

**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 March 24, 2016

Participating Legal Entities Include:

ALMA FAMILY SERVICES	HILLVIEW MENTAL HEALTH CENTER INC	THE VILLAGE FAMILY SERVICES
AMANECER COMMUNITY COUNSELING	IMCES INC	LA County Dept of Mental Health:
BARBOUR AND FLOYD MEDCL ASSOCIATES	JEWISH FAMILY SERVICE OF LOSANGELES	AMERICAN INDIAN COUNSELING
BIENVENIDOS CHILDRENS CENTER INC	LOS ANGELES CHILD GUIDANCE	ARCADIA MHS
CENTER FOR INTEGRATED FAMILY HEALTH	MCKINLEY CHILDRENS CENTER	AUGUSTUS F HAWKINS FAMILY
CHILD AND FAMILY GUIDANCE CENTER	OLIVE CREST	COASTAL API FAMILY MHC
CHILDNET YTH AND FAM SVS INC	OPTIMIST YOUTH HOMES DBA BOYS HOME	DOWNTOWN MENTAL HEALTH
CHILDRENS INSTITUTE INC	PACIFIC CLINICS	EDMUND D. EDELMAN WESTSIDE
DIDI HIRSCH PSYCHIATRIC SERVICE	PASADENA UNIFIED SCHOOL DISTRICT	HARBOR-UCLA MEDICAL
DIGNITY HEALTH DBA CAL HOSP MED CTR	PENNY LANE CENTERS	HOLLYWOOD MENTAL HEALTH
EGGLESTON YOUTH CENTERS INC	PERSONAL INVOLVEMENT CENTER INC	LONG BEACH API FAMILY MHC
EISNER PEDIATRIC FAMILY CTR	SAINT JOHNS HEALTH CENTER	LONG BEACH MHS ADULT CLIN
EL CENTRO DE AMISTAD INC	SAN FERNANDO VALLEY COMMUNITY MHC	NORTHEAST MENTAL HEALTH
ENKI HEALTH AND RESEARCH SYSTEMS I	SHIELDS FOR FAMILIES	PALMDALE MENTAL HEALTH CENTER
EXCEPTIONAL CHILDRENS FOUNDATION	SPECIAL SERVICE FOR GROUPS	RIO HONDO COMMUNITY MHC
FOOTHILL FAMILY SERVICE	SUNBRIDGE HARBOR VIEW REHAB CTR	SAN FERNANDO MENTAL HEALTH
FOR THE CHILD INC	TARZANA TREATMENT CENTERS INC	SAN PEDRO MENTAL HEALTH
HELPLINE YOUTH COUNSELING INC	TELECARE CORPORATION	SANTA CLARITA VALLEY MHC
HERITAGE CLINIC AND THE COMM FOR SE	THE GUIDANCE CENTER	SOUTH BAY MHS
HILLSIDES	THE HELP GROUP CHILD AND FAMILY CTR	WEST CENTRAL FAMILY MHS

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

BRIDGES INC	DAVID AND MARGARET HOME INC	PHOENIX HOUSE OF LOS ANGELES INC
CA HISPANIC COMMISSION A D ABUSE	INTERCOMMUNITY CHILD GUIDANCE CTR	ST ANNES
CALIF INSTITUTE HEALTH SOCIAL SERV	KEDREN COMMUNITY MENTAL HEALTH	STIRLING ACADEMY INC
CHILD AND FAMILY CENTER	KOREAN HEALTH ED INFO AND RSCH CTR	TESSIE CLEVELAND COMM SRVC CORP
CHILDRENS CENTER OF ANTELOPE VALLEY	LOS ANGELES UNIFIED SCHOOL DISTRICT	THE CLINIC INC
COUNSELING N RESRCH ASC DBA MASADA	MARYVALE	VIP COMMUNITY MENTAL HEALTH CTR
D VEAL FAMILY AND YOUTH SVC	PACIFIC ASIAN COUN SVS	VISTA DEL MAR CHILD AND FAMILY SVC

Table 1. Individual CBT Status Since Inception to March 24, 2016						
# 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
5163	54.02%	2925	0.97%	18.26%	29.33%	52.41%
n=	2789	n=	27	534	858	1533
Ind CBT - Anxiety		637		106	183	348
Ind CBT - Trauma		292		64	67	161
Ind CBT - Depression		1996		364	608	1024

