

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



WELLNESS • RECOVERY • RESILIENCE

**Prevention & Early Intervention: Individual Cognitive Behavioral Therapy  
Countywide Aggregate Practice Outcomes Dashboard Report**

**Outcome Data Submission through October 20, 2014**

**Legal Entities Submitting Outcomes:**

Alma Family Services	Jewish Family Service of LA	The Village Family Services
Amanecer Community Counseling Services	Kedren Community MHC	VIP Community MHC Inc
Barbour and Floyd Medical Associates	Korean Health Education and Research Center	Vista Del Mar Child and Family Services
CA Hispanic Commission	Los Angeles Child Guidance	<b>LA County Dept of Mental Health:</b>
CA Hospital Medical Center	Pacific Asian Coun Services	Arcadia MHS
Child and Family Center	Pacific Clinics	Augustus F. Hawkins Family MHS
Child and Family Guidance Center	Penny Lane Centers	Coastal API Family MHC
Childnet Youth and Family Services	Personal Involvement Center Inc	Downtown MHC
Counseling and Research Associates	Providence Community Services	Edmund D. Edelman Westside MHC
Didi Hirsch	San Fernando Valley Community MHC	Harbor-UCLA Medical Center
Eisner Pediatric Family Center	Shields for Families	Hollywood MHC
Enki Health and Research Systems I	Special Service for Groups	Long Beach API Family MHC
Exceptional Children's Foundation	St. Annes	Long Beach MHS Adult Clinic
Foothill Family Services	Star View Adolescent Center Inc	Northeast MHC
For The Child	Stirling Academy Inc	Rio Hondo Community MHC
Heritage	Tarzana Treatment Centers Inc	San Pedro Mental Health Services
Hillview MHC Inc	Telecare Corporation	Santa Clarita Valley MHC
IMCES Inc	Tessie Cleveland	South Bay MHS
Institute for Redesign of Learning	The Clinic Inc	West Central Family MHS
Intercommunity Child Guidance Center	The Help Group Child and Family Center	

\*To determine if your agency is authorized to provide Individual CBT, please contact PEI Administration.

Table 1. Individual CBT Status Since Inception to October 20, 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	Clients Still-In Tx
3923	38.29%	1531	0.53%	15.28%	25.80%	58.92%
n=	1502	n=	8	234	395	902
ICBT - Anxiety		294		27	72	195
ICBT - Trauma		257		114	76	67
ICBT - Depression		980		93	247	640

Note 1: Clients Claimed was based on Individual CBT being selected as the EBP in a PEI Plan and having  $\geq 1$  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 Individual CBT											
Total Number of Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	1502	35	60.32%	39.68%	17.24%	6.32%	18.51%	52.40%	5.53%	75.37%	20.31%
n=		906	596	259	95	278	787	83	1132	305	65

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 Individual CBT

ICBT - Anxiety	Total Treatment Cycles	Generalized Anxiety Disorder	Anxiety Disorder NOS	Panic Disorder Without Agoraphobia	Mood Disorder NOS	Panic Disorder With Agoraphobia
		21.09%	19.05%	8.84%	6.80%	5.78%
	294	62	56	26	20	17
ICBT - Trauma	Total Treatment Cycles	Post-Traumatic Stress Disorder	Depressive Disorder NOS	Dysthymic Disorder	Disruptive Behavior Disorder NOS	Adjustment Disorder With Anxiety and Depressed Mood
		28.79%	9.34%	6.61%	6.61%	5.84%
	257	74	24	17	17	15
ICBT - Depression	Total Treatment Cycles	Depressive Disorder NOS	Major Depressive Disorder, Recurrent, Moderate	Major Depressive Disorder, Rec., Severe W/O Psychotic Features	Mood Disorder NOS	Major Depressive Disorder, Rec., Severe With Psychotic Features
		15.71%	15.51%	13.37%	10.20%	4.49%
	980	154	152	131	100	44

Table 4. Program Process Data - Clients Who Entered Individual CBT			
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
UCLA PTSD-RI - Child/Adolescent	76.78%	53.89%	37.91%
n=	162	90	80
Ackn=	211	167	211
UCLA PTSD-RI - Short-Form Adult	70.83%	30.00%	12.50%
n=	17	3	3
Ackn=	24	10	24
Patient Health Questionnaire (PHQ-9)	94.47%	36.33%	10.74%
n=	888	109	101
Ackn=	940	300	940
Generalized Anxiety Disorder-7 (GAD-7)	91.73%	33.82%	7.91%
n=	255	23	22
Ackn=	278	68	278
Youth Outcome Questionnaire – Self Report – 2.0	79.26%	49.44%	28.15%
n=	107	44	38
Ackn=	135	89	135
Outcome Questionnaire - 45.2	93.46%	32.19%	9.38%
n=	1086	122	109
Ackn=	1162	379	1162

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.

Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 28	Administration date exceeds acceptable range	Administered wrong forms	Lost contact with client	Outcome measure unavailable	Client unavailable	Other Reasons
	Percent	42.86%	17.86%	14.29%	10.71%	3.57%	10.71%
	n	12	5	4	3	1	3
	Total Post 45	Lost contact with client	Client unavailable	Premature termination	Administered wrong forms	Administration date exceeds acceptable range	
Percent	42.22%	37.78%	15.56%	2.22%	2.22%		
n	19	17	7	1	1		

UCLA PTSD-RI - Adult	Total Pre 7	Administered wrong forms	Not available in primary language	Client unavailable	Client refused	Outcome measure unavailable	Other Reasons
	Percent	28.57%	14.29%	14.29%	14.29%	14.29%	14.29%
	n	2	1	1	1	1	1
	Total Post 7	Client unavailable	Premature termination	Lost contact with client	Outcome measure unavailable		
Percent	42.86%	28.57%	14.29%	14.29%			
n	3	2	1	1			

Table 5c. Top Reasons Given for "Unable to Collect"							
Patient Health Questionnaire (PHQ-9)	Total Pre 52	Invalid outcome measure	Client unavailable	Administration date exceeds acceptable range	Client refused	Clinician not trained in outcome measure	Other Reasons
	Percent	28.85%	17.31%	15.38%	13.46%	11.54%	13.46%
	n	15	9	8	7	6	7
	Total Post 191	Client unavailable	Premature termination	Lost contact with client	Client refused	Administration date exceeds acceptable range	Other Reasons
	Percent	51.31%	25.13%	18.85%	2.62%	1.05%	1.05%
	n	98	48	36	5	2	2

Table 5d. Top Reasons Given for "Unable to Collect"							
Generalized Anxiety Disorder-7 (GAD-7)	Total Pre 23	Outcome measure unavailable	Administration date exceeds acceptable range	Administered wrong forms	Client unavailable	Invalid outcome measure	Other Reasons
	Percent	21.74%	21.74%	17.39%	17.39%	4.35%	17.39%
	n	5	5	4	4	1	4
	Total Post 45	Client unavailable	Premature termination	Lost contact with client	Outcome measure unavailable	Invalid outcome measure	Other Reasons
	Percent	40.00%	31.11%	15.56%	6.67%	4.44%	2.22%
	n	18	14	7	3	2	1

Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 28	Administration date exceeds acceptable range	Administered wrong forms	Lost contact with client	Outcome measure unavailable	Client unavailable	Other Reasons
	Percent	42.86%	17.86%	14.29%	10.71%	3.57%	10.71%
	n	12	5	4	3	1	3
	Total Post 45	Lost contact with client	Client unavailable	Premature termination	Administered wrong forms	Administration date exceeds acceptable range	
Percent	42.22%	37.78%	15.56%	2.22%	2.22%		
n	19	17	7	1	1		

Outcome Questionnaire – 45.2	Total Pre 76	Administration date exceeds acceptable range	Client refused	Client unavailable	Outcome measure unavailable	Invalid outcome measure	Other Reasons
	Percent	21.05%	18.42%	14.47%	11.84%	10.53%	23.68%
	n	16	14	11	9	8	18
	Total Post 257	Client unavailable	Premature termination	Lost contact with client	Outcome measure unavailable	Client refused	Other Reasons
	Percent	47.86%	26.46%	17.12%	2.72%	2.33%	3.50%
	n	123	68	44	7	6	9

