
REMINDER

YOU CAN PARTICIPATE EITHER BY LISTENING
THROUGH THE AUDIO SYSTEM IN YOUR COMPUTER

OR

CALLING IN TO THE CONFERENCE LINE BELOW AND
ENTERING THE ACCESS CODE WHEN DIRECTED

- CONFERENCE CALL #: (888) 278-0296
 - PARTICIPANT ACCESS CODE: 7079926
-

General Learning Network: Module One

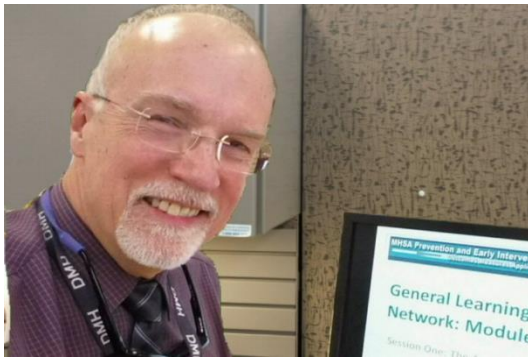
Session One: The Aggregate Report

George W. Eckart, Ph.D.

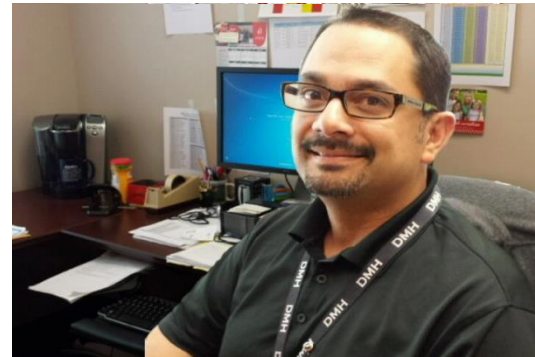
Alex Silva, Psy.D.

Module One: Introduction to Reports

Welcome to the General Learning Network!



George W. Eckart, Ph.D.



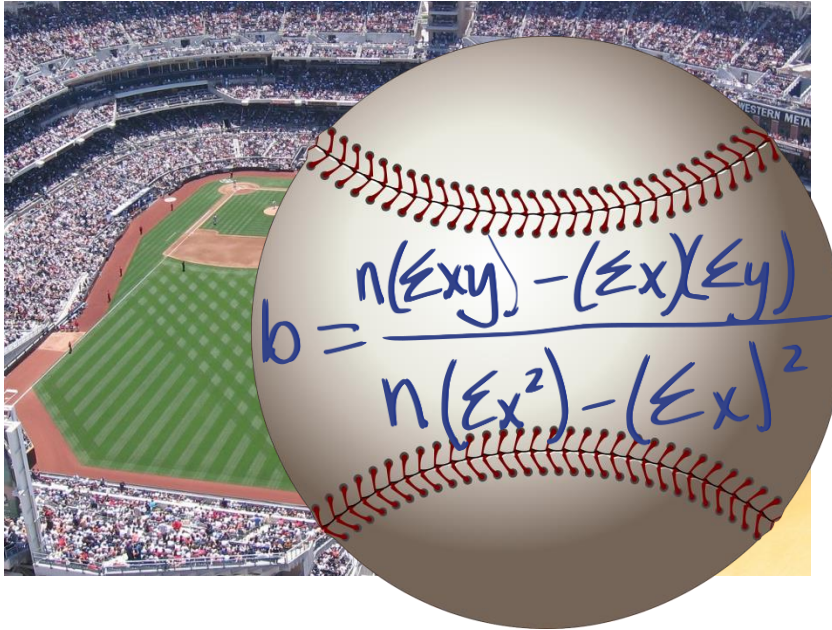
Alex Silva, Psy. D.