Note 1: Clients Claimed was based on Individual CBT 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. Client Demographics - Clients Who Entered Individual CBT												
Total Number of Clients	Age	Gender			Ethnicity					Primary Language		
	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	2789	37	66.73%	33.09%	0.18%	16.57%	3.51%	16.89%	56.97%	6.06%	68.81%	26.96%
n=		1861	923	5	462	98	471	1589	169	1919	752	118

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

Ind CBT - Anxiety	Total Treatment Cycles	Generalized Anxiety Disorder	Anxiety Disorder NOS	Panic Disorder Without Agoraphobia	Panic Disorder With Agoraphobia	Mood Disorder NOS
		19.47%	16.33%	7.06%	5.34%	3.77%
	637	124	104	45	34	24
Ind CBT - Trauma	Total Treatment Cycles	Post-Traumatic Stress Disorder	Dysthymic Disorder	Generalized Anxiety Disorder	Anxiety Disorder NOS	Mood Disorder NOS
		38.01%	6.85%	4.11%	3.77%	3.08%
	292	111	20	12	11	9
Ind CBT - Depression	Total Treatment Cycles	Major Depressive Disorder, Recurrent, Moderate	Depressive Disorder NOS	Major Depressive Disorder, Rec., Severe W/O Psychotic Features	Mood Disorder NOS	Major Depressive Disorder, Single Episode, Moderate
		12.88%	11.97%	8.62%	6.76%	5.06%
	1996	257	239	172	135	101

Note: The above table reflects diagnoses entered PEI OMA from July 1, 2011 through October 27, 2015.

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
SPECIFIC MEASURES			
UCLA PTSD-RI - Parent	62.50%	42.86%	12.50%
n=	15	3	3
Ackn=	24	7	24
UCLA PTSD-RI - Child/Adolescent	88.61%	72.00%	15.19%
n=	70	18	12
Ackn=	79	25	79
UCLA PTSD-RI - Short-Form Adult	50.31%	25.81%	7.36%
n=	82	24	12
Ackn=	163	93	163
Patient Health Questionnaire (PHQ-9)	86.38%	44.90%	13.82%
n=	1656	392	265
Ackn=	1917	873	1917
Generalized Anxiety Disorder-7 (GAD-7)	85.79%	43.06%	11.51%
n=	477	93	64
Ackn=	556	216	556
GENERAL MEASURES			
Youth Outcome Questionnaire - 2.01 (Parent)	54.97%	28.33%	6.62%
n=	83	17	10
Ackn=	151	60	151
Youth Outcome Questionnaire – Self Report – 2.0	76.53%	41.82%	9.75%
n=	212	46	27
Ackn=	277	110	277
Outcome Questionnaire - 45.2	87.52%	43.63%	13.79%
n=	2152	486	339
Ackn=	2459	1114	2459

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"

UCLA PTSD-RI - (Parent)	Total Pre 9	Therapist did not administer tool	Parent/care provider refused	Parent/care provider unavailable	Administration date exceeds acceptable range	Invalid outcome measure	
	Percent	33.33%	22.22%	22.22%	11.11%	11.11%	
	n	3	2	2	1	1	
	Total Post 4	Parent/care provider unavailable	Outcome measure unavailable				
	Percent	75.00%	25.00%				
	n	3	1				

Table 5b. Top Reasons Given for "Unable to Collect"

UCLA PTSD-RI - Child/Adolescent	Total Pre 9	Client refused	Outcome measure unavailable	Administration date exceeds acceptable range	Client unavailable	Invalid outcome measure	
	Percent	33.33%	22.22%	22.22%	11.11%	11.11%	
	n	3	2	2	1	1	
	Total Post 7	Client unavailable	Lost contact with client	Premature termination			
	Percent	57.14%	28.57%	14.29%			
	n	4	2	1			

Table 5c. Top Reasons Given for "Unable to Collect"