Table 6. Service Delivery Data – Clients Who Completed Individual CBT							
Focus of Treatment	Total Tx Cycles	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	234	26	Min 0	Max 94	15	Min 1	Max 61
ICBT - Anxiety	27	29	0	56	14	1	28
ICBT - Trauma	114	26	6	94	19	2	61
ICBT - Depression	93	26	0	85	11	2	35

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



<b>Table 7. Outcome Data* – Clients who Completed Individual CBT</b>					
		<b>Percent Improvement from Pre to Post</b>	<b>Percent of Clients Showing Reliable Change* from Pre-ICBT to Post-ICBT</b>		
			<b>Positive Change</b>	<b>No change</b>	<b>Negative Change</b>
<b>UCLA PTSD-RI - Child/Adolescent</b>	<b>TOTAL</b>	28.80% (n=70)	32.86%	55.71%	11.43%
			23	39	8
<b>UCLA PTSD-RI - Adult</b>	<b>TOTAL</b>	Not Enough Data	0.00%	0.00%	0.00%
			NA	NA	NA
<b>Patient Health Questionnaire (PHQ-9)</b>	<b>TOTAL</b>	41.76% (n=75)	54.67%	40.00%	5.33%
			41	30	4
<b>Generalized Anxiety Disorder-7 (GAD-7)</b>	<b>TOTAL</b>	Not Enough Data	0.00%	0.00%	0.00%
			NA	NA	NA
<b>Youth Outcome Questionnaire - Self Report - 2.0 (YOQ-SR)</b>	<b>TOTAL</b>	46.01% (n=33)	39.39%	51.52%	9.09%
			13	17	3
<b>Outcome Questionnaire – 45.2</b>	<b>TOTAL</b>	25.18% (n=82)	50.00%	45.12%	4.88%
			41	37	4

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

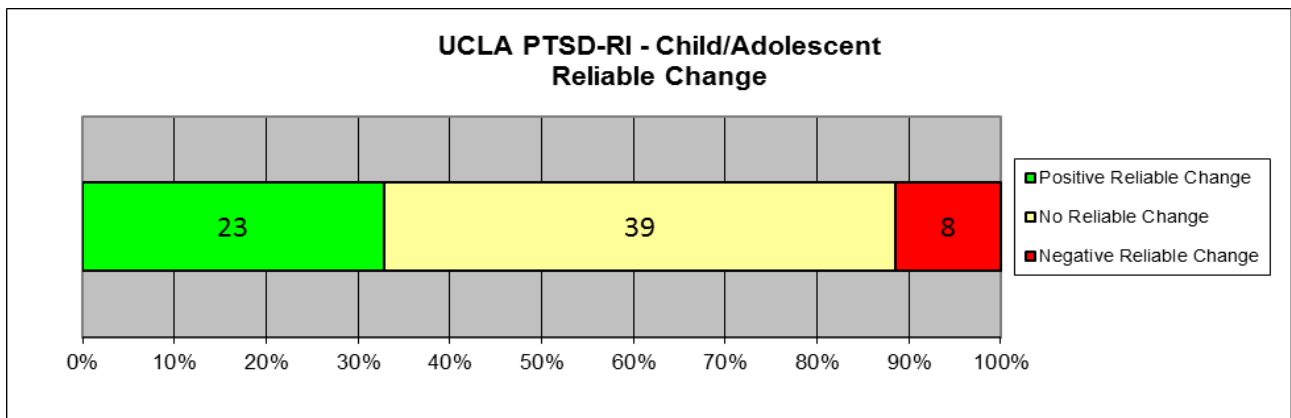
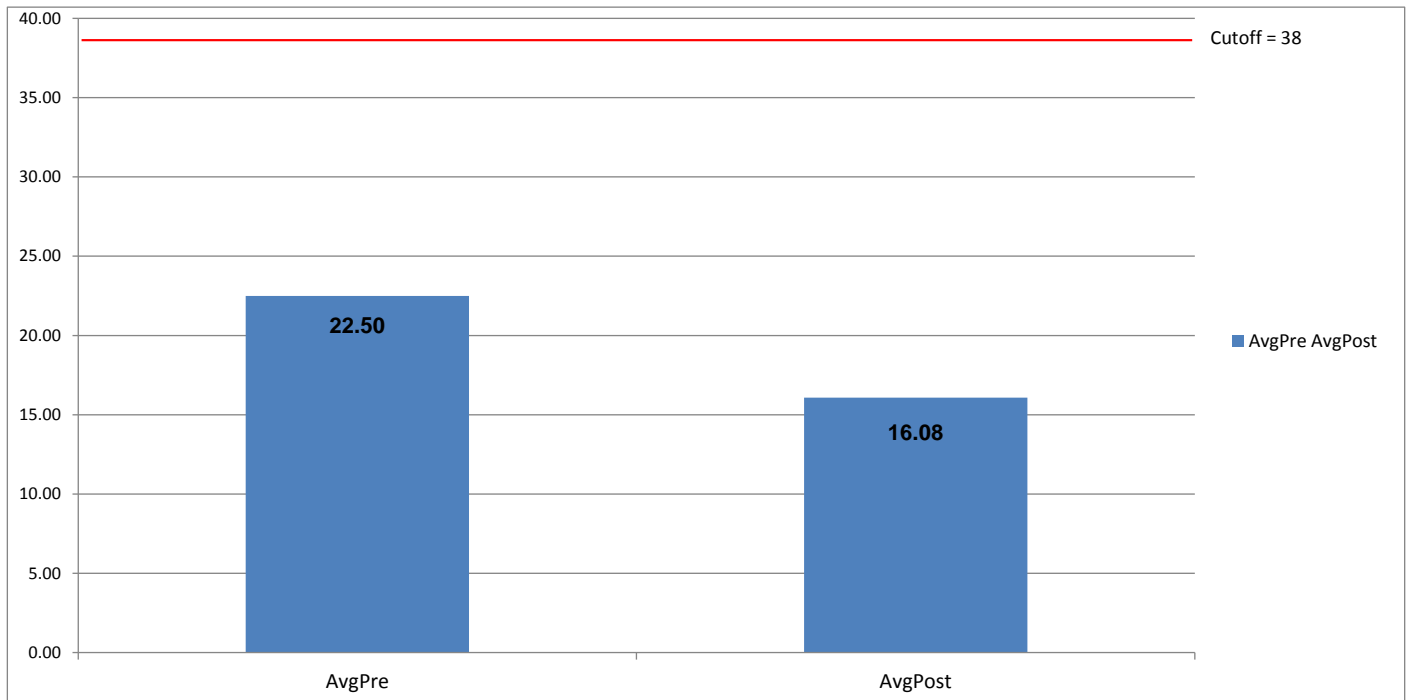
Note 1: Possible PHQ-9 scores range from 0-27, with a clinical cutpoint of 15.