Module One: Introduction to Reports

- Data driven decision making – utilizes analytics to understand and digest vast amounts of information to improve outcomes



Module One: Introduction to Reports



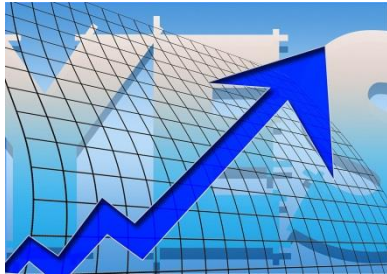
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Season Record

20 Consecutive Wins

Module One: Introduction to Reports

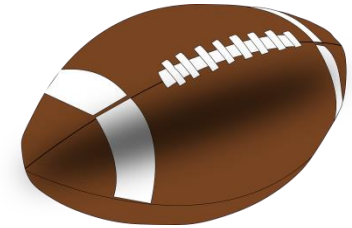
Data Driven Decision Making



Business



Education



Sports



Health Care



Mental Health Care



Module One: Introduction to Reports

Data Driven Decision Making...

A Working Definition

The systematic process of collecting, synthesizing and analyzing data and then making informed judgments involving the data to continually improve client outcomes and the efficiency of healthcare delivery throughout the system.

Module One: Introduction to Reports

■ Purpose

- ❑ To acquaint you with the types of data available in the Aggregate and Individual reports
 - ❑ To provide a template for using the data ...to continually improve client outcomes and the efficiency of healthcare delivery in your setting
-

Module One: Introduction to Reports

■ Schedule

- Module One is comprised of three sessions.

Session One: Aggregate Report

Session Two: Individual Reports

Session Three: How to use these reports to make data driven decisions about your practice

On-Line Training

In-Person Training
With Real Data

The Aggregate Report

Countywide Data

Module One: Aggregate Report

- **By the end of today's session, you should be able to ...**
 - ❑ Identify and track eight key dimensions of a practice.
 - ❑ Understand how to utilize many of these dimensions to make data driven decisions for your practice
 - ❑ Understand how countywide data can serve as a reference to evaluate individual site performance
-

Module One: Aggregate Report

- **By the end of today's session, you should be able to ...**
 - Ask some important questions of the data so as to make *"...informed judgments....to continually improve client outcomes and the efficiency of healthcare delivery throughout the system."*





Module One: Aggregate Report

Specifies PEI practice and date the data was collected

Reflects data collected since inception (7/1/11)

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



WELLNESS • RECOVERY • RESILIENCE

Prevention & Early Intervention: Crisis Oriented Recovery Services (CORS)
Countywide Aggregate Practice Outcomes Dashboard Report
Outcome Data Submission through November 21, 2014

Participating Legal Entities Include:

ALCOTT CENTER FOR MHS	VIP COMMUNITY MHC INC
AMANEKER COMMUNITY COUNSELING SERVICES	L.A. COUNTY DMH
CA HOSPITAL MEDICAL CENTER	AMERICAN INDIAN COUNSELING CENTER
CALIF INSTITUTE HEALTH SOCIAL SERVICES	ANTELOPE VALLEY MHC
CENTER FOR INTEGRATED FAMILY HEALTH	ARCADIA MHS
CHILD AND FAMILY CENTER	AUGUSTUS F HAWKINS FAMILY MHS
DIDI HIRSCH PSYCHIATRIC SERVICE	COASTAL API FAMILY MHC
DREW CHILD DEVELOPMENT CORPORATION	COMPTON FAMILY MHS
EL CENTRO DE AMISTAD INC	DOWNTOWN MHC
ENKI HEALTH AND RESEARCH SYSTEMS	HARBOR-UCLA MEDICAL CENTER
HERITAGE CLINIC	HOLLYWOOD MHC
HILLVIEW MHC INC	LONG BEACH MHS ADULT CLINIC
KEDREN COMMUNITY MHC	NORTHEAST MHC
PENNY LANE CENTERS	RIO HONDO COMMUNITY MHC
PERSONAL INVOLVEMENT CENTER INC	ROYBAL FAMILY MHS
SAINT JOHNS HEALTH CENTER	SAN ANTONIO MHC
SAN FERNANDO VALLEY COMMUNITY MHC	SAN PEDRO MHS
SPECIAL SERVICE FOR GROUPS	SOUTH BAY MHS
ST JOSEPH CENTER	WEST CENTRAL FAMILY MHS
STAR VIEW ADOLESCENT CENTER INC	

Version 12-2-14

Module One: Aggregate Report

Questions

Where does the data come from? Is my data in this report?

