

**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 August 10, 2015

Participating Legal Entities Include:

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

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

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

Table 1. Individual CBT Status Since Inception to August 10, 2015						
# 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
3779	55.86%	2194	1.04%	13.67%	26.66%	59.66%
n=	2111	n=	22	300	585	1309
Ind ICBT - Anxiety		476		64	124	288
Ind CBT - Trauma		204		35	33	136
Ind CBT - Depression		1514		201	428	885

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	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	2111	37	65.61%	34.39%	16.25%	4.03%	17.72%	55.95%	6.06%	70.01%	26.15%
n=		1385	726	343	85	374	1181	128	1478	552	81

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
		23.74%	19.33%	8.61%	7.35%	5.04%
	476	113	92	41	35	24
Ind CBT - Trauma	Total Treatment Cycles	Post-Traumatic Stress Disorder	Dysthymic Disorder	Anxiety Disorder NOS	Generalized Anxiety Disorder	Mood Disorder NOS
		45.59%	9.31%	4.90%	4.90%	3.92%
	204	93	19	10	10	8
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	Dysthymic Disorder
		14.86%	14.20%	11.10%	8.32%	5.75%
	1514	225	215	168	126	87

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	42.86%	NA	0.00%
n=	3	0	0
Ackn=	7	0	7
UCLA PTSD-RI - Child/Adolescent	87.67%	77.78%	17.81%
n=	64	14	13
Ackn=	73	18	73
UCLA PTSD-RI - Short-Form Adult	51.52%	21.43%	9.09%
n=	51	9	9
Ackn=	99	42	99
Patient Health Questionnaire (PHQ-9)	91.14%	42.88%	15.22%
n=	1317	235	220
Ackn=	1445	548	1445
Generalized Anxiety Disorder-7 (GAD-7)	90.82%	44.37%	14.12%
n=	386	63	60
Ackn=	425	142	425
GENERAL MEASURES			
Youth Outcome Questionnaire - 2.01 (Parent)	57.78%	0.00%	0.00%
n=	26	0	0
Ackn=	45	5	45
Youth Outcome Questionnaire – Self Report – 2.0	81.65%	32.14%	5.06%
n=	129	9	8
Ackn=	158	28	158
Outcome Questionnaire - 45.2	91.36%	41.05%	14.69%
n=	1691	296	272
Ackn=	1851	721	1851

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	Therapist did not administer tool	Administration date exceeds acceptable range	Invalid outcome measure			
	4						
	Percent	50.00%	25.00%	25.00%			
	n	2	1	1			
	Total Post						
	0						
Percent							
n							

Table 5b. Top Reasons Given for "Unable to Collect"							
UCLA PTSD-RI - Child/Adolescent	Total Pre	Outcome measure unavailable	Administration date exceeds acceptable range	Client unavailable	Therapist did not administer tool	Client refused	
	9						
	Percent	22.22%	22.22%	22.22%	11.11%	11.11%	
	n	2	2	2	1	1	
	Total Post	Lost contact with client	Client unavailable	Premature termination			
	4						
Percent	50.00%	25.00%	25.00%				
n	2	1	1				

Table 5c. Top Reasons Given for "Unable to Collect"							
UCLA PTSD-RI - Adult	Total Pre	Not available in primary language	Administration date exceeds acceptable range	Therapist did not administer tool	Administered wrong forms	Client refused	Other Reasons
	48						
	Percent	68.75%	8.33%	8.33%	6.25%	4.17%	4.17%
	n	33	4	4	3	2	2
	Total Post	Not available in primary language	Client unavailable	Premature termination	Lost contact with client	Administered wrong forms	Other Reasons
	33						
Percent	42.42%	24.24%	15.15%	9.09%	3.03%	6.06%	
n	14	8	5	3	1	2	

Patient Health Questionnaire (PHQ-9)	Total Pre	Administration date exceeds acceptable range	Invalid outcome measure	Client unavailable	Outcome measure unavailable	Client refused	Other Reasons
	128						
	Percent	28.91%	13.28%	12.50%	10.94%	10.16%	24.22%
	n	37	17	16	14	13	31
	Total Post	Client unavailable	Premature termination	Lost contact with client	Client refused	Administration date exceeds acceptable range	Other Reasons
	313						
Percent	48.56%	25.24%	16.93%	3.51%	2.24%	3.51%	
n	152	79	53	11	7	11	

