COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – MHSA IMPLEMENTATION AND OUTCOMES DIVISION

Prevention & Early Intervention: Group Cognitive Behavioral Therapy for Major Depression Countywide Aggregate Practice Outcomes Dashboard Report

Outcome Data Submission through July 23, 2014

Participating Legal Entities Include:

Didi Hirsch	Hollywood MHC
San Fernando Valley Community MHC	Long Beach API Family MHC
Special Services for Groups	Long Beach MHS Adult Clinic
LA County Dept of Mental Health:	Northeast MHC
Arcadia MHS	Rio Hondo Community MHC
Coastal API Family MHC	San Pedro MHC
Downtown MHC	South Bay MHC
Edmund D. Edelman Westside MHC	West Central Family MHS
Harbor UCLA	

Agencies submitting outcomes that are not approved to provide Group CBT for Major Depression by PEI Administration:

Pacific Clinics
Tarzana Treatment Centers, Inc.
LA County Dept of Mental Health:
Antelope Valley MHS
Santa Clarita Valley MHC

Table 1. Group CBT Status Since Inception to July 23, 2014					
# 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
1531	53.43%	836	2.20%	25.84%	34.09%
n=	818	n=	18	216	285

Note 1: Clients Claimed was based on Group CBT being selected as the EBP in a PEI Plan and having ≥ 1 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. Client Demographics - Clients Who Entered Group CBT													
	Age	Gender			Ethnicity						Primary Language		
Total Number of Clients	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
818	41	64.30%	35.57%	0.12%	20.66%	4.65%	27.26%	41.32%	6.11%	79.58%	15.40%	5.01%
	n=	526	291	1	169	38	223	338	50	651	126	41

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. Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered Group CBT						
Total Treatment Cycles	Major Depressive Disorder, Recurrent, Moderate	Depressive Disorder NOS	Major Depressive Disorder, Rec., Severe W/O Psychotic Features	Major Depressive Disorder, Single Episode, Moderate	Mood Disorder NOS	Other
836	15.91%	14.35%	12.44%	6.58%	5.98%	41.15%
n=	133	120	104	55	50	344

Table 4. Program Process Data - Clients Who Entered Group CBT			
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
Patient Health Questionnaire (PHQ-9)	88.26%	51.87%	25.97%
n=	707	222	208
Ackn=	801	428	801
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	33.33%	0.00%	0.00%
n=	1	0	0
Ackn=	3	2	3
Outcome Questionnaire - 45.2	83.35%	41.22%	19.87%
n=	646	176	154
Ackn=	775	427	775

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 Pre- and 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 5a. Top Reasons Given for "Unable to Collect"							
Patient Health Questionnaire (PHQ-9)	Total Pre 94	Outcome measure unavailable	Client unavailable	Administration date exceeds acceptable range	Lost contact with client	Clinician not trained in outcome measure	Other Reasons
	percent	42.55%	18.09%	10.64%	8.51%	6.38%	13.83%
	n	40	17	10	8	6	13
	Total Post 206	Client unavailable	Premature termination	Administration date exceeds acceptable range	Outcome measure unavailable	Lost contact with client	Other Reasons
	percent	33.98%	32.52%	9.71%	9.71%	8.74%	5.34%
	n	70	67	20	20	18	11

Table 5b. Top Reasons Given for "Unable to Collect"			
Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 2	Administered wrong forms	
	percent	100.00%	
	n	2	
	Total Post 2	Client unavailable	Premature termination
	percent	50.00%	50.00%
	n	1	1

Outcome Questionnaire - 45.2	Table 5c. Top Reasons Given for "Unable to Collect"						
	Total Pre 129	Clinician not trained in outcome measure	Outcome measure unavailable	Client unavailable	Administration date exceeds acceptable range	Client refused	Other Reasons
	percent	25.58%	21.71%	17.05%	13.18%	10.85%	11.63%
	n	33	28	22	17	14	15
	Total Post 251	Premature termination	Client unavailable	Lost contact with client	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
	percent	34.66%	29.48%	11.55%	9.96%	8.37%	5.98%
	n	87	74	29	25	21	15

Table 6. Service Delivery Data – Clients Who Completed Group CBT						
Total Treatment Cycles	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
216		Min	Max		Min	Max
	18	2	62	14	1	58

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

Table 7a. Outcome Data[±] – Clients who Completed Group CBT					
		Percent Improvement from Pre to Post	**Percent of Clients Showing Reliable Change* from Pre-Group CBT to Post-Group CBT**		
			Positive Change	**No change**	**Negative Change**
Patient Health Questionnaire (PHQ-9)	**TOTAL**	39.12%	42.68%	54.78%	2.55%
		(n=157)	67	86	4
Outcome Questionnaire - 45.2	**TOTAL**	21.80%	45.39%	48.94%	5.67%
		(n=141)	64	69	8