Module One: Aggregate Report

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ST JOSEPH CENTER	WEST CENTRAL FAMILY MHS
STAR VIEW ADOLESCENT CENTER INC	

Participating Agencies

Not Approved Yet

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

THE MOST WONDERFUL AGENCY
THE BEST AGENCY

Module One: Aggregate Report

Questions

What are the practice's **data entry rates** and **client status distribution** since inception?
How many of our clients are entering the system and are they moving through the system?

Module One: Aggregate Report

Data Entry

Client Status

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
20230	43.01%	9256	5.85%	23.37%	35.80%	40.83%
n=	8701	n=	509	2163	3314	3779

Module One: Aggregate Report

Data Entry

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n=	8701	n=	509	2163	3314	3779

**Clients entered
Into the IS
with ≥ 2 Core
Services
Beginning
7/1/2011
(IBHIS)***

*Not Currently

Module One: Aggregate Report

Entry Data

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n=	8701	n=	509	2163	3314	3779

Clients entered into the PEI OMA

The percentage reflects the compliance or data entry rate (e.g. OMA Entry/IS Entry, X 100)

Module One: Aggregate Report

Entry Data

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Total number of times clients are opened in the PEI OMA

Module One: Aggregate Report

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Module One: Aggregate Report

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20230	43.01%	9256	5.85%	23.37%	35.80%	40.83%
n=	8701	n=	509	2163	3314	3779

Number of clients reported as completing

Module One: Aggregate Report

Client Status

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20230	43.01%	9256	5.85%	23.37%	35.80%	40.83%
n=	8701	n=	509	2163	3314	3779

Number of cases closed but not completing Tx

Module One: Aggregate Report

Client Status

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
20230	43.01%	9256	5.85%	23.37%	35.80%	40.83%
n=	8701	n=	509	2163	3314	3779

Number of cases
"Still in Tx"

Module One: Aggregate Report

Client Status

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# 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
20230	43.01%	9256	5.85%	23.37%	35.80%	40.83%
n=	8701	n=	509	2163	3314	3779

Total number of times clients are opened in the PEI OMA

$$= \left[\text{Clients completing} + \text{Closed but not completing} + \text{Still "in tx"} \right]$$

Let's pause and take some

Questions?

Presentation resumes in

0

minutes

Module One: Aggregate Report

Question

Who are we serving in the practice?

Module One: Aggregate Report

Table 2. Client Demographics - Clients Who Entered Seeking Safety

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
8701	22	48.94%	50.99%	0.07%	21.16%	2.56%	11.48%	59.59%	5.21%	76.76%	20.26%	2.98%
	n=	4258	4437	6	1841	223	999	5185	453	6679	1763	259

Module One: Aggregate Report

Questions

What kind of diagnoses are being made for those entering the practice? Do these diagnoses reflect the population we are committed to serve?

Module One: Aggregate Report

Table 3: Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered Seeking Safety

Total Treatment Cycles	Depressive Disorder NOS	Post-Traumatic Stress Disorder	Oppositional Defiant Disorder	Mood Disorder NOS	Dysthymic Disorder	Other
9256	10.11%	9.60%	9.56%	8.57%	6.67%	55.49%
n=	936	889	885	793	617	5136

Module One: Aggregate Report

Questions

How successful has the practice been in capturing Pre, Post and Matched Pair data and what do the numbers tell us?