Generalized Anxiety Disorder-7 (GAD-7)	Total Pre	Administration date exceeds acceptable range	Administered wrong forms	Client unavailable	Outcome measure unavailable	Therapist did not administer tool	Other Reasons
	39						
	Percent	28.21%	17.95%	17.95%	15.38%	5.13%	15.38%
	n	11	7	7	6	2	6
	Total Post	Premature termination	Client unavailable	Lost contact with client	Outcome measure unavailable	Administration date exceeds acceptable range	Other Reasons
	79						
Percent	37.97%	34.18%	16.46%	3.80%	2.53%	5.06%	
n	30	27	13	3	2	4	

Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre	Parent/care provider unavailable	Parent/care provider refused	Therapist did not administer tool	Administration date exceeds acceptable range	Administered wrong forms	Other Reasons
	19						
	Percent	63.16%	10.53%	10.53%	5.26%	5.26%	5.26%
	n	12	2	2	1	1	1
	Total Post	Parent/care provider unavailable	Parent/care provider refused				
	5						
Percent	80.00%	20.00%					
n	4	1					

Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 29	Administered wrong forms	Therapist did not administer tool	Client unavailable	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
	Percent	27.59%	20.69%	13.79%	10.34%	10.34%	17.24%
	n	8	6	4	3	3	5
	Total Post 19	Lost contact with client	Client unavailable	Premature termination	Clinician not trained in outcome measure	Therapist did not administer tool	
	Percent	36.84%	31.58%	15.79%	5.26%	5.26%	
	n	7	6	3	1	1	

Outcome Questionnaire – 45.2	Total Pre 160	Administration date exceeds acceptable range	Client refused	Outcome measure unavailable	Client unavailable	Administered wrong forms	Other Reasons
	Percent	30.00%	15.63%	13.75%	10.63%	6.25%	23.75%
	n	48	25	22	17	10	38
	Total Post 425	Client unavailable	Premature termination	Lost contact with client	Client refused	Administration date exceeds acceptable range	
	Percent	43.53%	28.94%	15.76%	3.53%	2.35%	
	n	185	123	67	15	10	

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
	300	28	0	87	16	1	73
Ind CBT - Anxiety	64	32	0	87	18	1	56
Ind CBT - Trauma	35	23	4	63	19	4	51
Ind CBT - Depression	201	27	0	85	15	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%
			NA	NA	NA
UCLA PTSD-RI - Child/Adolescent	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			NA	NA	NA
UCLA PTSD-RI - Adult	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			NA	NA	NA
Patient Health Questionnaire (PHQ-9)	TOTAL	45.45% (n=132)	43.94%	53.03%	3.03%
			58	70	4
Generalized Anxiety Disorder-7 (GAD-7)	TOTAL	48.81% (n=29)	10.34%	89.66%	0.00%
			3	26	0
GENERAL MEASURES					
Youth Outcome Questionnaire - 2.01 (Parent)	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			NA	NA	NA
Youth Outcome Questionnaire - Self Report - 2.0 (YOQ-SR)	TOTAL	Not Enough Data	0.00%	0.00%	0.00%
			NA	NA	NA
Outcome Questionnaire – 45.2	TOTAL	30.19% (n=164)	55.49%	40.85%	3.66%
			91	67	6

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.