Note 2: Possible OQ-45.2 Total Scores ranges from 0-180, with a clinical cutpoint of 64.

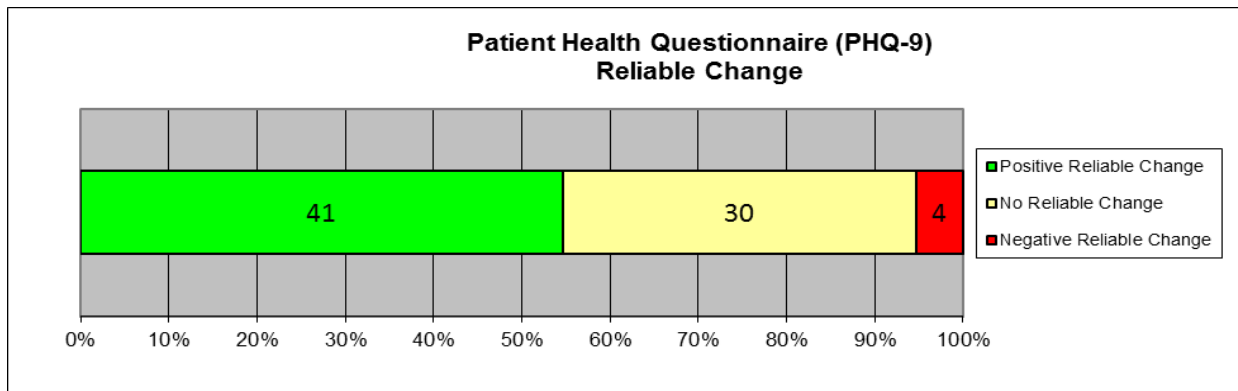
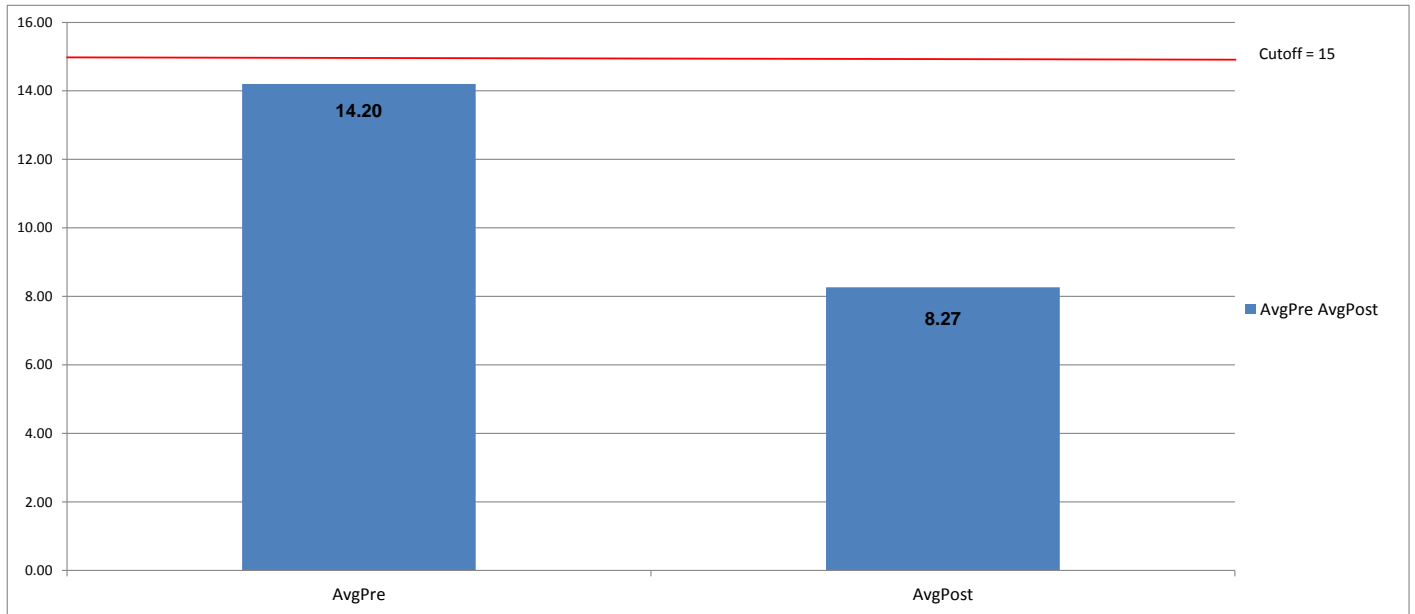
Note 3: Aggregate outcome data based on fewer than 20 clients are not reported.

Note 4: Positive Change indicates that the scores decreased from the pre to the post measures.