Module One: Aggregate Report

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)	88.83%	52.49%	25.17%
n=	660	200	187
Ackn=	743	381	743
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	83.17%	42.63%	19.61%
n=	598	162	141
Ackn=	719	380	719

Module One: Aggregate Report

List of Outcome Measures

Type of Data Collected

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)	88.83%	52.49%	25.17%
	n= 660	200	187
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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	83.17%	42.63%	19.61%
	n= 598	162	141
	Ackn= 719	380	719

Module One: Aggregate Report

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)	88.83%	52.49%	25.17%
n=	668	200	187
Ackn=	743	381	743

n: The number with scores

Ackn: The number with scores or an unable to collect

The ratio of n/Ackn

Module One: Aggregate Report

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)	88.83%	52.49%	25.17%
n=	660	200	187
Ackn=	743	381	743

Module One: Aggregate Report

Questions

What has made data collection difficult? How might these difficulties be addressed?

Module One: Aggregate Report

Youth Outcome Questionnaire - (YOQ) 2.01 (Parent)	Total Pre 115	Administration date exceeds acceptable range	Parent/care provider unavailable	Outcome measure unavailable	Lost contact with parent/care provider	Invalid outcome measure	Other Reasons
	percent	46.09%	18.26%	13.04%	6.96%	6.96%	8.70%
	n	53	21	15	8	8	10
	Total Post 216	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
percent	49.54%	23.61%	8.80%	7.41%	3.24%	7.41%	
n	107	51	19	16	7	16	

Module One: Aggregate Report

The Measure

Type of Administration:
Pre or Post,
n in sample

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

Youth Outcome Questionnaire - (YOQ) 2.01 (Parent)	Total Pre 115	Administration date exceeds acceptable range	Parent/care provider unavailable	Outcome measure unavailable	Lost contact with parent/care provider	Invalid outcome measure	Other Reasons
	percent	46.09%	18.26%	13.04%	6.96%	6.96%	8.70%
	n	53	21	15	8	8	10
	Total Post 216	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
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	n	107	51	19	16	7	16

Module One: Aggregate Report

Top 5 Reasons for UCS, n and %

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

Youth Outcome Questionnaire - (YOQ) 2.01 (Parent)	Total Pre	Administration date exceeds acceptable range	Parent/care provider unavailable	Outcome measure unavailable	Lost contact with parent/care provider	Invalid outcome measure	Other Reasons
	115						
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	n	53	21	15	8	8	10
	Total Post	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
	216						
percent	49.54%	23.61%	8.80%	7.41%	3.24%	7.41%	
n	107	51	19	16	7	16	

Let's pause and take some

Questions?

Presentation resumes in

0

minutes

Module One: Aggregate Report

Questions

How does the “length of Tx” and “number of sessions” compare with what is expected in the practice? What do these results suggest about our fidelity to the model?

Module One: Aggregate Report

Total Treatment Cycles 343	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	10	Min 0	Max 69	8	Min 1	Max 49

Module One: Aggregate Report

Questions

Are clients getting better? How do we know?

Module One: Aggregate Report



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	37.17% (n=140)	39.29%	57.86%	2.86%
			55	81	4
Outcome Questionnaire - 45.2	TOTAL	20.50% (n=129)	43.41%	51.16%	5.43%
			56	66	7

Module One: Aggregate Report

Questionnaire
and Scale of
interest

Table 7a. Outcome Data[±] – Clients who Completed Group CBT

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Module One: Aggregate Report