UCLA PTSD-RI - Adult	Total Pre 81	Not available in primary language	Therapist did not administer tool	Administration date exceeds acceptable range	Outcome measure unavailable	Client unavailable	Other Reasons
	Percent	50.62%	13.58%	12.35%	11.11%	3.70%	8.64%
	n	41	11	10	9	3	7
	Total Post 69	Not available in primary language	Premature termination	Client unavailable	Outcome measure unavailable	Lost contact with client	Other Reasons
	Percent	39.13%	18.84%	17.39%	7.25%	5.80%	11.59%
	n	27	13	12	5	4	8

Table 5d. Top Reasons Given for "Unable to Collect"

Patient Health Questionnaire (PHQ-9)	Total Pre 262	Administration date exceeds acceptable range	Therapist did not administer tool	Client unavailable	Outcome measure unavailable	Client refused	Other Reasons
	Percent	33.21%	16.03%	12.21%	11.83%	8.02%	18.70%
	n	87	42	32	31	21	49
	Total Post 481	Client unavailable	Premature termination	Lost contact with client	Client refused	Administration date exceeds acceptable range	Other Reasons
	Percent	42.00%	25.57%	18.92%	4.57%	3.74%	5.20%
	n	202	123	91	22	18	25

Table 5e. Top Reasons Given for "Unable to Collect"

Generalized Anxiety Disorder-7 (GAD-7)	Total Pre 80	Administration date exceeds acceptable range	Client unavailable	Outcome measure unavailable	Therapist did not administer tool	Client refused	Other Reasons
	Percent	35.00%	13.75%	12.50%	10.00%	8.75%	20.00%
	n	28	11	10	8	7	16
	Total Post 123	Premature termination	Client unavailable	Lost contact with client	Outcome measure unavailable	Client refused	Other Reasons
	Percent	37.40%	29.27%	18.70%	3.25%	3.25%	8.13%
	n	46	36	23	4	4	10

Table 5f. Top Reasons Given for "Unable to Collect"

Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre 476	Parent/care provider unavailable	Administration date exceeds acceptable range	Therapist did not administer tool	Outcome measure unavailable	Parent/care provider refused	Other Reasons
	Percent	52.94%	16.18%	13.24%	7.35%	2.94%	7.35%
	n	252	77	63	35	14	35
	Total Post 301	Parent/care provider unavailable	Premature termination	Therapist did not administer tool	Lost contact with parent/care provider	Parent/care provider refused	
	Percent	69.77%	11.63%	6.98%	6.98%	4.65%	
	n	210	35	21	21	14	

Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 455	Administered wrong forms	Administration date exceeds acceptable range	Therapist did not administer tool	Client unavailable	Invalid outcome measure	Other Reasons
	Percent	24.62%	23.08%	16.92%	15.38%	7.69%	12.31%
	n	112	105	77	70	35	56
	Total Post 448	Lost contact with client	Client unavailable	Premature termination	Therapist did not administer tool	Clinician not trained in outcome measure	Other Reasons
	Percent	39.06%	26.56%	21.88%	6.25%	1.56%	28
	n	175	119	98	28	7	21

Outcome Questionnaire – 45.2	Total Pre 1232	Administration date exceeds acceptable range	Therapist did not administer tool	Client refused	Outcome measure unavailable	Client unavailable	Other Reasons
	Percent	30.84%	14.61%	13.96%	12.66%	10.39%	17.53%
	n	380	180	172	156	128	216
	Total Post 2512	Client unavailable	Premature termination	Lost contact with client	Client refused	Administration date exceeds acceptable range	Other Reasons
	Percent	38.54%	28.98%	16.40%	5.10%	3.18%	7.80%
	n	968	728	412	128	80	196

Focus of Treatment	Total Tx Cycles	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
			Min	Max		Min	Max
	534	30	0	97	18	1	73
Ind CBT - Anxiety	106	32	4	87	18	1	56
Ind CBT - Trauma	64	26	4	63	21	4	51
Ind CBT - Depression	364	31	0	97	18	2	73

