

# PEI Outcome Measures Worksheet for Mental Health Integration Program (MHIP)

Focus of Treatment:  Depression  Trauma  Anxiety

## ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>	Client First Name	<input type="text"/>
Client Last Name	<input type="text"/>	Name of EBP	MHIP
Provider ID	<input type="text"/>		

## UPDATE TREATMENT QUESTIONNAIRES

Note: All subscale scores are required to save information in the PEI Outcome Measures Application. Scores for all age-appropriate outcome questionnaires must be entered into the PEI Outcome Measures Application or identified as "Unable to Collect" and a reason must be provided.

Check here if no update treatment information is being submitted

Administration Date

	Total Score	If "Unable to Collect," enter number from below
PHQ-9	<input type="text"/>	<input type="text"/>
GAD-7	<input type="text"/>	<input type="text"/>
PCL-C	<input type="text"/>	<input type="text"/>

### Reasons for "Unable to Collect"

1. Client in crisis
2. Client refused
3. Client unavailable
4. Invalid Outcome Measure
5. Not available in primary language
6. Therapist did not administer tool

## END OF TREATMENT INFORMATION

If this is the last update or the client did not complete EBP, please complete the section below.

Date of Last Session  Total Number of Sessions

Completed EBP?  Yes (Set disposition to "Case Closed")  
 No (Check one of the dispositions below)

### A completed EBP for MHIP must include the following:

1. Completed Assessment;
2. Developed treatment goal(s);
3. Rendered an approved EBP intervention and/or Behavioral Activation; and,
4. Completed some type of relapse prevention plan.

### Dispositions

<input type="checkbox"/> Transferred to Tier 1	<input type="checkbox"/> Unable to Contact	<input type="checkbox"/> Withdrew
<input type="checkbox"/> Arrested	<input type="checkbox"/> Medical Hospitalization	<input type="checkbox"/> Psychiatric Hospitalization
<input type="checkbox"/> Moved	<input type="checkbox"/> Deceased	<input type="checkbox"/> Change in Focus of Treatment

DSM IV Axis I Principle Diagnosis Code (Termination)