COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH ADULT SYSTEM OF CARE – MHSA IMPLEMENTATION AND OUTCOMES DIVISION





WELLNESS • RECOVERY • RESILIENCE

Prevention & Early Intervention: Interpersonal Psychotherapy for Depression (IPT) Countywide Aggregate Practice Outcomes Dashboard Report Outcome Data Submission through May 30, 2017

Participating Legal Entities Include:

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ALMA FAMILY SERVICES	HILLVIEW MENTAL HEALTH CENTER INC	L.A. COUNTY DMH
AMANECER COMMUNITY COUNSELING SRVC	JEWISH FAMILY SERVICE OF LOSANGELES	ANTELOPE VALLEY MHC
ALMA FAMILY SERVICES	MCKINLEY CHILDRENS CENTER	SANTA CLARITA VALLEY MH CENTER
AMANECER COMMUNITY COUNSELING SRVC	PACIFIC CLINICS	EDMUND D. EDELMAN WESTSIDE MHC
BARBOUR AND FLOYD MEDCL ASSOCIATES	PASADENA UNIFIED SCHOOL DISTRICT	WEST CENTRAL FAMILY MHS
CHILD AND FAMILY CENTER	PROTOTYPES	HOLLYWOOD MENTAL HEALTH CENTER
CHILD AND FAMILY GUIDANCE CENTER	PROVIDENCE SAINT JOHNS HLTH CTR	NORTHEAST MENTAL HEALTH CENTER
CHILDRENS BUREAU OF S CALIFORNIA	SAN FERNANDO VALLEY COMMUNITY MHC	ARCADIA MHS
CHILDRENS INSTITUTE INC	JEWISH FAMILY SERVICE OF LOSANGELES	LONG BEACH MHS ADULT CLINIC
COUNSELING N RESRCH ASC DBA MASADA	SPECIAL SERVICE FOR GROUPS	SAN PEDRO MENTAL HEALTH CENTER
DIDI HIRSCH PSYCHIATRIC SERVICE	SPIRITT FAMILY SERVICES	RIO HONDO COMMUNITY MHC
DREW CHILD DEVELOPMENT CORPORATION	ST FRANCIS MEDICAL CENTER	SOUTH BAY MHS
EISNER PEDIATRIC FAMILY CTR	ST JOSEPH CENTER	COMPTON FAMILY MHS
EL CENTRO DE AMISTAD INC	TELECARE CORPORATION	DOWNTOWN MENTAL HEALTH CENTER
ENKI HEALTH AND RESEARCH SYSTEMS I	THE GUIDANCE CENTER	COASTAL API FAMILY MHC
GATEWAYS HOSPITAL AND MENTAL HEALTH	THE VILLAGE FAMILY SERVICES	LONG BEACH API FAMILY MHC
HATHAWAY SYCAMORES CHILD FAM SRVCS	VIP COMMUNITY MENTAL HEALTH CTR INC	AMERICAN INDIAN COUNSELING CTR
HELPLINE YOUTH COUNSELING INC	VISTA DEL MAR CHILD AND FAMILY SVC	DMHC PEI PROGRAM
HERITAGE CLINIC AND CAPS	HILLVIEW MENTAL HEALTH CENTER INC	

Agencies submitting outcomes that are not approved to provide IPT by PEI Administration:

CHILD AND FAMILY CENTER	NORTHEAST MENTAL HEALTH CENTER
COUNSELING N RESRCH ASC DBA MASADA	ARCADIA MHS
HATHAWAY SYCAMORES CHILD FAM SRVCS	SAN PEDRO MENTAL HEALTH CENTER
L.A. COUNTY DMH	RIO HONDO COMMUNITY MHC
ANTELOPE VALLEY MHC	COASTAL API FAMILY MHC
SANTA CLARITA VALLEY MH CENTER	DMHC PEI PROGRAM
HOLLYWOOD MENTAL HEALTH CENTER	

Table 1. IPT Status Since Inception to May 30, 2017							
			Clients				
# of Clients	# of Clients	# of Tx	with	Clients	Clients	Clients	
Claimed to	Entered into	Cycles in	Multiple	Completing	Dropping-	Still in	
Practice	PEI OMA	PEI OMA	Tx	Tx	Out of Tx	Tx	
			Cycles				
6479	68.41%	4507	1.65%	39.54%	34.55%	25.92%	
n=	4432	n=	73	1782	1557	1168	

Note 1: Clients Claimed was based on IPT 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.

