selected) EBP: (not selected)							
CiMH MAP							
Client ID	[REDACTED]	Provider Site	FF-RU/7330	Provider Number	7330		
Birthdate	[REDACTED]	Gender	[REDACTED]	Ethnicity	[REDACTED]		
Therapist	FFA4047	Trained By	Within-Agency MAP Su	Supervisor Staff Code	FFSM00		
DSM-IV Code Principle Axis I-Intake	300.4						
Anx Focus Num		Dep Focus Num	Focus #1	DrB Focus Num		Trau Focus Num	
Focus Name 1	depression	Completed Focus 1	no	Total Number of Sessions 1	23	Dropfocus 1	no show/unable to co
Focus Start Date 1	11/29/2011	Focus End Date 1	7/17/2012	Completed EBP 1	no	Dropmap 1	no show/unable to contact fami
Focus Name 2		Completed Focus 2		Total Number of Sessions 2		Dropfocus 2	
Focus Start Date 2		Focus End Date 2		Completed EBP 2		Dropmap 2	
Focus Name 3		Completed Focus 3		Total Number of Sessions 3		Dropfocus 3	
Focus Start Date 3		Focus End Date 3		Completed EBP 3		Dropmap 3	
Focus Name 4		Completed Focus 4		Total Number of Sessions 4		Dropfocus 4	
Focus Start Date 4		Focus End Date 4		Completed EBP 4		Dropmap 4	
YOQ Intrapersonal Distress Pre	12	YOQ Intrapersonal Distress Post		YOQ-SR Intrapersonal Distress Pre	22	YOQ-SR Intrapersonal Distress Post	
YOQ Somatic Pre	6	YOQ Somatic Post		YOQ-SR Somatic Pre	3	YOQ-SR Somatic Post	
YOQ Interpersonal Relations Pre	6	YOQ Interpersonal Relations Post		YOQ-SR Interpersonal Relations Pre	2	YOQ-SR Interpersonal Relations Post	
YOQ Social Problems Pre	14	YOQ Social Problems Post		YOQ-SR Social Problems Pre	3	YOQ-SR Social Problems Post	
YOQ Behavioral Dysfunction Pre	24	YOQ Behavioral Dysfunction Post		YOQ-SR Behavioral Dysfunction Pre	12	YOQ-SR Behavioral Dysfunction Post	
YOQ Critical Items Pre	2	YOQ Critical Items Post		YOQ-SR Critical Items Pre	5	YOQ-SR Critical Items Post	
YOQ Total Pre	64	YOQ Total Post		YOQ-SR Total Pre	47	YOQ-SR Total Post	
PTSD-RI - Ch Total Score Pre		PTSD-RI - Ch Total Score Post		PTSD-RI - Par Total Score Pre		PTSD-RI - Par Total Score Post	
PHQ-9 Total Score Pre	10	PHQ-9 Total Score Post					
RCADS-P Separation Anxiety Pre		RCADS-P Separation Anxiety Post		RCADS Separation Anxiety Pre		RCADS Separation Anxiety Post	
RCADS-P Generalized Anxiety Pre		RCADS-P Generalized Anxiety Post		RCADS Generalized Anxiety Pre		RCADS Generalized Anxiety Post	
RCADS-P Panic Pre		RCADS-P Panic Post		RCADS Panic Pre		RCADS Panic Post	
RCADS-P Social Phobia Pre		RCADS-P Social Phobia Post		RCADS Social Phobia Pre		RCADS Social Phobia Post	
RCADS-P Obsessions/Compulsions Pre		RCADS-P Obsessions/Compulsions Post		RCADS Obsessions/Compulsions Pre		RCADS Obsessions/Compulsions Post	
RCADS-P Depression Pre		RCADS-P Depression Post		RCADS Depression Pre		RCADS Depression Post	
RCADS-P Total Score Pre		RCADS-P Total Score Post		RCADS Total Score Pre		RCADS Total Score Post	



Q&A



Questions or Additional Information

- OMA Wiki Website
 - <http://dmhoma.pbworks.com>
- PEI Outcomes e-mail address
 - PEIOutcomes@dmh.lacounty.gov
- E-group for PEI Outcome Measures Application Alerts.
 - PEIOutcomes-subscribe@yahoogroups.com

Error Messages in PEI OMA

- **HELP DESK: (213) 351-1335**
 - Issue Description, Provider #, Focus of Treatment, EBP, Client ID, Date of First Session
 - Help Desk will triage your call...Odre is our point person for PEI OMA