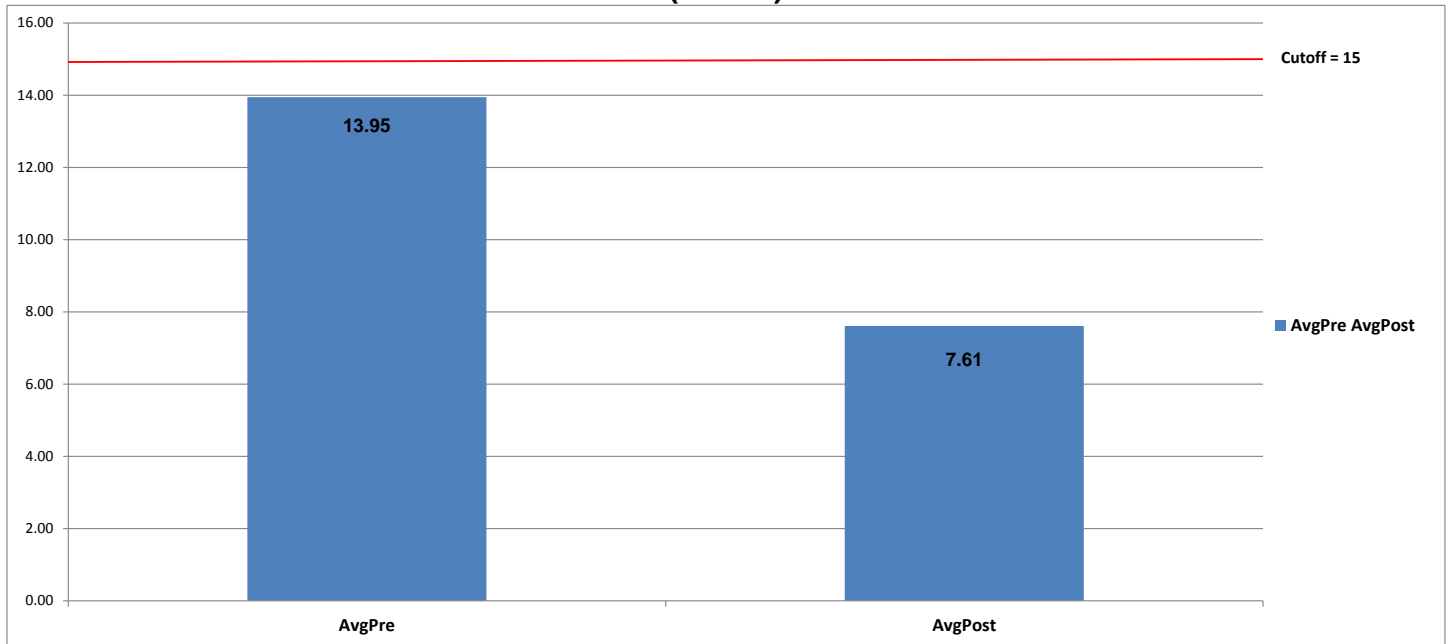
Note 2: Possible GAD-7 scores range from 0-21, with a clinical cutpoint of 10.

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

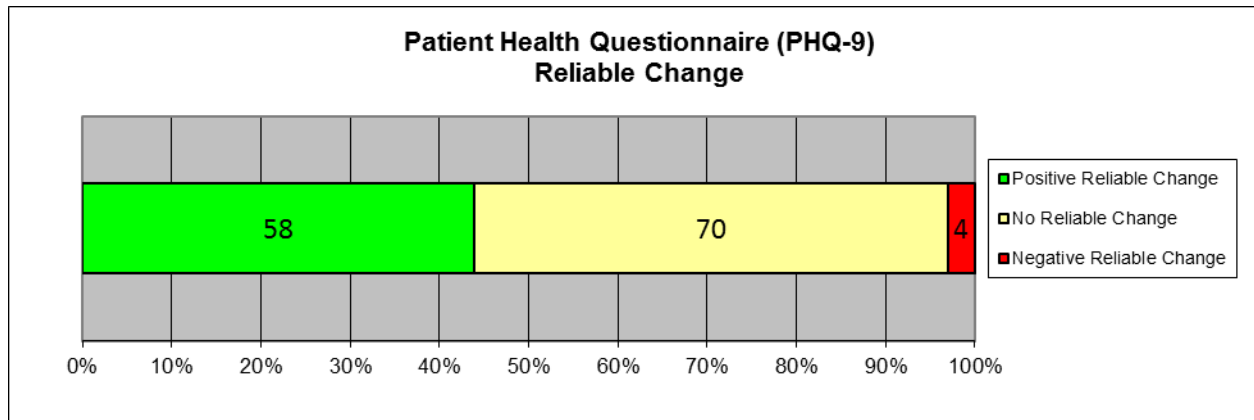
Note 4: Aggregate outcome data based on fewer than 20 clients are not reported.