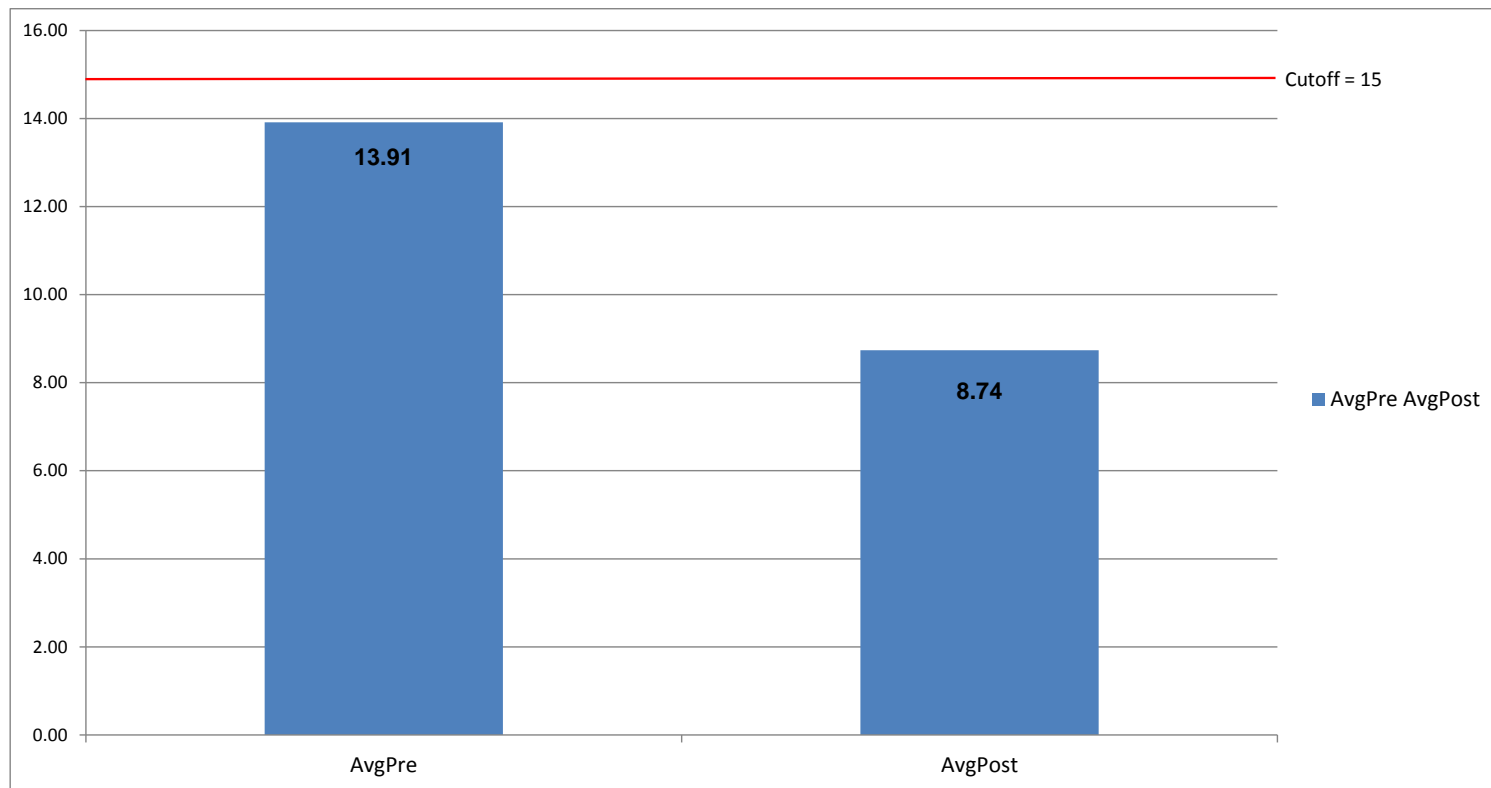
Average %
Improvement
Pre to Post

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		
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Module One: Aggregate Report

Patient Health Questionnaire (PHQ-9)
(N=140)



Module One: Aggregate Report

Reliable Change Analysis, n and % of individuals who fall into each category

Table 7a. Outcome Data[±] – Clients who Completed Group CBT

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Module One: Aggregate Report

Reliable Change seeks to determine which clients have achieved clinical and statistical pre-post differences while controlling for errors in the system of measurement.

First, the threshold of reliable change is statistically determined.

