



**Chief Information Office Bureau
Solutions Delivery Division
Solutions Development Section**

Prevention and Early Intervention Outcome Measures Application (PEI-OMA)

**User Manual
v1.5
February 5, 2015**

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Section 1 – Sign In

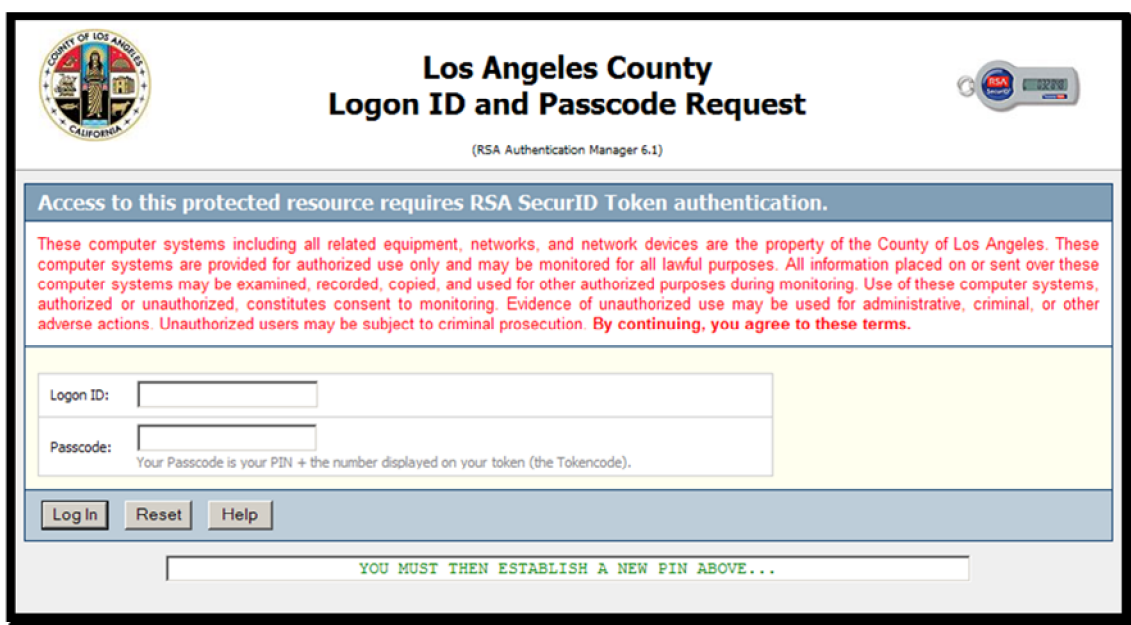
Getting Access: The username and password are the same as the IS username and password. If you do not have them, please go to the OMA Wiki and follow the instructions on how to request them.

OMA Wiki: <http://dmhoma.pbworks.com>

To access the application, open Internet Explorer and type in one of the following URLs:

- For access via the Internet (RSA SecurID required): <https://dmhapps.co.la.ca.us/PEIOMA>
- For access from a DMH facility: <https://intra.dmhapps.co.la.ca.us/PEIOMA>

Access via the Internet: To sign in from the Internet, you will need to log into the County RSA SecurID site first. Information on requesting County RSA SecurID access is available on the OMA Wiki.



Prevention and Early Intervention – Outcome Measures Application (PEI-OMA) Sign In Page

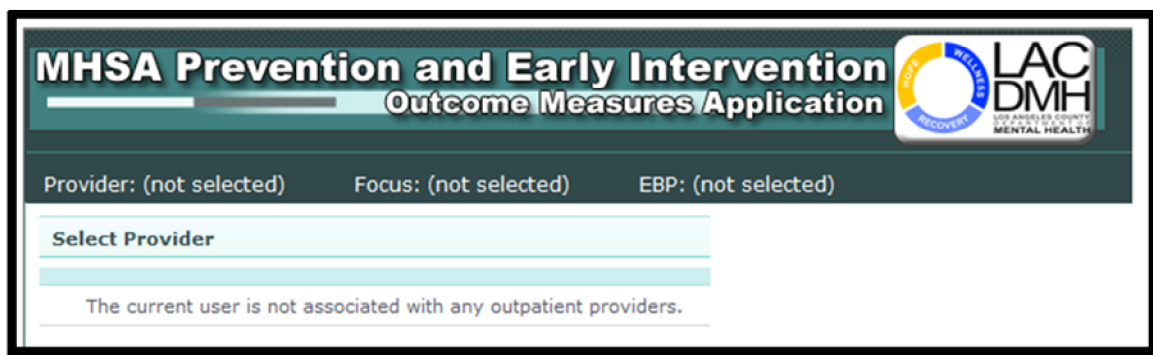
Section 2 – Select a Provider

After logging in successfully, you will be brought to the Home page. From here, you will be able to select the provider, the focus of treatment and the client you wish to work with. The Home page has been designed so that you can return to it from any page within the application by clicking on the Home button in the top-right corner of every page.

From the Home page, first click on **Select a Provider** button.