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

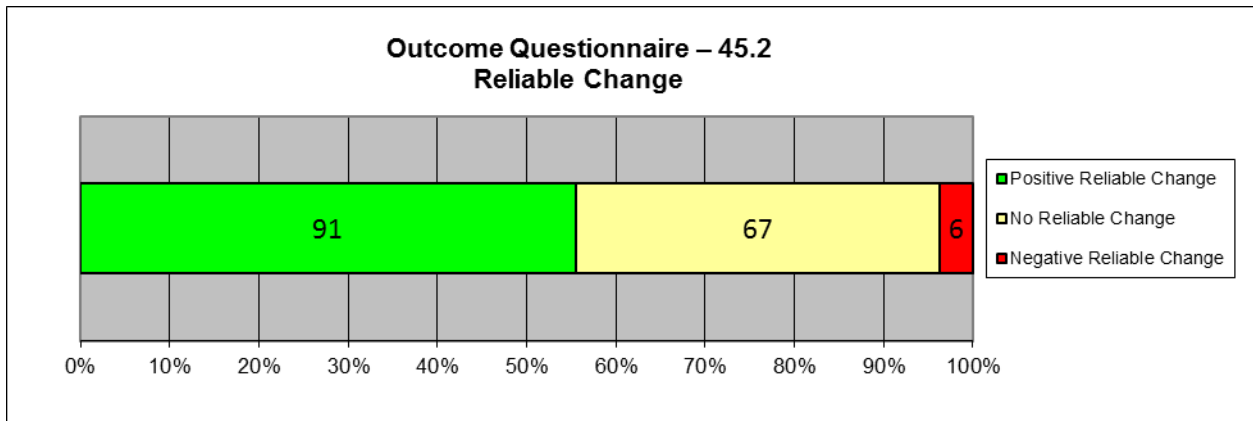
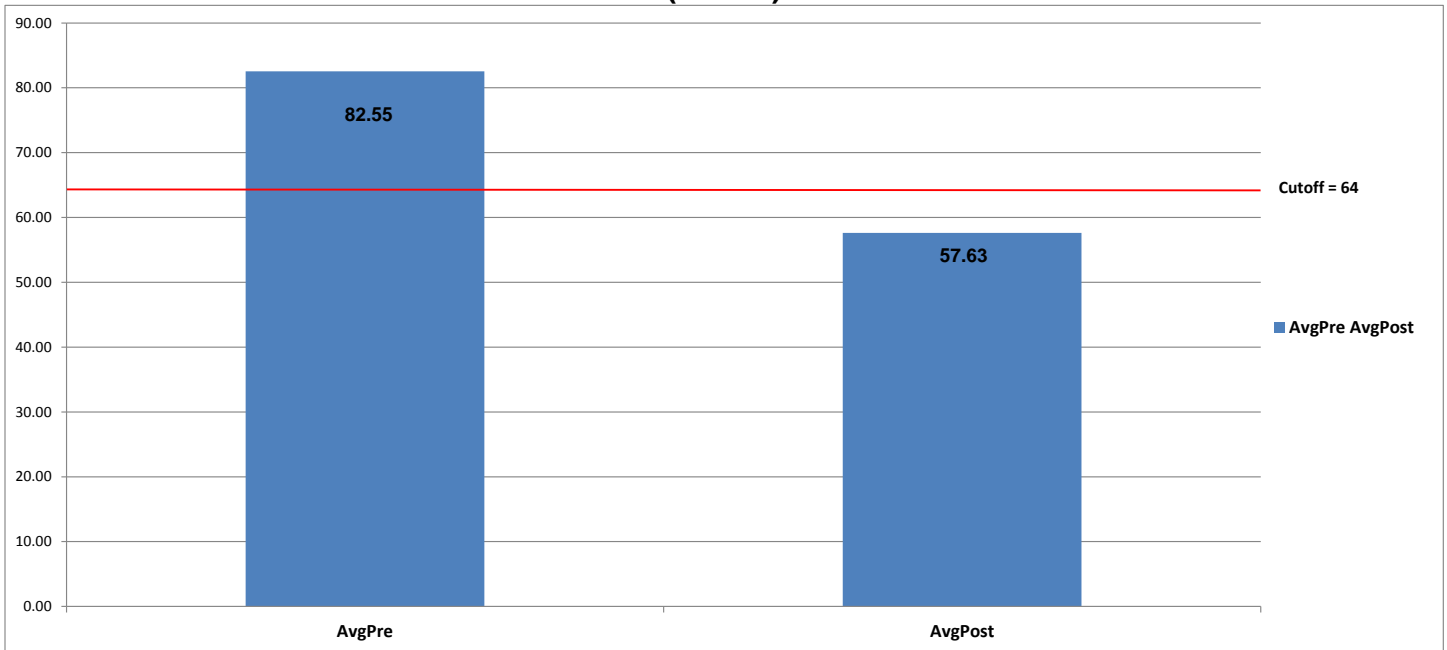
Patient Health Questionnaire (PHQ-9) (N=132)