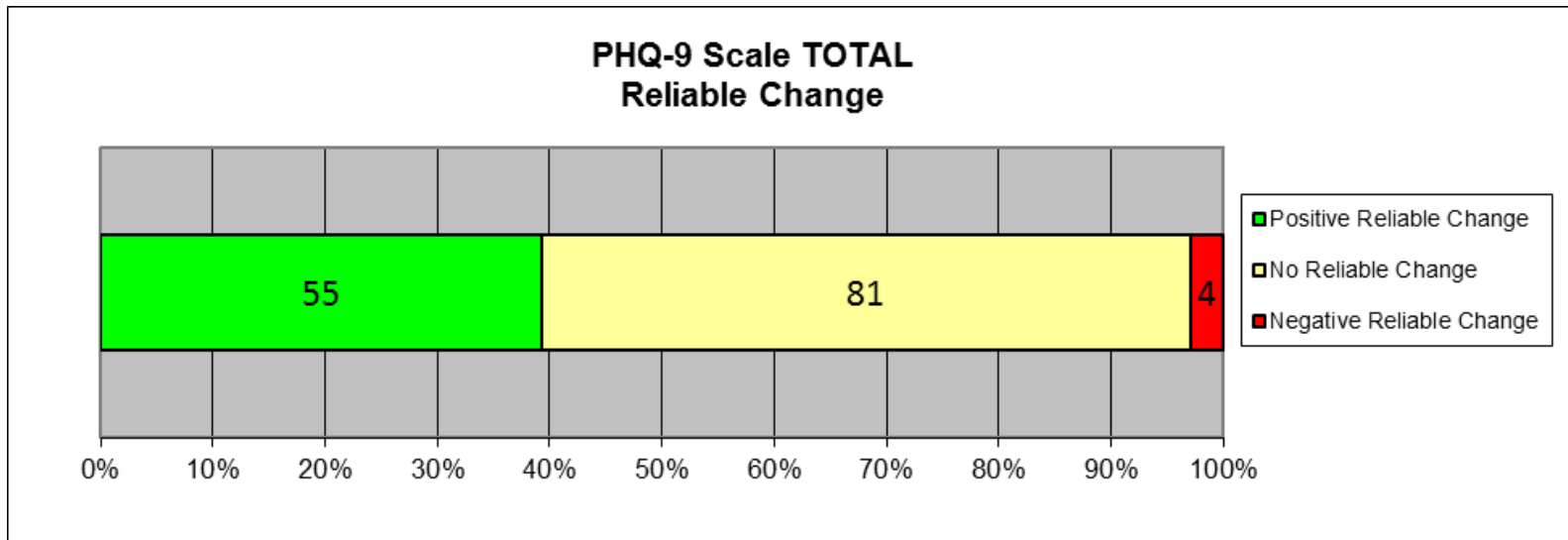
Second, clients are categorized as either exceeding that threshold (Positively or Negatively) or not

The number of clients who fall into each category is noted both as a raw number and a percentage of the total clients in the sample.

Percent of Clients Showing Reliable Change* from Pre-Group CBT to Post-Group CBT		
Positive Change	No Change	Negative Change
39.29%	57.86%	2.86%
55	81	4
43.41%	51.16%	5.43%
56	66	7