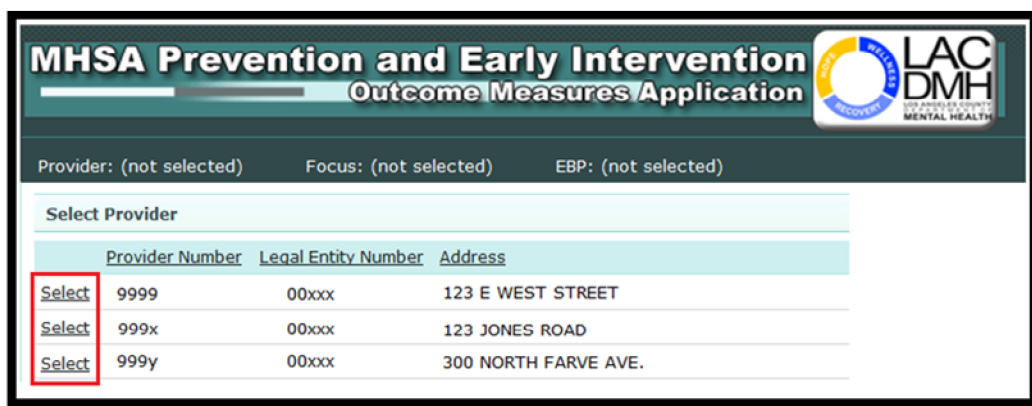


You must be associated to a provider offering outpatient services in order to proceed. If you are not associated to such a provider, the application will display the following message below at this point:



If you wish to correct this issue, please go to the OMA Wiki and follow the instructions on how to update the list of providers you are associated to. If you are associated to one or more providers offering outpatient services, the application will list all of these providers such as in the example below.

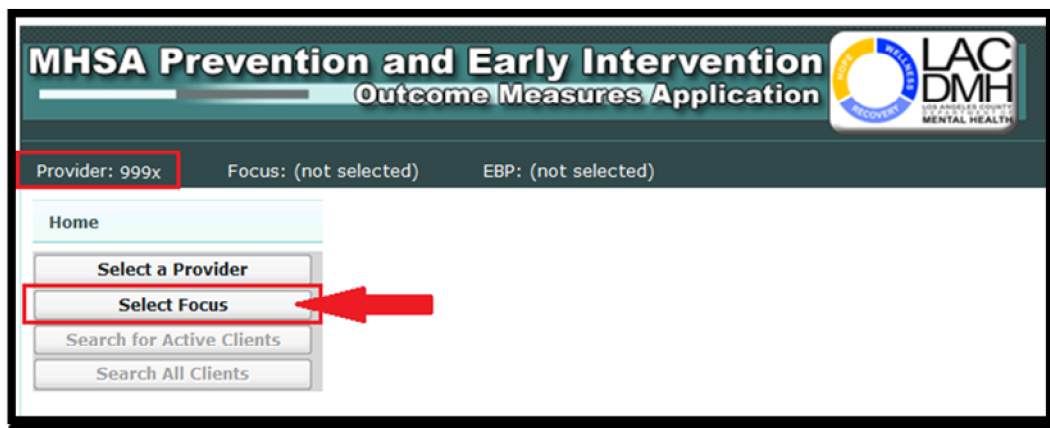
To choose a provider, click on the **Select** link next to the desired provider number.



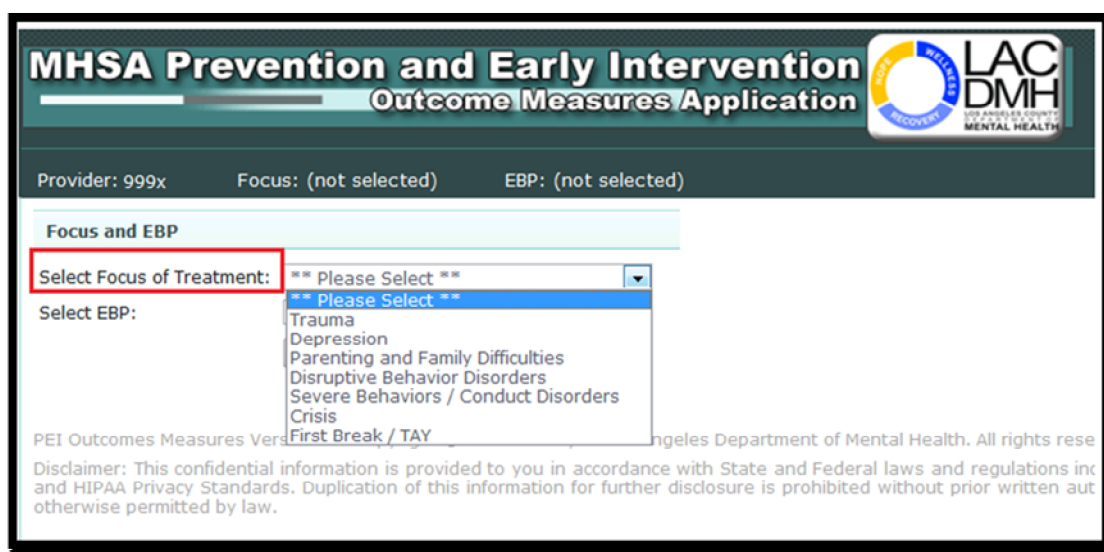
Section 3 – Select a Focus of Treatment and EBP

Once a provider is selected, you will be returned to the Home page. The identification number of the provider selected will be displayed at the top of screen.

Next, click on the **Select Focus** button.