Please see Appendix for a description of the Group CBT outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).
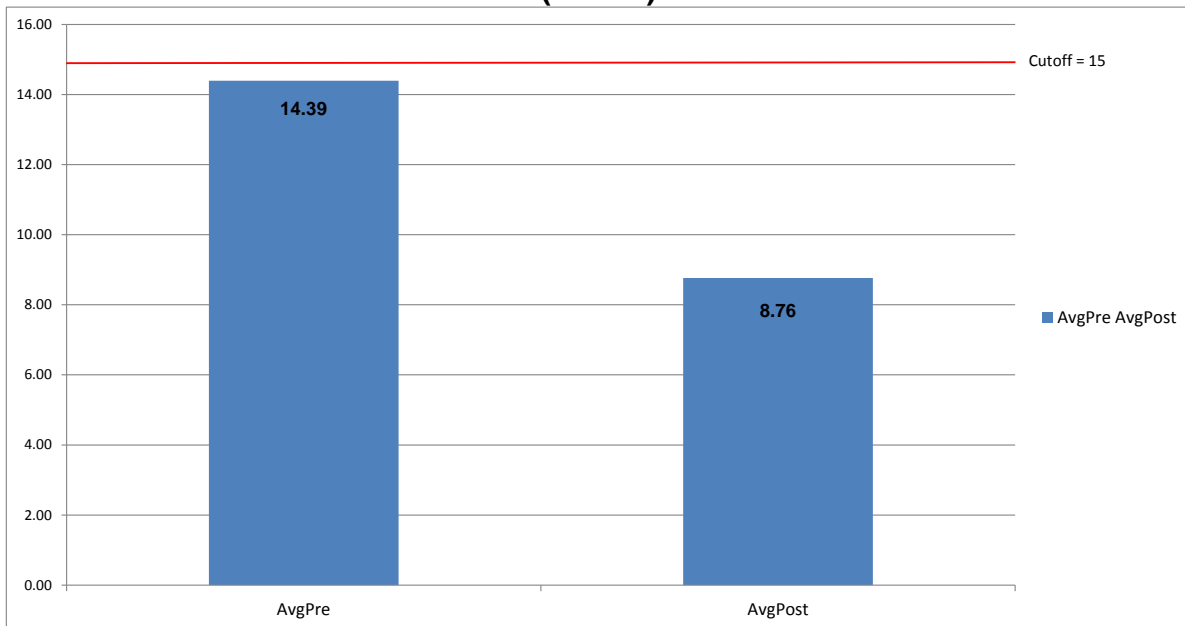Note 1: Possible PHQ-9 scores range from 0-27, with a clinical cutpoint of 15.
Note 2: Possible OQ-45.2 Total Scores ranges from 0-180, with a clinical cutpoint of 63.
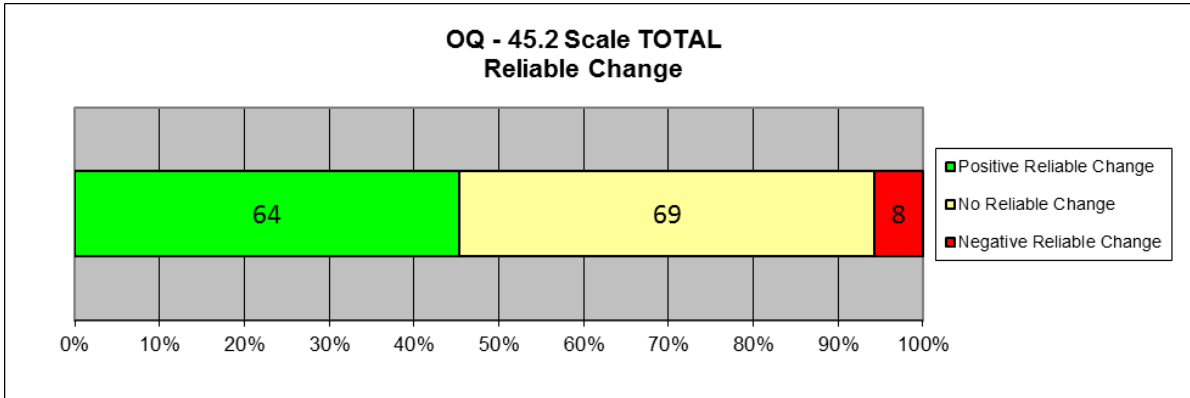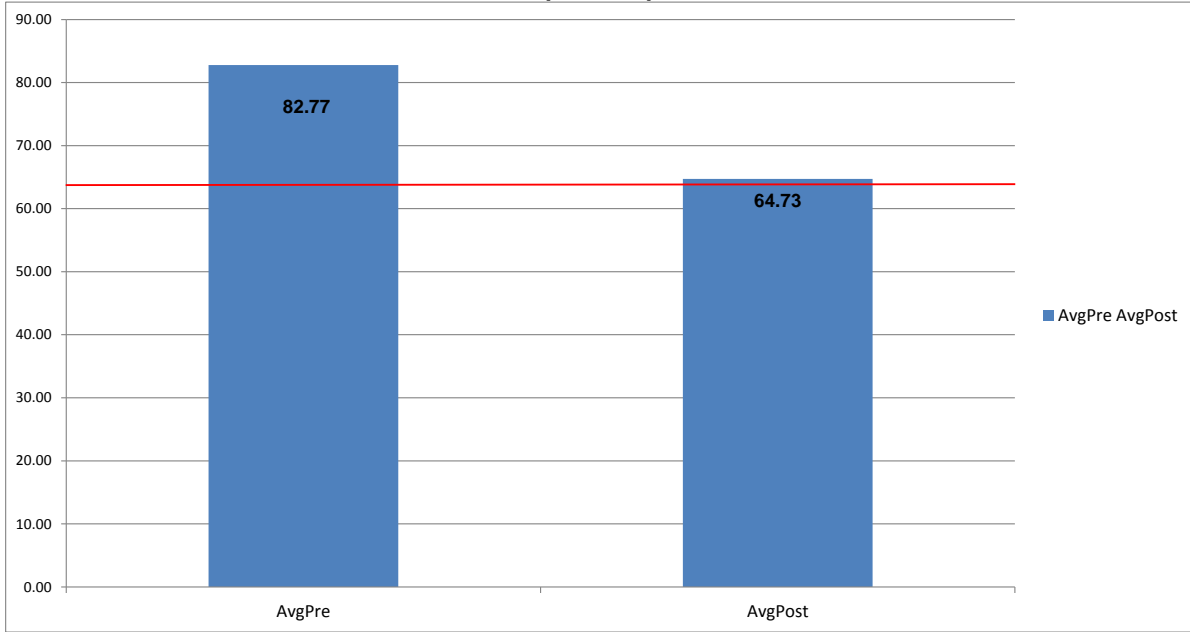Note 3: Aggregate outcome data based on fewer than 20 clients are not reported.
Note 4: Positive Change indicates that the scores decreased from the pre to the post measures.