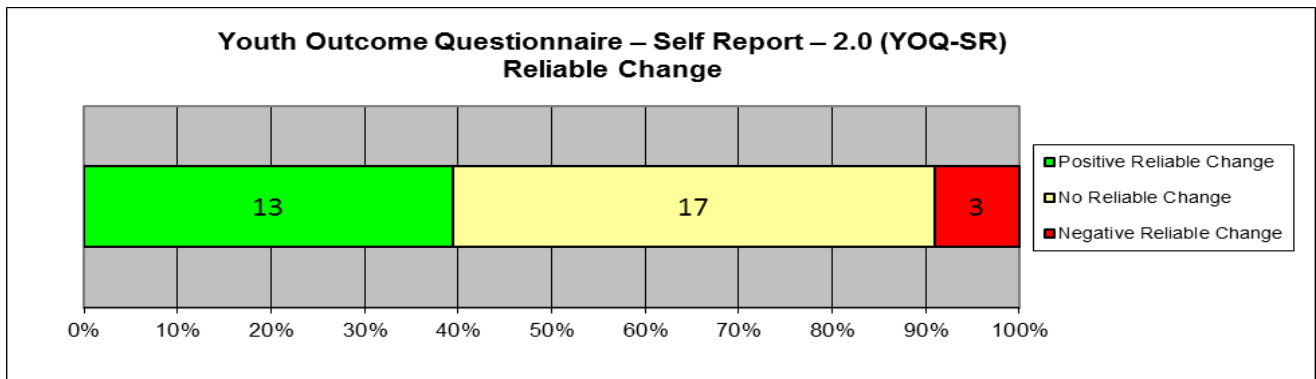
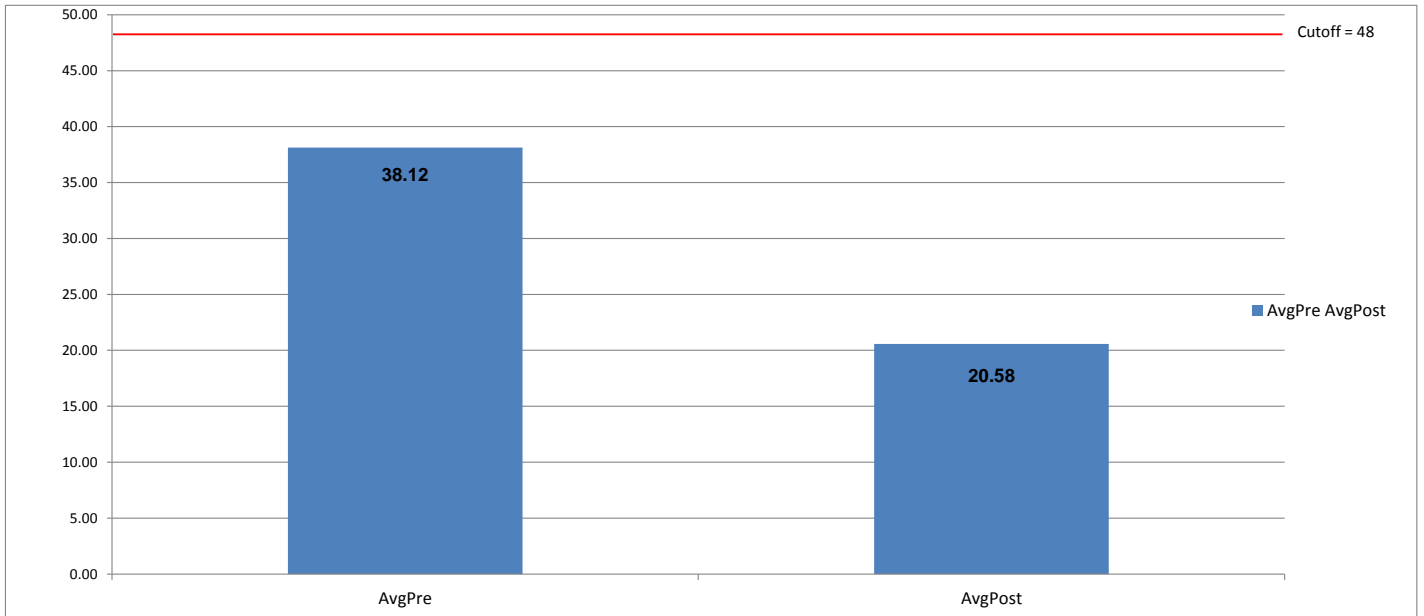
### UCLA PTSD-RI - Child/Adolescent (N=70)



