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

DATA COLLECTION TIMELINES: CIMH SUPPORTED EBPs

| CIMH SUPPORTED EBP | COLLECTION PERIODS* |
|--------------------|---------------------|
| TRIPLE-P | Inception to 5/31 |
| | Inception to 11/30 |
| MAP | Inception to 6/30 |
| | Inception to 12/31 |
| TF-CBT | Inception to 7/31 |
| 1. 051 | Inception to 1/31 |

Calendar View of Collection Period for CIMH Supported EBPs

| | Dec | Jan | Feb | Mar | Apr | Мау | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | |
|---|-----|----------|---------------------------------------|-------------|-----------|-----|-----|--|-----|------|-----|-----|-----|--------------|-----|-------|
| | | Triple F | Collection | Period thro | ough 5/31 | | | Triple P Collection Period through 11/30 | | | | | | through 5/31 | | |
| | | | | | | | | | | | | | | | | |
| _ | | | MAP Collection Period through 6/30 | | | | | Map Collection Period through 12/31 | | | | | | though 6/30 | | |
| | | | | | | | | | | | | | | | | |
| | | ı | TF-CBT Collection Period through 7/31 | | | | | TF-CBT Collection Period through 1/3 | | | | | | 1 | | .7/31 |
| | | | | | | | | | | | | | | | | |

^{*} New outcomes data is added to the previously collected data on the CIMH Data Shell.