LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes, & Training Division
OPTIONAL PEI OUTCOMES WORKSHEET
Managing and Adapting Practice (MAP)

ADMINISTRATIVE INFORMATION

Client ID: _____

Client Last Name: _____   Client First Name: _____

Provider ID: _____   Therapist ID/NPI #: _____

END OF FOCUS INFORMATION

Focus End Date: _____   Total Number of Sessions for the Focus: _____

Was the Focus Completed? ☐ Yes ☐ No   Starting New Focus? ☐ Yes ☐ No

END OF FOCUS QUESTIONNAIRES

Trauma Focus

UCLA PTSD-RI DSM-5 Parent
Clients Ages 7-18

Admin. Date: _____

RAW SCORE: _____

If "Unable to Collect," Enter Number from Below: _____

UCLA PTSD-RI DSM-5 Child/Adolescent
Clients Ages 7-18

Admin. Date: _____

RAW SCORE: _____

If "Unable to Collect," Enter Number from Below: _____

Depression Focus

Patient Health Questionnaire-9
Clients Ages 12+

Admin. Date: _____

TOTAL SCORE: _____

If "Unable to Collect," Enter Number from Below: _____

Anxiety Focus

Revised Child Anxiety and Depression Scale-Child
Clients Ages 6-18
RAW SCORES

	Child	Parent
Admin. Date		
Separation Anxiety		
Generalized Anxiety		
Panic		
Social Phobia		
Obsessive/Compulsive		
Depression		
Total Anxiety		
Total Anxiety & Depression		
If "Unable to Collect," Enter Number from Below		

Revised Child Anxiety and Depression Scale-Parent
Clients Ages 6-18
RAW SCORES

Disruptive Behaviors Focus

Eyberg Child Behavior Inventory®
Clients Ages 2-16

Admin. Date: _____

Intensity Raw Score: _____

Intensity T-Score: _____

Problem Raw Score: _____

Problem T-Score: _____

If "Unable to Collect," Enter Number from Below: _____

Sutter-Eyberg Student Behavior Inventory-Revised®
Clients Ages 2-16

Admin. Date: _____

Intensity Raw Score: _____

Intensity T-Score: _____

Problem Raw Score: _____

Problem T-Score: _____

If "Unable to Collect," Enter Number from Below: _____

Reasons for "Unable to Collect"

1. Administered Wrong Form
2. Administration Date Exceeds Acceptable Range
3. Client Refused
4. Client Unavailable
5. Clinician Not Trained in Outcome Measure
6. Invalid Outcome Measure
7. Lost Contact with Client
8. Lost Contact with Parent/Caregiver
9. Not Available in Primary Language
10. Not Required (SESBI Only)
11. Outcome Measure Unavailable
12. Parent/Caregiver Refused
13. Parent/Caregiver Unavailable
14. Premature Termination
15. Teacher Refused (SESBI Only)
16. Teacher Unavailable (SESBI Only)
17. Therapist did not Administer Tool
18. Never Collected (CiMH) (Only for Treatment Cycles Starting Before 2/1/14)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

WELLNESS · RECOVERY · RESILIENCE

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