Table 2. Cli	Table 2. Client Demographics - Clients Who Entered IPT											
	Age	Ger	nder			Ethnicity			Prin	Primary Language		
Total Number of Clients	Average	Female	Male	African- American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other	
4432	34	70.04%	29.96%	11.82%	6.63%	13.74%	57.81%	10.00%	61.78%	27.35%	10.88%	
	n=	3104	1328	524	294	609	2562	443	2738	1212	482	

Note1: Age is calculated at the date of the first EBP.

Note2: Percentages may not total 100 due to missing data and/or rounding.

Table 3. Program Process Data - Clients Who Entered IPT							
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores				
Outcome Questionnaire – 45.2*	79.98%	50.03%	31.92%				
n=	1957	865	781				
Ackn=	2447	1729	2447				
Patient Health Questionnaire (PHQ-9)	78.75%	49.50%	30.45%				
n=	3401	1495	1315				
Ackn=	4319	3020	4319				
Youth Outcome Questionnaire - (YOQ) 2.01 (Parent)	66.00%	36.13%	20.33%				
n=	1250	473	385				
Ackn=	1894	1309	1894				
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	76.27%	46.69%	27.61%				
n=	1453	607	526				
Ackn=	1905	1300	1905				

Note 1: Number of acknowledged measures (Ackn=) is determined by the number of required measures that receive a score or an unable to collect reason code.

Note 2: The % indicated for Pre-test with scores, Post-test with scores, and both a Preand Post-test with scores is calculated by dividing the (n=#) by the number acknowledged (Ackn=#) in the PEI OMA system for each measure. The number acknowledged (Ackn=#) for those with Pre and Post scores is an estimate based on the greatest number of matches that could be expected given the number of Pre scores acknowledged.

Table 4a.	Table 4a. Top Reasons Given for "Unable to Collect"									
ire – 45.2*	Total Pre 490	Administration date exceeds acceptable range	Client refused	Not available in primary language	Client unavailable	Clinician not trained in outcome measure	Other			
nai	Percent	28.78%	16.53%	14.90%	9.80%	7.76%	22.24%			
tior	n	141	81	73	48	38	109			
Outcome Questionnaire	Total Post 864	Client unavailable	Lost contact with client	Premature termination	Client refused	Administration date exceeds acceptable range	Other			
Õ	Percent	29.63%	19.33%	17.59%	13.43%	5.67%	14.35%			
	n	256	167	152	116	49	124			

Table 4b.	Table 4b. Top Reasons Given for "Unable to Collect"									
aire (PHQ-9)	Total Pre 916	Administration date exceeds acceptable range	Outcome measure unavailable	Client unavailable	Therapist did not administer tool	Client refused	Other			
u u	Percent	28.82%	13.86%	13.76%	12.45%	11.57%	19.54%			
stic	n	264	127	126	114	106	179			
Patient Health Questionnaire (PHQ-9)	Total Post 1524	Client unavailable	Premature termination	Lost contact with client	Client refused	Therapist did not administer tool	Other			
Pati	Percent	30.12%	18.64%	18.50%	11.35%	7.94%	13.45%			
	n	459	284	282	173	121	205			

Table 4c.	Table 4c. Top Reasons Given for "Unable to Collect"										
- (YOQ) 2.01	Total Pre 643	Parent/care provider unavailable	Administration date exceeds acceptable range	Therapist did not administer tool	Outcome measure unavailable	Parent/care provider refused	Other				
aire	percent	39.19%	22.08%	9.95%	7.47%	6.69%	14.62%				
ionn ent)	n	252	142	64	48	43	94				
Youth Outcome Questionnaire (Parent)	Total Post 836	Parent/care provider unavailable	Premature termination	Lost contact with parent/care provider	Therapist did not administer tool	Parent/care provider refused	Other				
	percent	41.15%	15.67%	14.59%	8.61%	7.06%	12.92%				
Yout	n	344	131	122	72	59	108				

Table 4d.	Fable 4d. Top Reasons Given for "Unable to Collect"									
Questionnaire - Self 2.0 (YOQ-SR)	Total Pre 452	Administration date exceeds acceptable range	Client unavailable	Therapist did not administer tool	Outcome Measure Unavailable	Client refused	Other			
tio	Percent	32.08%	14.16%	13.72%	12.17%	11.95%	15.93%			
ues 0 (Y	n	145	64	62	55	54	72			
Outcome Report - 2	Total Post 692	Client unavailable	Premature termination	Lost contact with client	Client refused	Therapist did not administer tool	Other			
Youth	Percent	28.18%	19.51%	18.06%	9.97%	9.25%	15.03%			
۶	n	195	135	125	69	64	104			