You will be taken to the Focus and EBP screen. On this screen, first select the **Focus of Treatment** from dropdown list provided.



Next, select the evidence-based practice (**EBP**) from dropdown list.

Note: Only EBPs associated to the Focus of Treatment you have selected will be displayed in the dropdown list.

Focus and EBP

Select Focus of Treatment: Parenting and Family Difficulties

Select EBP: ** Please Select **

- Incredible Years (IY)
- Parent - Child Interaction Therapy (PCIT)
- UCLA Ties Transition Model (UCLA Ties Transition Model)
- Reflecting Parenting Program (RPP)
- Caring for Our Families (CFOF)
- Loving Intervention Family Enrichment (LIFE)

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Once you have chosen the **Focus of Treatment** and **EBP**, click on the **OK** button to continue.

MHPA Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: (not selected) EBP: (not selected)

Focus and EBP

Select Focus of Treatment: Parenting and Family Difficulties

Select EBP: Incredible Years (IY)

OK **Back**

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You will be taken to the Home page. The **Focus of Treatment** and **EBP** you have chosen will be displayed at the top of the screen and will remain there while you are using the application.

The screenshot shows the user interface of the 'MHSA Prevention and Early Intervention Outcome Measures Application'. At the top, there is a header bar with the application title and the LAC DMH logo. Below the header, a dark grey navigation bar contains three fields: 'Provider: 999x', 'Focus: Parenting and Family Difficulties', and 'EBP: Incredible Years (IY)'. The 'Focus' and 'EBP' fields are highlighted with a red border. On the left side, there is a 'Home' tab and a vertical menu with four buttons: 'Select a Provider', 'Select Focus', 'Show Active Clients', and 'Search All Clients'. The main content area is currently blank.

Section 4 – Select a Client

Once the Focus and EBP have been selected, you can either update an active treatment cycle for a given client or begin entering a new treatment cycle for the client.

- To update an active treatment cycle for a client, go to section 10 – View a Treatment Cycle.
- To enter a new treatment cycle for a client, follow the instructions below.

From the Home page, click on the **Search All Clients** button.

MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Home

Select a Provider
Select Focus
Show Active Clients
Search All Clients

You will be taken to the **Search All Clients** page.

MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 6857 Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Search All Clients

Client ID:
Last Name:
First Name:

0 of 0 Items 10 /Page Go

| <u>Client ID</u> | <u>Last Name</u> | <u>First Name</u> | <u>Middle Name</u> | <u>Birth Date</u> | <u>Current Age</u> | <u>Gender</u> |
|------------------|------------------|-------------------|--------------------|-------------------|--------------------|---------------|
|------------------|------------------|-------------------|--------------------|-------------------|--------------------|---------------|

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Disclaimer: This confidential information is provided to you in accordance with State and Federal laws and regulations, including the California Health and Safety Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure without the written consent of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Note: The client you are searching for must already exist in the DMH Integrated System (IS). If the client is not already in the IS, they will not show up in the results list.

Search for a client by entering their **Client ID**, **Last Name** or **First Name**. Next, click on the **Go** button or hit the **Enter** key.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Search All Clients

Client ID: XXXXXX
Last Name: Doe
First Name: John

Go

0 of 0 0 Items 10 /Page Go

| Client ID | Last Name | First Name | Middle Name | Birth Date | Current Age | Gender |
|-----------|-----------|------------|-------------|------------|-------------|--------|
|-----------|-----------|------------|-------------|------------|-------------|--------|

The results list will display all of the clients that match the criteria entered. Click on the **Select** link next to the client record you have chosen.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Search All Clients

Client ID: XXXXXX
Last Name:
First Name:

Go

1 of 1 1 Items 10 /Page Go

| Client ID | Last Name | First Name | Middle Name | Birth Date | Current Age | Gender |
|---------------|-----------|------------|-------------|------------|--------------|--------|
| Select | XXXXXX | Doe | John | 11/1/1995 | 15 years old | Male |

Where you go next will depend on whether or not the client you selected has prior treatment history with the provider and focus of treatment selected:

- If Yes, you will be taken to the **Treatment History** page. Proceed to the next page.
- If No, you will be taken to the **Beginning of Treatment Information** page. Skip to section 5.

The **Treatment History** page will display the relevant treatment history for the client with the provider and focus of treatment selected. Note that you will not be able to start a new treatment cycle if an active treatment cycle is indicated for the client.

Provider: 999x
Focus: Parenting and Family Difficulties
EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID

XXXXXXX

Birth Date

8/19/1998

Current Age

16 years 4 months

Gender

Male

Ethnicity

03-Hispanic

Primary Language

02-Spanish

Treatment History

Start New Treatment Cycle

of 1

2 Items

20 /Page

Go

| Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session | Total Number of Sessions | Completed EBP? | Client TX Success | Disposition | DSM-IV Code - Termination |
|----------|-----------------------|-----------------------|----------------------|----------------------|--------------------------|----------------|-------------------|-------------|---------------------------|
| Inactive | 7/24/2014 | Incredible Years (IY) | 291.81 | 9/21/2014 | 10 | Yes | Significant | Case closed | 293.9 |

Click the **Start New Treatment Cycle** button to proceed with a new treatment cycle.