Patient Health Questionnaire (PHQ-9)
(N=157)

Cutoff = 15

14.39

8.76

■ AvgPre AvgPost

AvgPre

AvgPost

PHQ-9 Scale TOTAL
Reliable Change

67

86

4

■ Positive Reliable Change
□ No Reliable Change
■ Negative Reliable Change

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Outcome Questionnaire – 45.2
(N=141)

OQ - 45.2 Scale TOTAL
Reliable Change

- 8 -
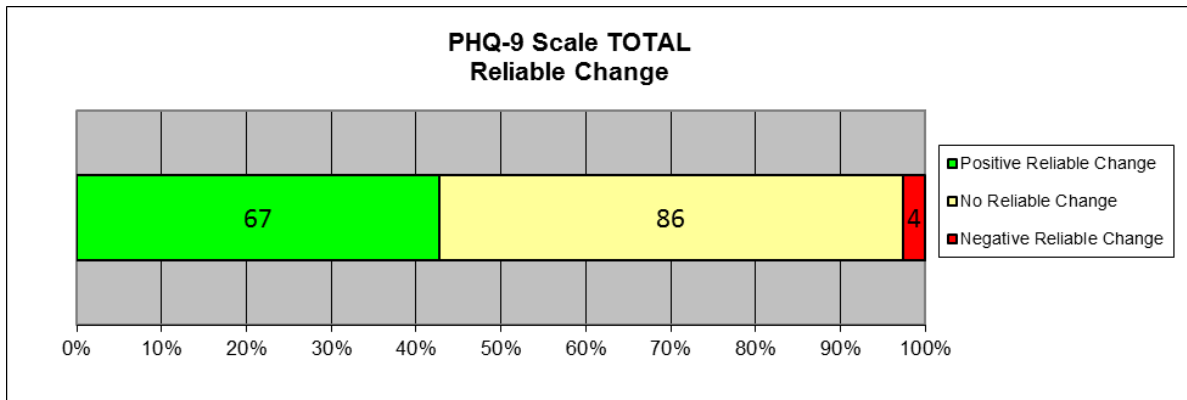
Appendix

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.

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.

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 7. 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.