Table 5. Service Delivery Data – Clients Who Completed IPT							
Total Treatment Cycles	Average Length of Treatment in Weeks	Rang Treatme	ge of nt Weeks	Average Number of Sessions	Range of	Sessions	
1782		Min	Max		Min	Max	
	32	0	182	20	1	195	

Note: Completed IPT is defined as having a 'yes' for completion indicated in the PEI OMA

Table 6. Outcome Data* – Clients who Completed IPT									
		Percent Improvement		Showing Pre-IPT to					
		from Pre to Post	Positive Change	No change	Negative Change				
Outcome Questionnaire –	TOTAL	30.67%	51.98%	43.76%	4.26%				
45.2*		(n=681)	354	298	29				
Patient Health Questionnaire (PHQ-9)	TOTAL	48.01% (n=1118)	47.23% 528	48.66%	4.11% 46				
Youth Outcome Questionnaire - 2.01 (Parent)	TOTAL	46.91% (n=288)	61.81% 178	30.90%	7.29%				
Youth Outcome Questionnaire – Self Report – 2.0	TOTAL	46.08% (n=433)	58.43% 253	35.33% 153	6.24%				

*Please see Appendix A. for a description of the IPT outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).

Note 1: Possible PHQ-9 scores can range from 0 - 27, with a clinical cutoff of 15.

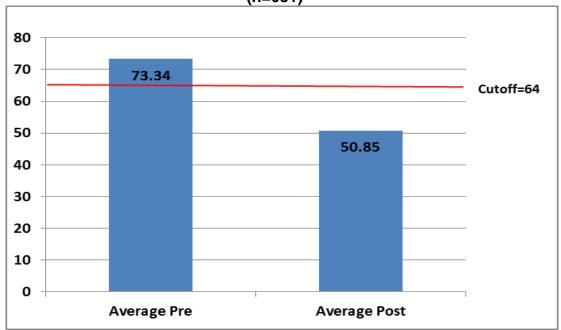
Note 2: Possible YOQ-Parent Total Scores can range from -16 – 240, with a clinical cutoff of 46. Note 3: Possible YOQ-SR Total Scores can range from -16 – 240, with a clinical cutoff of 47.

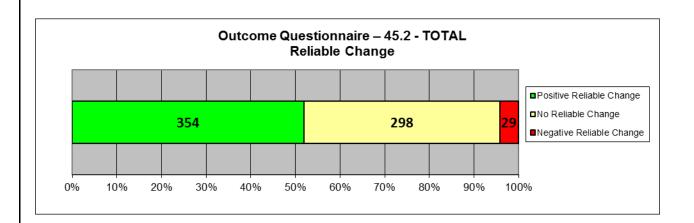
Note 4: Possible OQ Total Scorers can range from 0 – 180, with a clinical cutoff of 64.

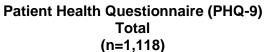
Note 5: Aggregate outcome data based on fewer than 20 clients are not reported.

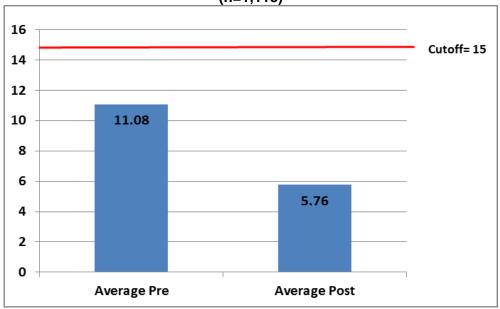
Note 6: Positive Change indicates that the scores decreased from the pre to the post measure.

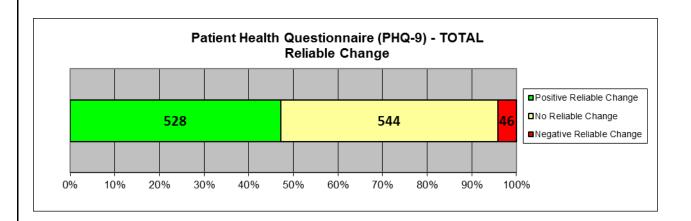
Outcome Questionnaire – 45.2* Total (n=681)

