

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



WELLNESS • RECOVERY • RESILIENCE

**Prevention & Early Intervention: Group Cognitive Behavioral Therapy of Major Depression
Countywide Aggregate Practice Outcomes Dashboard Report**

Outcome Data Submission through September 5, 2012

Participating Legal Entities Include:

L.A. County DMH

- Arcadia MHS
- Downtown MHC
- Harbor-UCLA Medical Ctr
- Hollywood MHC
- Long Beach API Family MHC
- Long Beach MHS
- Northeast MHC
- South Bay MHS

Table 1. Group CBT Dep Status since inception to September 5, 2012

# 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
n=383	42.29% n=162	n=162	0% (n=0)	10.49% (n=17)	11.73% (n=19)

Note 1: Clients Claimed is reported based on Group CBT Dep being selected as the EBP in the PEI Plan and has ≥ 1 core services claimed to the practice;

Note 2: Completion and Drop Out are reported based on responses indicated of “yes” or “no” in the PEI OMA for EBP completed.

Table 2. Client Demographics – Clients Who Entered Group CBT Dep

Total Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian/ Pacific Islander	Caucasian	Hispanic/ Latino	Other	English	Spanish	Other
n=162	41	61.73% (n=100)	38.27% (n=62)	26.54% (n=43)	3.70% (n=6)	35.80% (n=58)	27.16% (n=44)	6.79% (n=11)	88.89% (n=144)	4.32% (n=7)	6.79% (n=11)

Note1: Age is calculated at the date of the first EBP.

Note2: Percentages may not total 100 due to missing data

Table 3. Top 5 most frequently reported DSM-IV Primary Axis I Diagnosis – Clients Who Entered Group CBT DEP

Total Clients	Major Depressive Disorder, Recurrent, Moderate	Depressive Disorder NOS	Major Depressive Disorder, Rec., Severe W/O Psychotic Features	Mood Disorder NOS	Major Depressive Disorder, Rec., Severe With Psychotic Features	Other Diagnosis
n=162	16.67% (n=27)	16.05% (n=26)	11.11% (n=18)	8.64% (n=14)	5.56% (n=9)	42% (n=68)

Table 4. Group CBT Dep Program Process Data – Clients Who Entered Group CBT DEP

Outcome measures administered	Pre-test with scores	Post-test with scores	Clients who completed both a Pre and Post measure with scores
Outcome Questionnaire – 45.2	93.10% (n=135) Ackn=145	52.17% (n=12) Ackn=23	8.28% (n=12) Ackn=145
Patient Health Questionnaire (PHQ-9)	94.96% (n=132) Ackn=139	56.52% (n=13) Ackn=23	9.35% (n=13) Ackn=139
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	00.00% (n=0) Ackn=0	00.00% (n=0) Ackn=0	00.00% (n=0) Ackn=0

Note 1: The % indicated for Pre-test with scores, Post-test with scores, and both a Pre and Post measure with scores is calculated by dividing the n=# w/ scores by the number acknowledge (Ackn=) in the PEI OMA system for each measure.

Note 2: Number of acknowledged measures (Ackn=) is determined by the number of required measures that receive a score or an unable to collect reason code.

Table 5a. Top Reasons Given for “Unable to Collect”

Outcome Questionnaire-45.2	PRE	Client Refused	Lost Contact with Client	Outcome measure unavailable	Premature Termination	Client Unavailable	Other reasons
	(n=10)	20% (n=2)	20% (n=2)	20% (n=2)	20% (n=2)	10% (n=1)	10% (n=1)
POST	Premature termination		Lost Contact with Client		Outcome measure unavailable		
	(n=11)	72.73% (n=8)	18.18% (n=2)	9.09% (n=1)			

Table 5b. Top Reasons Given for “Unable to Collect.”

PHQ-9	PRE (n=7)	Lost contact with client	Outcome measure unavailable	Premature termination	Client Unavailable	
		28.57% (n=2)	28.57% (n=2)	28.57% (n=2)	14.9% (n=1)	
	POST (n=10)	Premature termination	Lost contact with client	Outcome measure unavailable		
		70.00% (n=7)	20.00% (n=2)	10.0% (n=1)		

Table 5d. Top Reasons Given for “Unable to Collect”

YOQ-SR	PRE (n=0)	Client unavailable	Invalid outcome measure	Outcome measure unavailable	Other reasons
		0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)
	POST (n=0)	Client unavailable	Premature termination	Invalid outcome measure	Other reasons
		0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)

Table 6. Service Delivery Data – Clients Who Completed Group CBT Dep

Total Clients	Average Length of Treatment	Average Number of Sessions
(n=17)	18 weeks Range: 14-38 weeks (n=17)	13 sessions Range: 6 - 20 sessions (n=17)

Note: Completed Group CBT Dep is defined as having a ‘yes’ for completion indicated in the PEI OMA.

***Due to limited matched pairs being < 20, table 7 could not be calculated.

Table 7. Client Outcome Data[±] – Clients who Completed Group CBT Dep				
All Clients (n=162)				
		Percent of Clients Showing Reliable Change[±] from Pre-Group CBT Dep to Post-Group CBT Dep		
		Positive Change	No Change	Negative Change
Outcome Questionnaire-45.2	Interpersonal Relations	0% (n=0)	0% (n=0)	0% (n=0)
	Social Role	0% (n=0)	0% (n=0)	0% (n=0)
	Symptom Distress	0% (n=0)	0% (n=0)	0% (n=0)
	Total	0% (n=0)	0% (n=0)	0% (n=0)
PHQ-9		0% (n=0)	0% (n=0)	0% (n=0)

[±]Please see Appendix A. for a description of the GROUP CBT Dep outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).

Note1: Possible PHQ-9 range from 0-27, with a clinical cutpoint of 15.

Note2: Possible YOQ-SR Total Scores range from -16-240, with a clinical cutpoint 47.

Note3: Possible OQ Total Scores range from 0-180, with a clinical cutpoint of 63.

Note3: Aggregate outcome data based on fewer than 20 clients are not reported.

Note4: Positive Change indicates that the scores decreased from the pre to the post measures.

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 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 63 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.

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 6. 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.