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

Table 7. Outcome Data[±] – Clients who Completed Individual CBT					
		Percent Improvement from Pre to Post	Percent of Clients Showing Reliable Change* from Pre to Post		
			Positive Change	No Change	Negative Change
SPECIFIC MEASURES					
UCLA PTSD-RI - (Parent)	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			N/A	N/A	N/A
UCLA PTSD-RI - Child/Adolescent	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			N/A	N/A	N/A
UCLA PTSD-RI - Adult	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			N/A	N/A	N/A
Patient Health Questionnaire (PHQ-9)	TOTAL	50.03% (n=265)	56.23%	40.75%	3.02%
			149	108	8
Generalized Anxiety Disorder-7 (GAD-7)	TOTAL	54.25% (n=64)	56.25%	42.19%	1.56%
			36	27	1
GENERAL MEASURES					
Youth Outcome Questionnaire - 2.01 (Parent)	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			N/A	N/A	N/A
Youth Outcome Questionnaire - Self Report - 2.0 (YOQ-SR)	TOTAL	41.07% (N=27)	55.56%	37.04%	7.41%
			15	10	2
Outcome Questionnaire – 45.2	TOTAL	33.59% (n=339)	56.64%	40.71%	2.65%
			192	138	9

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.

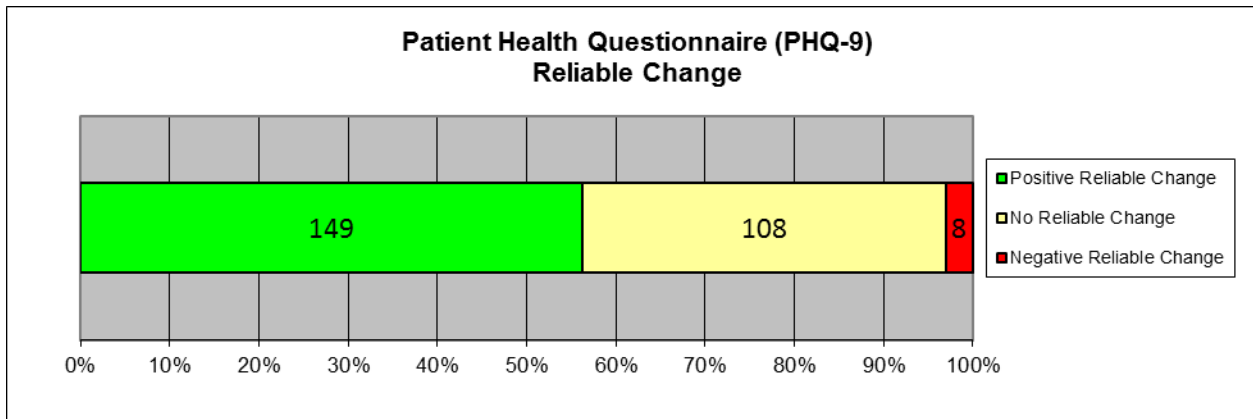
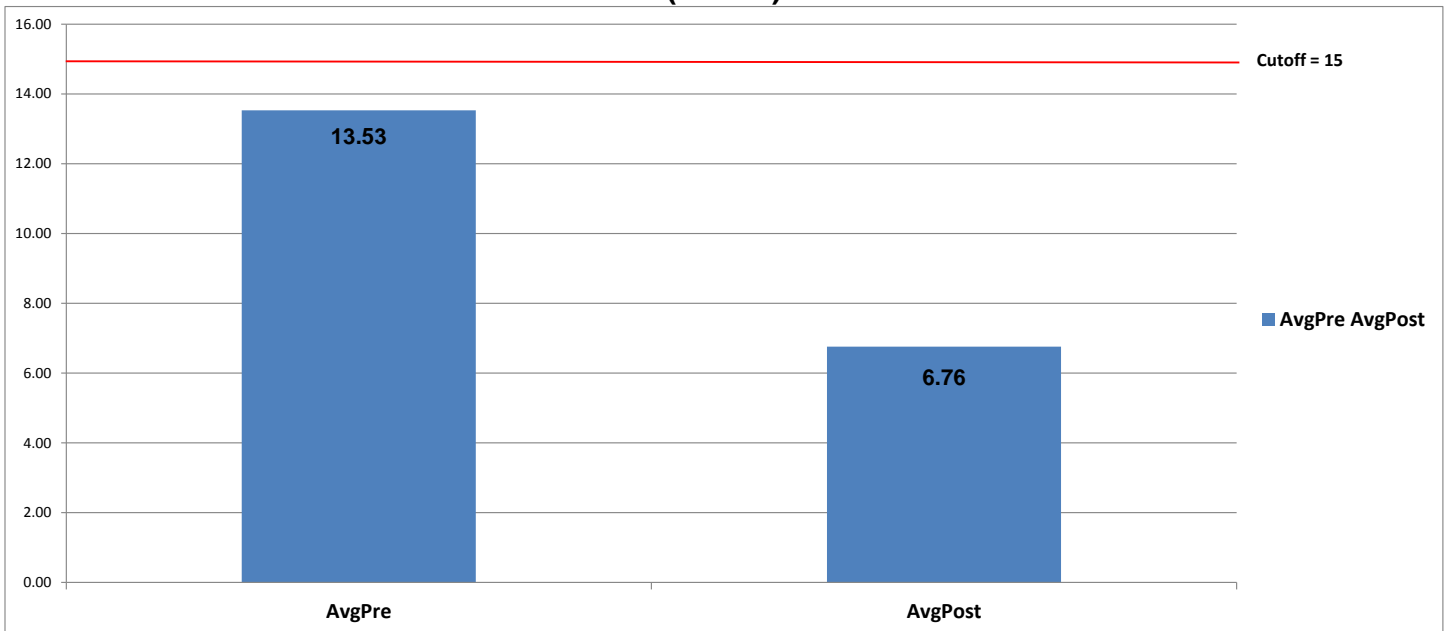
Note 2: Possible GAD-7 scores range from 0-21, with a clinical cutpoint of 10.