Provider: 999x
Focus: Parenting and Family Difficulties
EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID

XXXXXXX

Birth Date

8/19/1998

Current Age

16 years 4 months

Gender

Male

Ethnicity

03-Hispanic

Primary Language

02-Spanish

Treatment History

Start New Treatment Cycle

of 1

2 Items

20 /Page

Go

| Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session |
|----------|-----------------------|-----------------------|----------------------|----------------------|
| Inactive | 7/24/2014 | Incredible Years (IY) | 291.81 | 9/21/2014 |


You will be taken to the **Beginning of Treatment Information** page.

Section 5 – Enter Beginning of Treatment Information

On the Beginning of Treatment Information page, do the following:

1. Select a value for **Therapist ID/Staff Code** by clicking on the **Lookup...** link next to the field. This is not a free text field.
2. Enter the **Date of First Session** by typing in the date or by clicking on the Calendar icon and selecting date from the Calendar picker.
3. Select a value for the **DSM-IV Code Principle Axis I – Intake** by clicking on the **Lookup...** link next to the field. This is not a free text field.
4. To save your entries, click the **Save** button. To cancel, click the **Cancel** button. The application will direct you back to the previous page.

Note: The application will validate the dates you enter. If you enter an invalid date, the application will return an error message.

MHSA Prevention and Early Intervention Outcome Measures Application 

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID XXXXXXX

Birth Date 8/19/1998

Current Age 16 years 4 months


Gender Female

Ethnicity 01-White

Primary Language 01-English

Beginning of Treatment Information

Therapist ID/Staff Code 00YYYYX [Lookup...](#)

Date of First Session 11/24/2014 

DSM-IV Code Principle Axis I-Intake 293.9 [Lookup...](#)

Age at First Session 16 years 3 months

[Save](#) [Cancel](#)

Section 6 – Complete and Submit ‘Pre’ Questionnaires

After entering the Beginning of Treatment Information, you will be taken to the **Client Treatment Information** page. On this page, you will see demographic information for the client, the Beginning of Treatment Information and a list of required questionnaires based on the EBP and the client age at first session.

Note that there may be cases when there will be no required questionnaires for a client.

- For clients with required questionnaires, proceed to section 6.1
- For clients with no required questionnaires, skip to section 6.4

Section 6.1 – Clients with Required Questionnaires

Click on the **New** icon next to the questionnaire you wish to submit. You will be taken to the **Add Questionnaire** page.

MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------|--------------------------------------|--------------------|
| JOHN DOE | | Beginning of Treatment Information ? | |
| Client ID | XXXXXX | Therapist ID/Staff Code | 00YYYY |
| Birth Date | 11/1/1995 | Date of First Session | 07/24/2014 |
| Current Age | 16 years 4 months | DSM-IV Code Principle Axis I-Intake | 291.81 |
| Gender | Male | Age at First Session | 15 years 11 months |
| Ethnicity | 03-Hispanic | | |
| Primary Language | 02-Spanish | | |

Required Questionnaires

| New | Questionnaire Name |
|-----|--|
| | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire - Self Report - 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |

NEW icon

Enter End of Treatment

View Treatment Status

There are two possible scenarios for saving required questionnaires.

- Questionnaires with subscale scores to report. – Continue on to section 6.2
- Questionnaires with no subscale scores collected and unable to report.– Skip to section 6.3

Section 6.2 – Report Subscale Scores for a Questionnaire

On the Add Questionnaire page, do the following:

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from dropdown list. If this is the first questionnaire, the only choice will be 'Pre'.
3. Enter a valid **Score** for each Subscale / SCALE record. You may tab to the next field.
4. To submit the questionnaire, click on the **Save** button. To cancel this entry, click on the **Cancel** button. The application will direct you back to the previous page.

Provider: 999xFocus: Parenting and Family DifficultiesEBP: Incredible Years (IY)

Client Demographics

JOHN DOE
Client IDXXXXXXXX
Birth Date11/1/1995
Current Age16 years 4 months
GenderMale
Ethnicity03-Hispanic
Primary Language02-Spanish

Client Treatment Information

Beginning of Treatment Information ⓘ

Therapist ID/Staff Code00YYYYX
Date of First Session07/24/2014
DSM-IV Code Principle Axis I-Intake291.81
Age at First Session15 years 11 months

Add Youth Outcome Questionnaire - 2.01 (Parent)

Questionnaire Administration Date7/24/2014 ⓘ
TypePre ▼

| Subscale / SCALE | Score |
|-------------------------|-------|
| Intrapersonal Distress | 20 |
| Somatic | 20 |
| Interpersonal Relations | 20 |
| Social Problems | 20 |
| Behavioral Dysfunction | 20 |
| Critical Items | 20 |
| Total | 20 x |

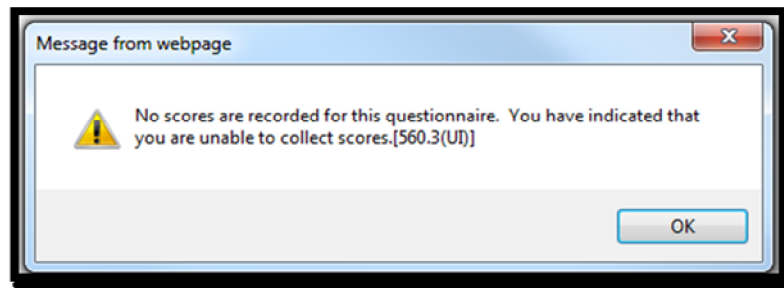
☐ Unable to CollectReason** Please Select ** ▼

SaveCancel

Section 6.3 – Unable to Collect Scores for a Questionnaire

On the Add Questionnaire page, do the following:

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from the dropdown list. If this is the first questionnaire, the only choice will be 'Pre'
3. Click on the **Unable to Collect** check box. The application will display a confirmation message notifying you that no scores will be recorded for this questionnaire:
4. To continue, click the **OK** button on the confirmation message.