Module One: Aggregate Report

Typical Reliable Change Results



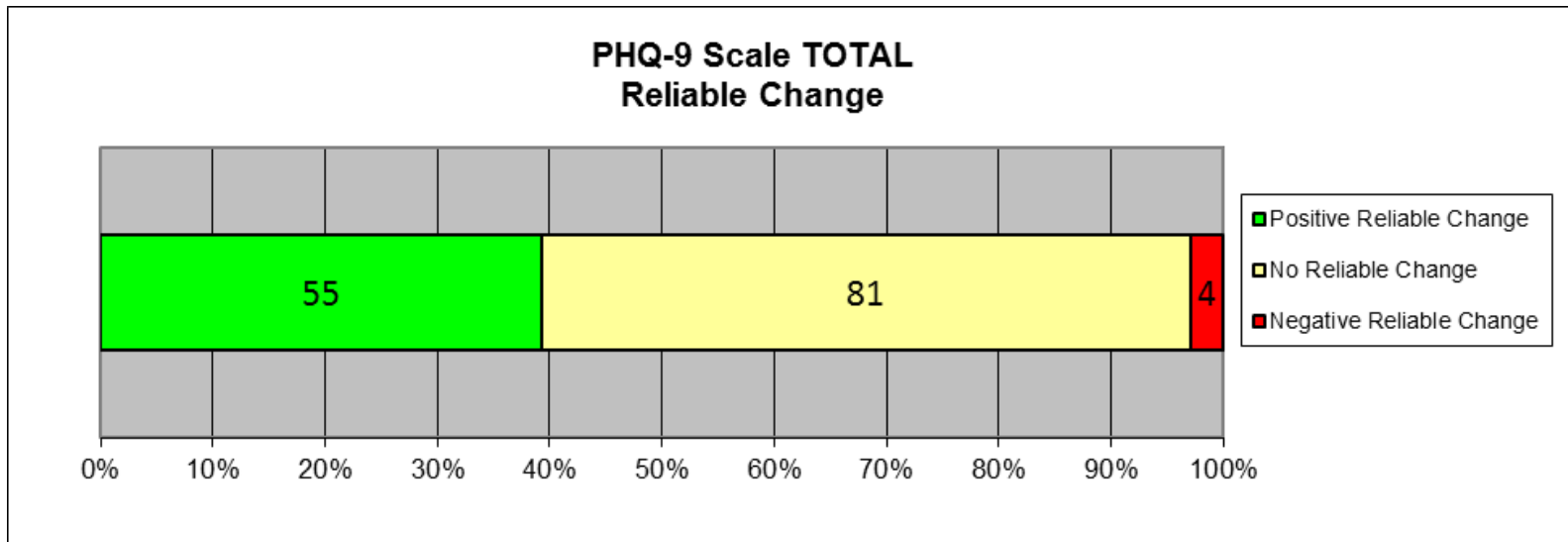
55 of the 140 clients had post scores that were reliably less severe than their pres. The 55 represent 39.29% of the sample

81 of the 140 clients had post scores that “remained the same” as their pres. The 81 represent 57.86% of the sample

4 of the 140 clients had post scores that were reliably more severe than their pres. The 4 represent 2.86% of the sample

Module One: Aggregate Report

Typical Reliable Change Results



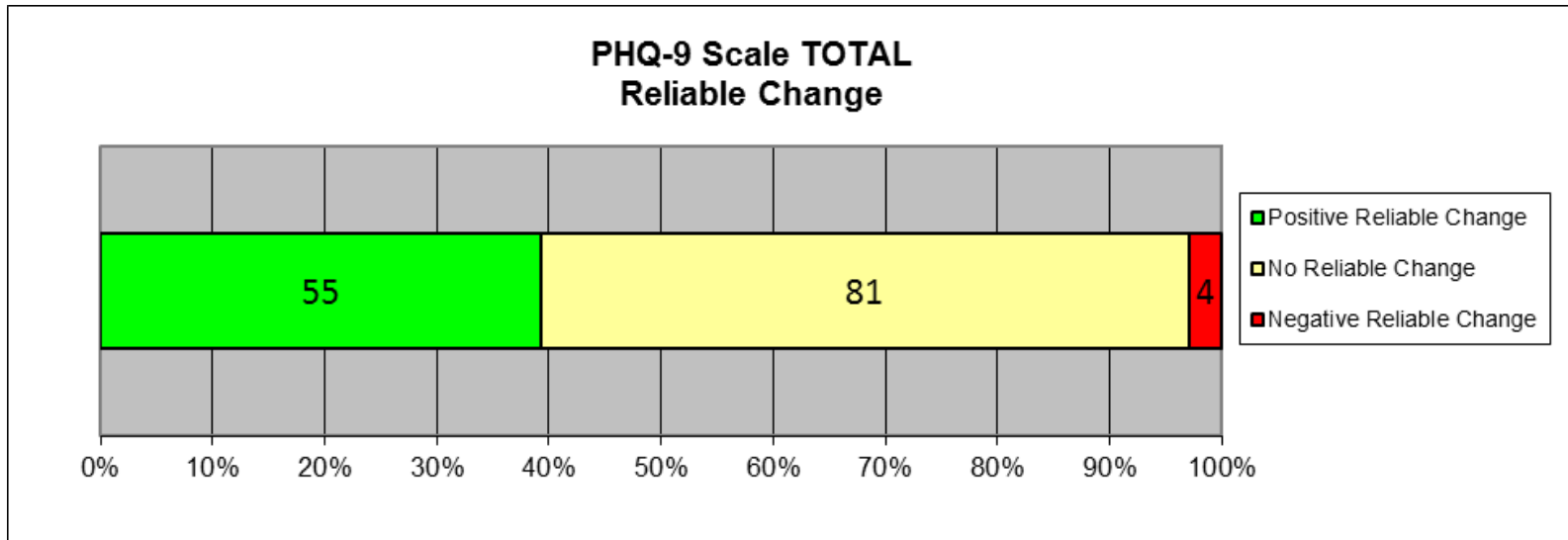
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Module One: Aggregate Report