Note 3: Possible OQ-45.2 Total Scores ranges from 0-180, with a clinical cutpoint of 64.

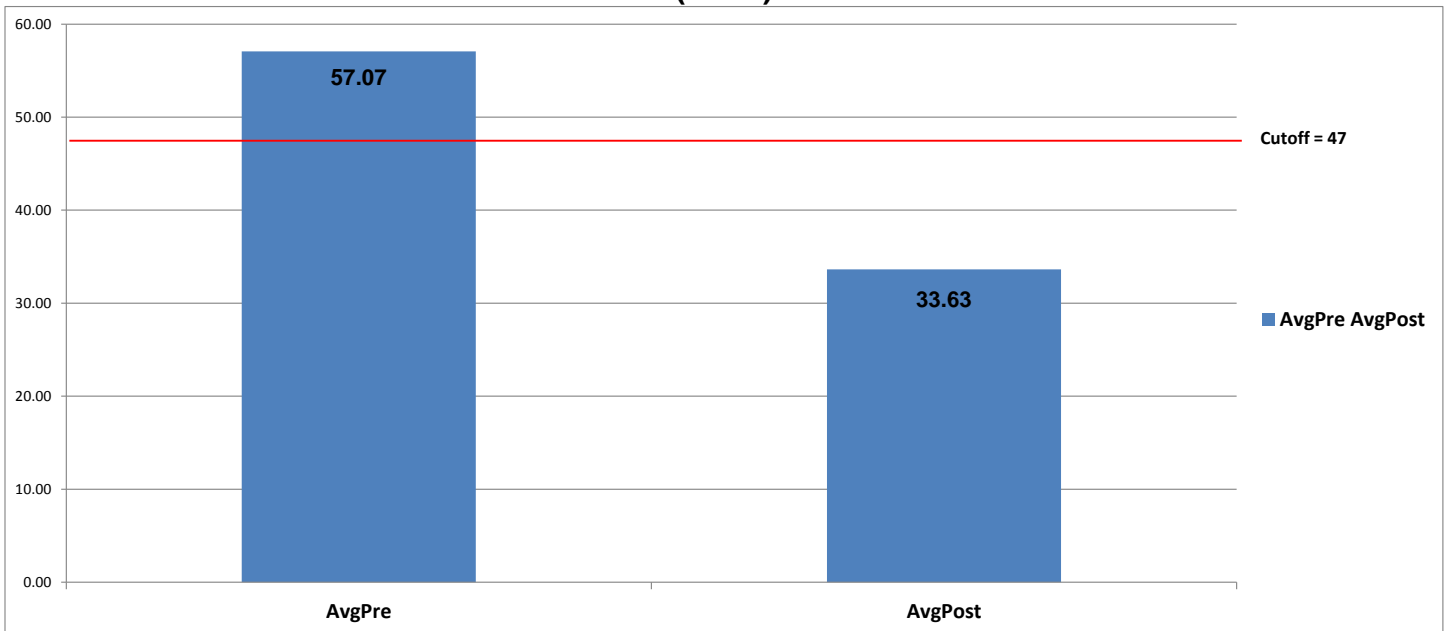
Note 4: Aggregate outcome data based on fewer than 20 clients are not reported.

Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

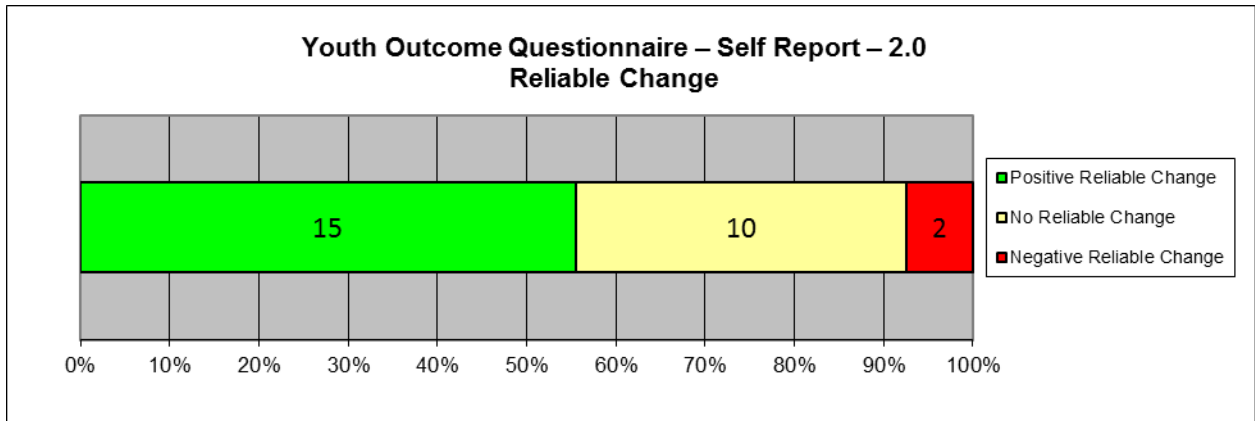
Patient Health Questionnaire (PHQ-9) (N=265)



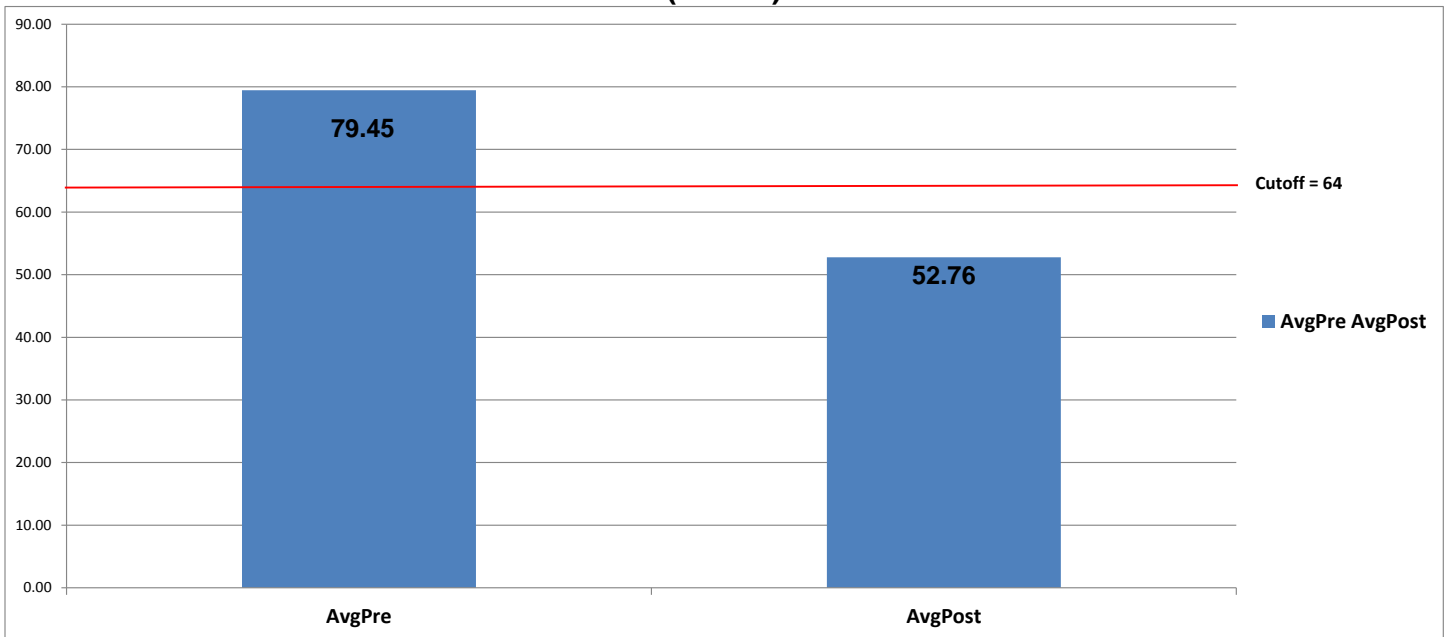
Youth Outcome Questionnaire – Self Report – 2.0 (N=27)