5. Select a value from the **Reason** dropdown list indicating the reason you were unable to collect scores. **Note:** The available values in the **Reason** dropdown list vary based on the questionnaire you have selected.
6. To submit the questionnaire, click on the **Save** button. To cancel this entry, click on the **Cancel** button. The application will direct you back to the previous page.

You may come back at a later time to edit the questionnaire. You will be able to change it from **Unable to Collect** to adding the **Scores** for each Subscale / SCALE record.

A screenshot of the "Add Youth Outcome Questionnaire - 2.01 (Parent)" form. The form has a light blue header. Below the header, there are two input fields: "Questionnaire Administration Date" with the value "7/28/2014" and a calendar icon, and "Type" with a dropdown menu showing "Pre". Below these fields is a table with two columns: "Subscale / SCALE" and "Score". The table has seven rows: "Intrapersonal Distress", "Somatic", "Interpersonal Relations", "Social Problems", "Behavioral Dysfunction", "Critical Items", and "Total". Each row has a corresponding empty text input field for the score. At the bottom of the form, there is a checkbox labeled "Unable to Collect" which is checked, and a "Reason" dropdown menu showing "Administered wrong forms". At the very bottom are "Save" and "Cancel" buttons. Red boxes highlight the date and type fields, the "Unable to Collect" checkbox and reason dropdown, and the "Save" and "Cancel" buttons.

After you save a questionnaire, the application will return you to the **Client Treatment Information** page. The questionnaire you entered will be listed in the Completed Questionnaires section.

The screenshot shows the 'Client Treatment Information' page. It has two main sections: 'Required Questionnaires' and 'Completed Questionnaires'.

Required Questionnaires:

| New | Questionnaire Name |
|-----|--|
| | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire - Self Report - 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |

Below the list are two buttons: 'Enter End of Treatment' and 'View Treatment Status'.

Completed Questionnaires:

| Questionnaire Name |
|---|
| Youth Outcome Questionnaire - 2.01 (Parent) |

Red annotations include:

- An arrow pointing to the 'New' icon with the text: "To start a new Questionnaire, click on the 'New' icon."
- An arrow pointing to the plus sign (+) in the 'Completed Questionnaires' section with the text: "To expand list, click on the plus sign (+)."

To view the questionnaire you have entered, skip to section 12 – View a Questionnaire.

To edit a questionnaire you have entered, skip to section 13 – Edit a Questionnaire.

To submit an 'Update' questionnaire, proceed to section 7 – Complete and Submit 'Update' questionnaires.

Once you have entered a 'Pre' questionnaire for each of the required questionnaires, the **Enter End of Treatment** button will be enabled on the Client Treatment Information page.

The screenshot shows the 'Client Treatment Information' page. It has two main sections: 'Required Questionnaires' and 'Completed Questionnaires'.

Required Questionnaires:

| New | Questionnaire Name |
|-----|--|
| | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire - Self Report - 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |

Below the list are two buttons: 'Enter End of Treatment' and 'View Treatment Status'.

Completed Questionnaires:

| Questionnaire Name |
|--|
| Youth Outcome Questionnaire - 2.01 (Parent) |
| Pre 7/24/2014 |
| Youth Outcome Questionnaire - Self Report - 2.0 |
| Pre 7/24/2014 |
| Eyberg Child Behavior Inventory (ECBI) |
| Pre 7/24/2014 |
| Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |
| Pre 7/24/2014 |

Red annotations include:

- An arrow pointing to the 'Enter End of Treatment' button with the text: "Once a PRE questionnaire has been entered for each required questionnaire, the **Enter End of Treatment** button will be enabled."

If you wish to complete and submit End of Treatment Information at this time, skip to section 8 – Complete and Submit End of Treatment Information.

Section 6.4 – Clients with no required questionnaires

If a client you selected does not have any required questionnaires available, the application will return the message shown in the example below.

The screenshot displays a client record for JOHN DOE. The interface is divided into two main columns: Client Demographics and Client Treatment Information. Below these, there is a section for Required Questionnaires, which is currently empty. A red box highlights the 'Enter End of Treatment' button, and a red callout box explains that no outcome questionnaires are required for this client due to their age. A red box at the bottom of the interface contains a message for clients who do not have any required questionnaires.

| Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY) | |
|---|-------------------------|
| Client Demographics | |
| JOHN DOE | |
| Client ID | XXXXXX |
| Birth Date | 11/1/1995 |
| Current Age | 15 years old |
| Gender | Male |
| Ethnicity | 99-Unknown/Not Reported |
| Primary Language | 01-English |
| Client Treatment Information | |
| Beginning of Treatment Information | |
| Therapist ID/Staff Code | cXXXXXX |
| Date of Intake | 1/1/2011 |
| Date of First Session | 1/10/2011 |
| DSM-IV Code Principle Axis I-Intake | 999.99 |
| Age at First Session | 15 years old |
| Required Questionnaires | |
| Enter End of Treatment | |
| Due to the client's age, no outcome questionnaires are required for this client. To complete "End of Treatment" information at this time, please click on the "End of Treatment" button. To return to the home page, please click on the "Home" button. | |
| Message for client's that do not have any required questionnaires. | |

You can proceed to enter the End of Treatment Information by clicking on the **Enter End of Treatment** button and skipping ahead to section 8.