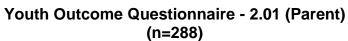


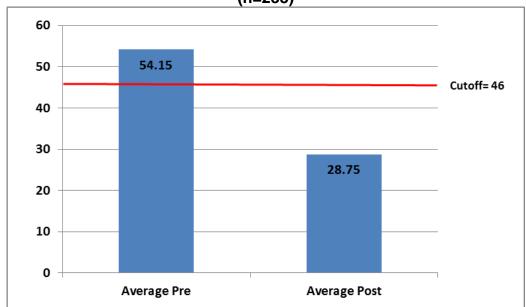


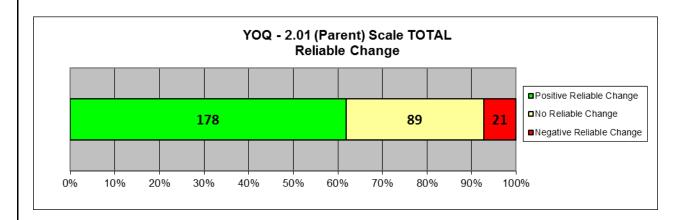


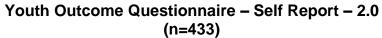


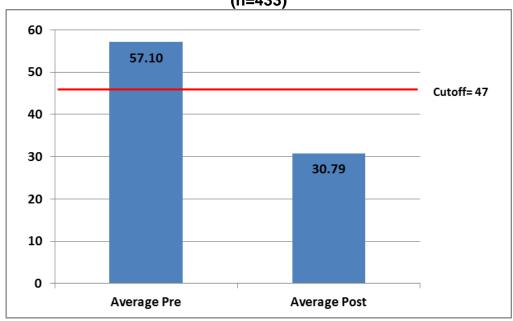


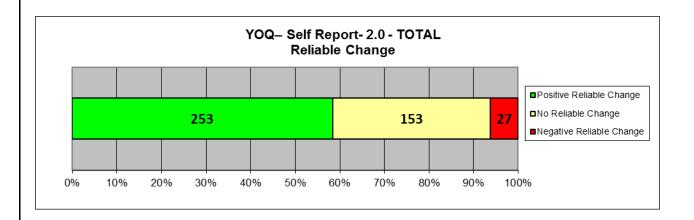












<u>Appendix</u>

PHQ-9

The Patient Health Questionnaire-9 (PHQ-9) is a specific outcome measure for clients participating in treatment focused on depression. This 9-item self-report measure for clients ages 12 and older assesses the overall frequency/severity of depressive symptoms experienced during the prior two weeks. Possible Total PHQ-9 scores range from 0-27, with scores of 15 or higher indicating moderately severe to severe depression.

Youth Outcomes Questionnaires (YOQ and YOQ-SR)

The Youth Outcome Questionnaire is a 64-item parent-report that assesses global distress in a child's/adolescent's life from 4-17 years of age. The YOQ-SR is the Self-report version of the YOQ and is completed by the child/adolescent him or herself. Total scores on both measures can range from -16 to 240. Total scores of 46 or higher are most similar to a clinical population on the YOQ. A total score of 47 is most similar to that of a clinical population on the YOQ-SR.

Outcomes Questionnaires (OQ)

The Outcome Questionnaire is a 45-item self-report questionnaire that assesses global distress in a client's life from ages 19 and older. Total Scores on this measure can range from 0 to 180, with scores of 64 or higher indicating clinical significance.

Reliable Change Index

When comparing Pre and Post scores, it is very helpful to know whether the change reported represents the real effects of the treatment or errors in the system of measurement. The Reliability of Change Index (RCI) is a statistical way of helping to insure that the change recorded between pre and post assessments exceeds that which would be expected on the basis of measurement error alone. The RCI has been calculated using the Jacobson and Truax (1991) method and indicates when change exceeds that which would be expected on the basis of error at the p<.05 probability level. For a more in-depth discussion of Reliability of Change see Jacobson, N. S., & Truax. P. (1991). Clinical Significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19. Also see Wise, E. A. (2004). Methods for analyzing psychotherapy outcomes: A review of clinical significance, reliable change, and recommendations for future directions. *Journal of Personality Assessment*, 82(1), 50-59.

The number and percent of clients experiencing positive change, no change and negative change are recorded in table 7a. Healthful change in each of the measures cited here means that scores have <u>decreased</u> in value from pre to post test administrations (i.e. recorded a negative change on the RCI). To help avoid confusion, healthful reliable change is presented as positive while unhealthful reliable change is presented as negative change.