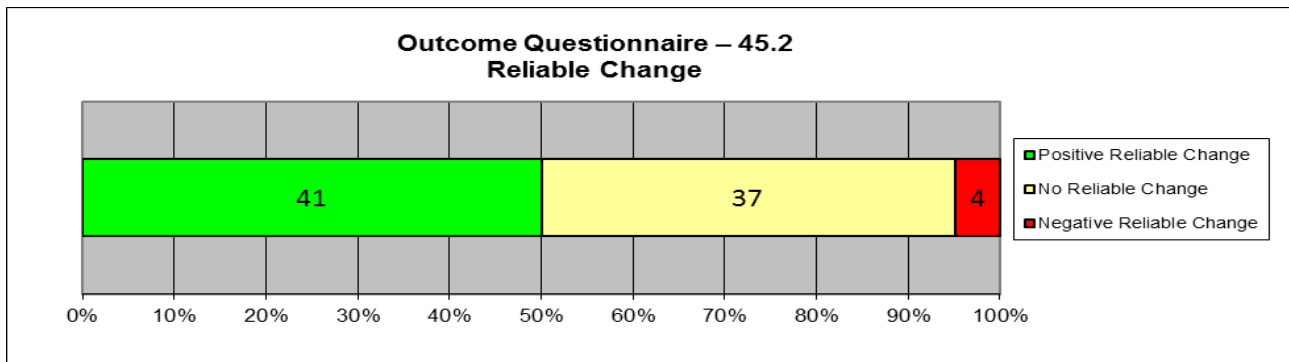
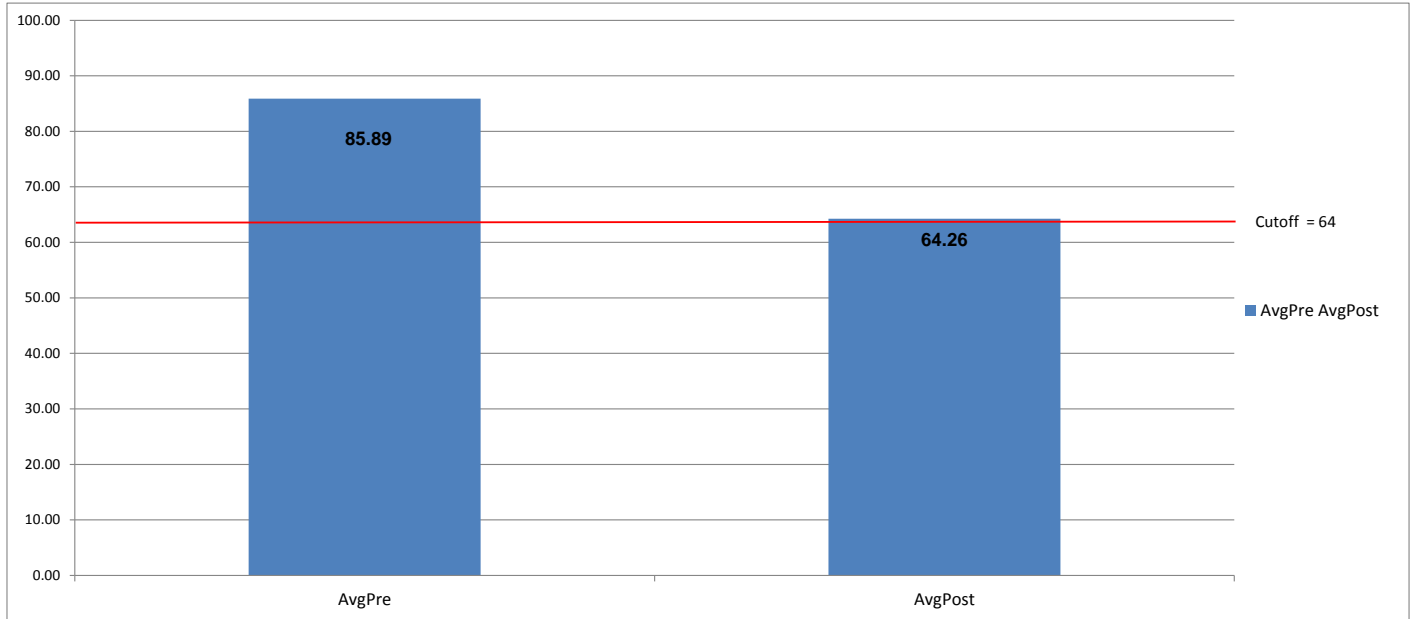
### Patient Health Questionnaire (PHQ-9) (N=75)



## Youth Outcome Questionnaire – Self Report – 2.0 (N=33)



### Outcome Questionnaire – 45.2 (N=82)



## 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.

### Post-Traumatic Stress Disorder Reaction Index (PTSD-RI)

The UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) is a brief (21 or 22-item measure depending on the version) that measures the frequency of occurrence of post-traumatic stress disorder symptoms during the month prior to the assessment. The Child/Adolescent Version is appropriate for clients age 6-20. The Adult Short-form is appropriate for clients age 21+.

Possible Total PTSD Severity Scores range from 0-68; and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

### 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 decreased 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.