Section 7 – Complete and Submit ‘Update’ questionnaires

From the Client Treatment Information page, click on the **New** icon next to the questionnaire you wish to submit. You will be taken to the **Add Questionnaire** page.

The screenshot displays two panels: 'Required Questionnaires' and 'Completed Questionnaires'. In the 'Required Questionnaires' panel, a table lists four questionnaires: 'Youth Outcome Questionnaire - 2.01 (Parent)', 'Youth Outcome Questionnaire - Self Report - 2.0', 'Eyberg Child Behavior Inventory (ECBI)', and 'Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R)'. Each row has a 'New' icon (a document with a plus sign) to its left. A red box highlights the 'New' icon for the first questionnaire, with an arrow pointing to it and a text box stating: 'To start a new Questionnaire, click on the 'New' icon.' Below the table are two buttons: 'Enter End of Treatment' and 'View Treatment Status'. In the 'Completed Questionnaires' panel, a table lists the same 'Youth Outcome Questionnaire - 2.01 (Parent)'. A red box highlights the plus sign icon to the left of the first row, with an arrow pointing to it and a text box stating: 'To expand list, click on the plus sign (+).'.

On the Add Questionnaire page, do the following:

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Select 'Update' from **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save and submit the questionnaire, click on the **Save** button. To cancel this entry, click on the **Cancel** button.

The screenshot shows the 'Add Youth Outcome Questionnaire - 2.01 (Parent)' form. At the top, there are two fields: 'Questionnaire Administration Date' with the value '6/10/11' and a calendar icon, and 'Type' with a dropdown menu showing 'Update'. A red box highlights both fields. Below these is a table with two columns: 'Subscale / SCALE' and 'Score'. The rows are: 'Intrapersonal Distress' (Score: 10), 'Somatic' (Score: 10), 'Interpersonal Relations' (Score: 10), 'Social Problems' (Score: 10), 'Behavioral Dysfunction' (Score: 10), 'Critical Items' (Score: 10), and 'Total' (Score: 100). A red box highlights the 'Score' column. Below the table, there is a checkbox labeled 'Unable to Collect' and a 'Reason' dropdown menu with the value '** Please Select **'. At the bottom, there are two buttons: 'Save' and 'Cancel', which are highlighted by a red box.

Once you have completed and saved an 'Update' type questionnaire, the system will return to **Client Treatment Information** page.

Provider: 999x
Focus: Parenting and Family Difficulties
EBP: Incredible Years (IV)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------|-------------------------------------|--------------------|
| JOHN DOE | | Beginning of Treatment Information | |
| Client ID | XXXXXXX | Therapist ID/Staff Code | 00YYYYX |
| Birth Date | 11/1/1995 | Date of First Session | 07/24/2014 |
| Current Age | 16 years 4 months | DSM-IV Code Principle Axis I-Intake | 291.81 |
| Gender | Male | Age at First Session | 15 years 11 months |
| Ethnicity | 03-Hispanic | | |
| Primary Language | 02-Spanish | | |

Required Questionnaires

| New | Questionnaire Name |
|-----|--|
| | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire - Self Report - 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |

Enter End of Treatment
View Treatment Status

Completed Questionnaires

| Questionnaire Name | | | | | | | |
|-------------------------------------|---|------|-----------------------------------|-----|-----------|--------|-----------|
| <input checked="" type="checkbox"/> | Youth Outcome Questionnaire - 2.01 (Parent) | | | | | | |
| | <table> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td>Pre </td> <td>7/24/2014</td> </tr> <tr> <td>Update </td> <td>7/31/2014</td> </tr> </tbody> </table> | Type | Questionnaire Administration Date | Pre | 7/24/2014 | Update | 7/31/2014 |
| Type | Questionnaire Administration Date | | | | | | |
| Pre | 7/24/2014 | | | | | | |
| Update | 7/31/2014 | | | | | | |
| <input checked="" type="checkbox"/> | Youth Outcome Questionnaire - Self Report - 2.0 | | | | | | |
| <input checked="" type="checkbox"/> | Eyberg Child Behavior Inventory (ECBI) | | | | | | |
| | <table> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td>Pre </td> <td>7/24/2014</td> </tr> <tr> <td>Update </td> <td>7/31/2014</td> </tr> </tbody> </table> | Type | Questionnaire Administration Date | Pre | 7/24/2014 | Update | 7/31/2014 |
| Type | Questionnaire Administration Date | | | | | | |
| Pre | 7/24/2014 | | | | | | |
| Update | 7/31/2014 | | | | | | |
| <input checked="" type="checkbox"/> | Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) | | | | | | |

To view your questionnaire, skip to section 12.

To edit your questionnaire, skip to section 13.