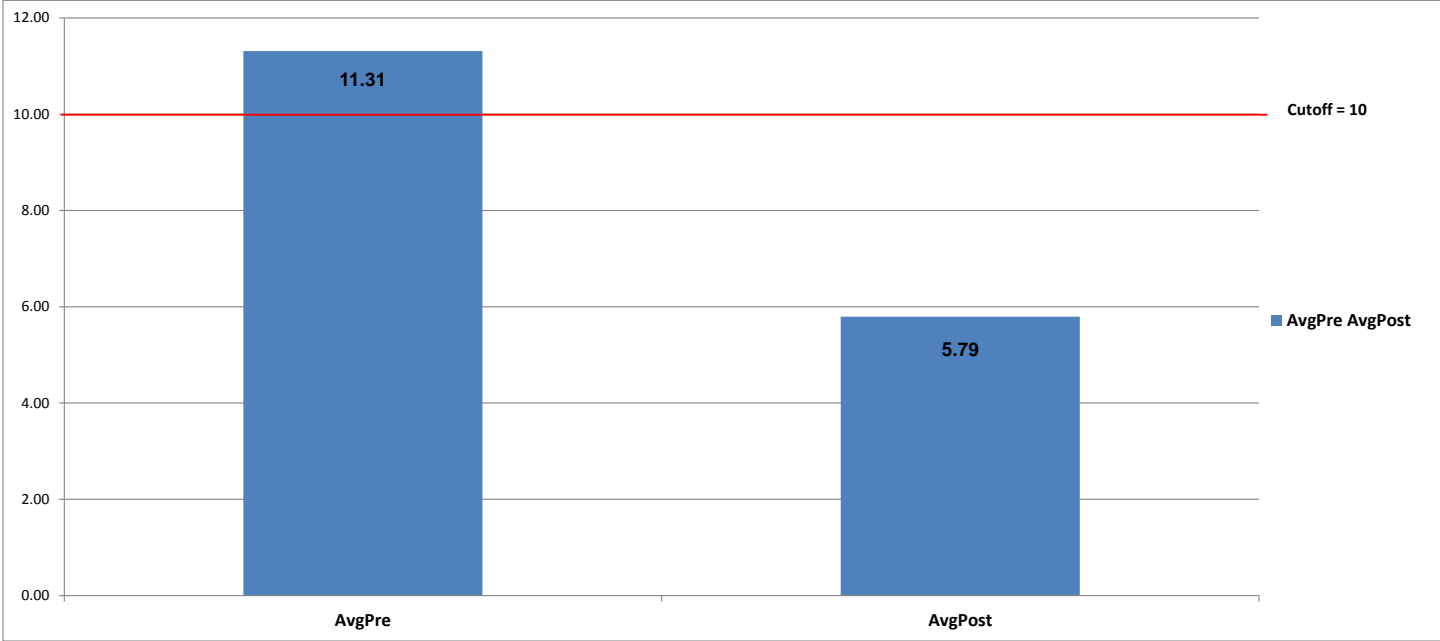
Patient Health Questionnaire (PHQ-9) Reliable Change



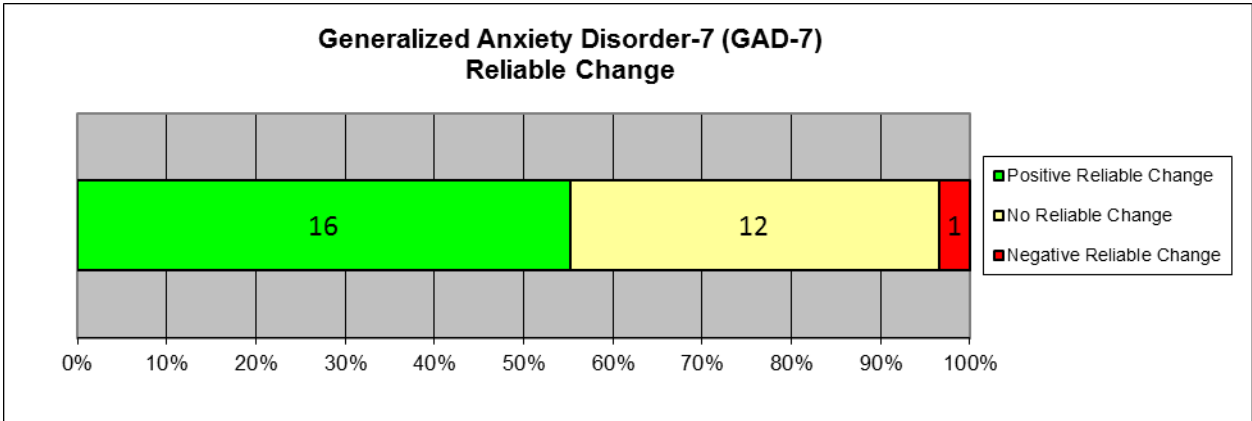
**Outcome Questionnaire – 45.2
(N=164)**



Generalized Anxiety Disorder-7 (GAD-7) (N=29)



Generalized Anxiety Disorder-7 (GAD-7) Reliable Change



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.