Typical Reliable Change Results



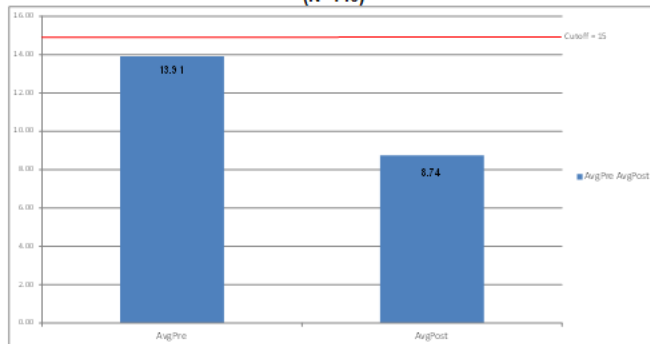
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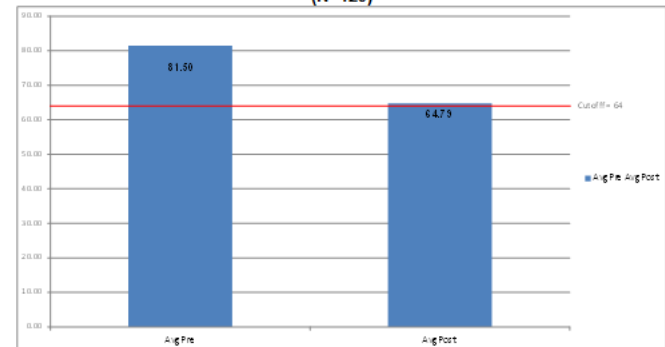
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Module One: Aggregate Report

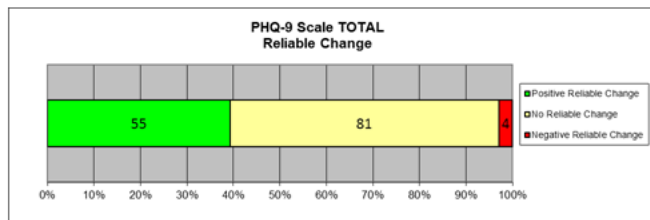
Patient Health Questionnaire (PHQ-9) |
(N=140)



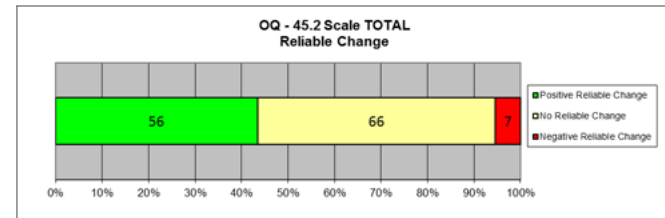
Outcome Questionnaire – 45.2 Total
(N=129)



PHQ-9 Scale TOTAL
Reliable Change



OQ - 45.2 Scale TOTAL
Reliable Change



Let's pause and take some

Questions?

Presentation resumes in

0

minutes

Thank You!

For Questions or Additional Information:

PEI Outcomes e-mail address

PEIOutcomes@dmh.lacounty.gov

Outcomes Project Website

<http://dmhoma.pbworks.com>

(General Learning Network information,
worksheets, Quick Guides, trainings, FAQs and more)