Section 8 – Complete and Submit End of Treatment Information

To enter End of Treatment Information, do the following:

1. From the Client Treatment Information page, click on the **Enter End of Treatment** button.
2. Enter the **Date of Last Session** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
3. Enter the **Total Number of Sessions**.
4. Indicate whether this EBP was completed by choosing the appropriate value from the **Completed EBP** dropdown list. Depending on what you select:
 - Yes → You must enter a response in the **Client Treatment Success** dropdown list.
 - No → The **Client Treatment Success** dropdown list will be disabled. Please disregard.
5. Select a value from the **Disposition** dropdown list.
6. Select a value for the **DSM-IV Code Principle Axis I – Termination** by clicking on the **Lookup** link next to the field. This is not a free text field.
7. To save, click the **Save** button.
8. To cancel, click the **Cancel** button, system will redirect you to the previous page.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------|--------------------------------------|--------------------|
| JOHN DOE | | | |
| Client ID | XXXXXXX | Beginning of Treatment Information ⓘ | |
| Birth Date | 11/1/1995 | Therapist ID/Staff Code | 00YYYYX |
| Current Age | 16 years 4 months | Date of First Session | 07/24/2014 |
| Gender | Male | DSM-IV Code Principle Axis I-Intake | 291.81 |
| Ethnicity | 03-Hispanic | Age at First Session | 15 years 11 months |
| Primary Language | 02-Spanish | | |

| End of Treatment Information | |
|--|---------------------------------|
| Date of Last Session | 9/20/2014 ⓘ |
| Total Number of Sessions | 10 |
| Completed EBP? | Yes ▼ |
| Client Treatment Success | Significant ▼ |
| Disposition | Case closed ▼ |
| DSM-IV Code Principle Axis-I Termination | 293.9 Lookup... |

Save **Cancel**

Note: If you selected 'Yes' for **Completed EBP** field, this will not end the client's treatment cycle. You will need to complete and submit all required 'Post' questionnaires in order to end the treatment cycle.

If you selected 'No' for Completed EBP field, this will end the treatment cycle.

Once you have completed the End of Treatment Information, you will be returned to **Treatment Cycle Status** page.

Provider: 999x
Focus: Parenting and Family Difficulties
EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID

XXXXXXX

Birth Date

11/1/1995

Current Age

16 years 4 months

Gender

Male

Ethnicity

03-Hispanic

Primary Language

02-Spanish

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code

00YYYYX

Date of First Session

07/24/2014

DSM-IV Code Principle Axis I-Intake

291.81

Age at First Session

15 years 11 months

End of Treatment Information

Date of Last Session

9/20/2014

Total Number of Sessions

10

Completed EBP

Yes

Client Treatment Success

Significant

Disposition

Case closed

DSM-IV Code Principle Axis-I Termination

293.9

Treatment Cycle Status – Additional Information Needed

Questionnaires

| Questionnaire Name | Status |
|--|---------|
| Youth Outcome Questionnaire - 2.01 (Parent) | Pending |
| Youth Outcome Questionnaire – Self Report – 2.0 | Pending |
| Eyberg Child Behavior Inventory (ECBI) | Pending |
| Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) | Pending |

Return to Client Treatment Info

If you wish to complete and submit pending 'Post' questionnaires, please continue on to section 9.

Section 9 – Complete and Submit ‘Post’ questionnaires

Once the End of Treatment Information is completed, the application will indicate which ‘Post’ questionnaires are still pending completion on the **Treatment Cycle Status** page.





To complete and submit a ‘Post’ questionnaire, click on the **New** icon next to the questionnaire you wish to complete.


Provider: 999xFocus: Parenting and Family DifficultiesEBP: Incredible Years (IY)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------|--|--------------------|
| JOHN DOE | | | |
| Client ID | XXXXXXX | | |
| Birth Date | 11/1/1995 | Therapist ID/Staff Code | 00YYYYX |
| Current Age | 16 years 4 months | Date of First Session | 07/24/2014 |
| Gender | Male | DSM-IV Code Principle Axis I-Intake | 291.81 |
| Ethnicity | 03-Hispanic | Age at First Session | 15 years 11 months |
| Primary Language | 02-Spanish | | |
| | | Beginning of Treatment Information | |
| | | End of Treatment Information | |
| | | Date of Last Session | 9/20/2014 |
| | | Total Number of Sessions | 10 |
| | | Completed EBP | Yes |
| | | Client Treatment Success | Significant |
| | | Disposition | Case closed |
| | | DSM-IV Code Principle Axis-I Termination | 293.9 |

Treatment Cycle Status = Additional Information Needed

Questionnaires

| Questionnaire Name | Status |
|--|---------|
|  Youth Outcome Questionnaire - 2.01 (Parent) | Pending |
|  Youth Outcome Questionnaire - Self Report - 2.0 | Pending |
|  Eyberg Child Behavior Inventory (ECBI) | Pending |
|  Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) | Pending |

NEW icon

Return to Client Treatment Info

You will be taken to the **Add Questionnaire** screen.

On the Add Questionnaire page, do the following:

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
2. Select 'Post' from the **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record, or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To submit questionnaire, click on the **Save** button.
5. To cancel this entry, click on the **Cancel** button.