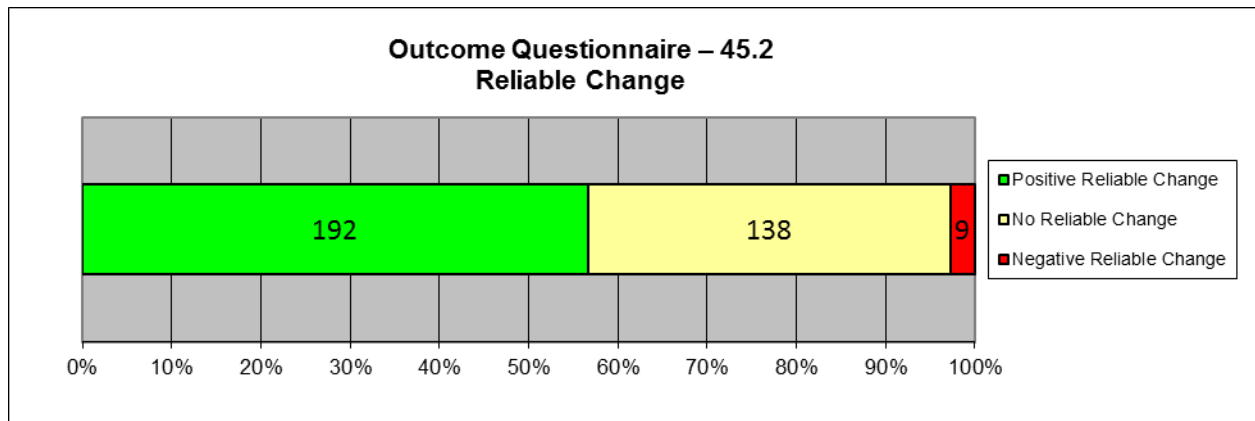
Youth Outcome Questionnaire – Self Report – 2.0 Reliable Change



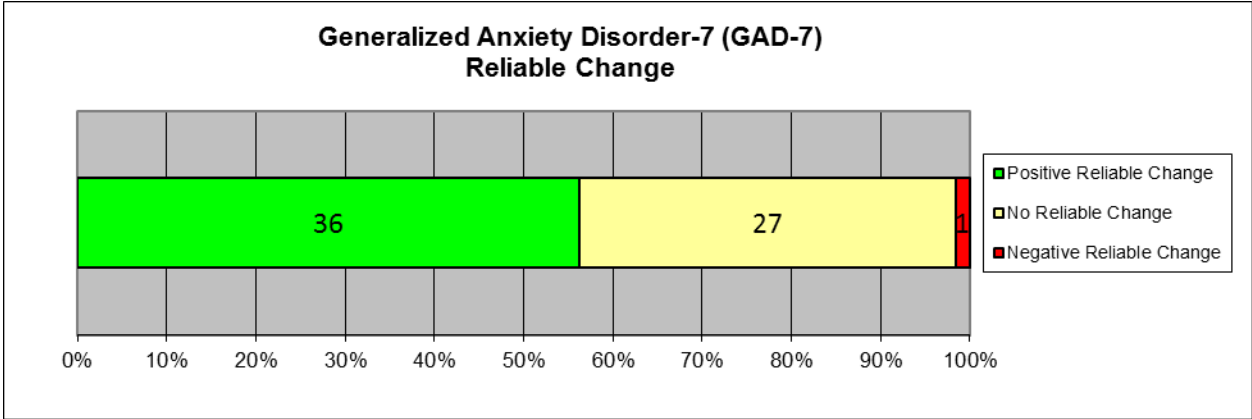
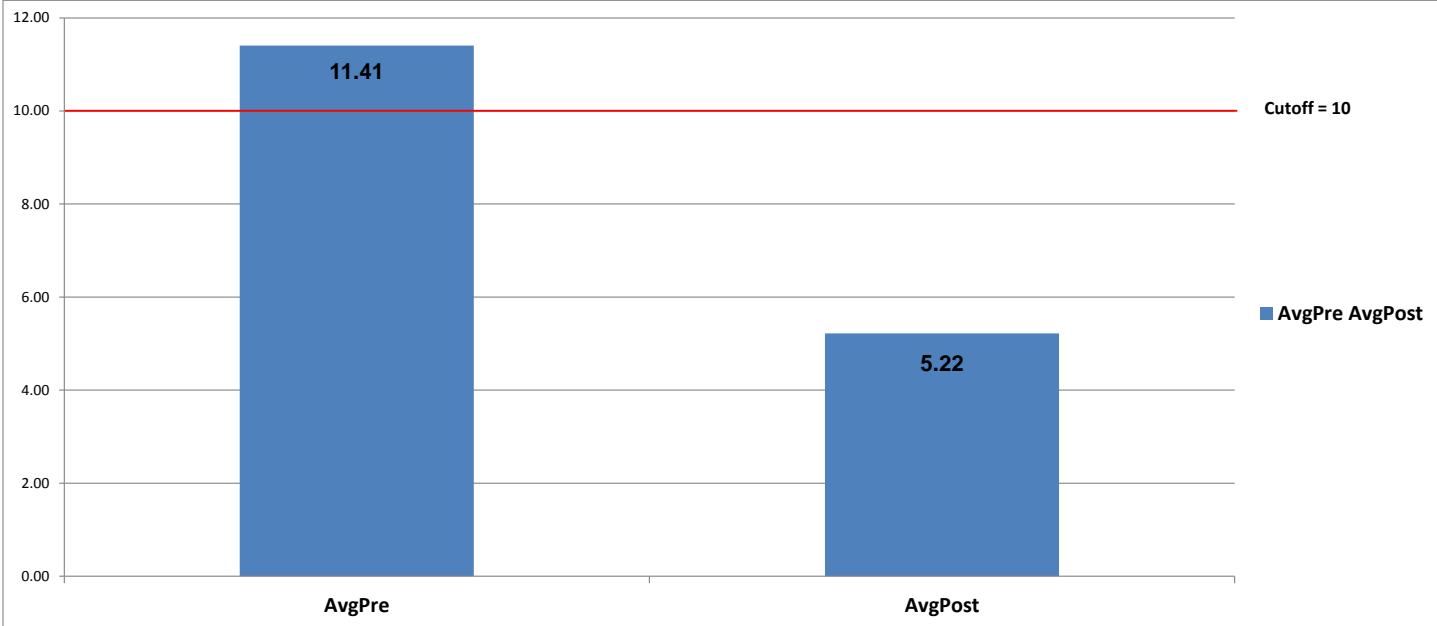
Outcome Questionnaire – 45.2 (N=339)



Outcome Questionnaire – 45.2 Reliable Change



Generalized Anxiety Disorder-7 (GAD-7) (N=64)



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.

GAD-7

The Generalized Anxiety Disorder-7 (GAD-7) is a specific outcome measure for clients participating in treatment focused on anxiety. This 7-item self-report measure is for adult clients aged 18 and older. It assesses the frequency/severity of anxiety symptoms experienced during the prior two weeks. Possible total scores range from 0-21 with scores of 10 or higher indicating moderate to severe levels of anxiety.

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 unhealthy reliable change is presented as negative change.