Add Youth Outcome Questionnaire - 2.01 (Parent)

Questionnaire Administration Date: 9/20/2014

Type: Post

| Subscale / SCALE | Score |
|-------------------------|-------|
| Intrapersonal Distress | 20 |
| Somatic | 20 |
| Interpersonal Relations | 20 |
| Social Problems | 20 |
| Behavioral Dysfunction | 20 |
| Critical Items | 20 |
| Total | 20 |

☐ Unable to Collect Reason: ** Please Select **

Save **Cancel**

You will be returned to the **Treatment Status** page.

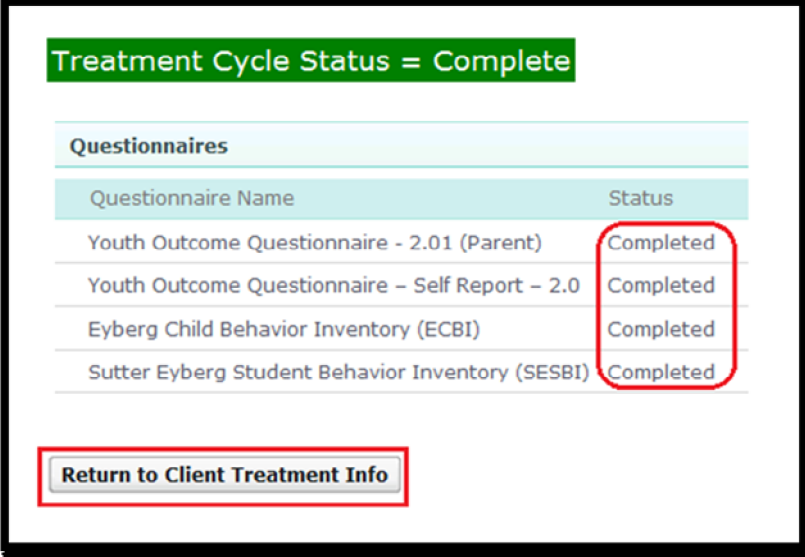
The status of each questionnaire will change from *Pending* to *Completed* once it has been submitted.

Treatment Cycle Status = Additional Information Needed

| Questionnaires | |
|--|-----------|
| Questionnaire Name | Status |
| Youth Outcome Questionnaire - 2.01 (Parent) | Completed |
| Youth Outcome Questionnaire - Self Report - 2.0 | Pending |
| Eyberg Child Behavior Inventory (ECBI) | Pending |
| Sutter Eyberg Student Behavior Inventory (SESBI) | Pending |

Return to Client Treatment Info

Once you complete all the required 'Post' questionnaires, the **Treatment Cycle Status** indicator on the Client Treatment Information page will change to "Complete" and turn from red to green.



The screenshot shows a web interface with a green header bar at the top stating "Treatment Cycle Status = Complete". Below this is a section titled "Questionnaires" which contains a table. The table has two columns: "Questionnaire Name" and "Status". There are four rows of data, all of which show "Completed" in the Status column. A red rectangular box highlights the entire table area. Below the table, there is a button labeled "Return to Client Treatment Info" which is also enclosed in a red rectangular box.

| Questionnaire Name | Status |
|--|-----------|
| Youth Outcome Questionnaire - 2.01 (Parent) | Completed |
| Youth Outcome Questionnaire – Self Report – 2.0 | Completed |
| Eyberg Child Behavior Inventory (ECBI) | Completed |
| Sutter Eyberg Student Behavior Inventory (SESBI) | Completed |

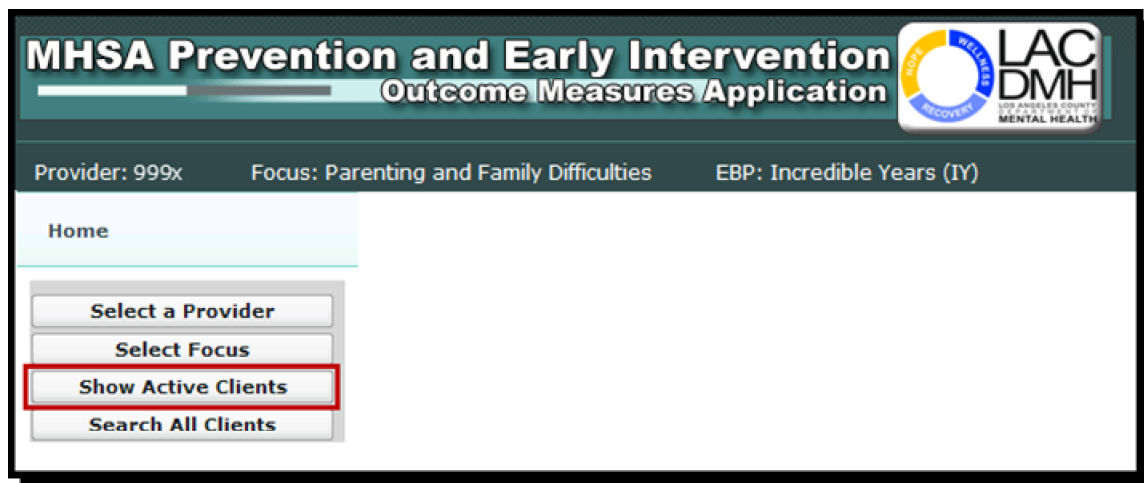
[Return to Client Treatment Info](#)

To return to the Client Treatment Information page, click on the **Return to Client Treatment Info** button.

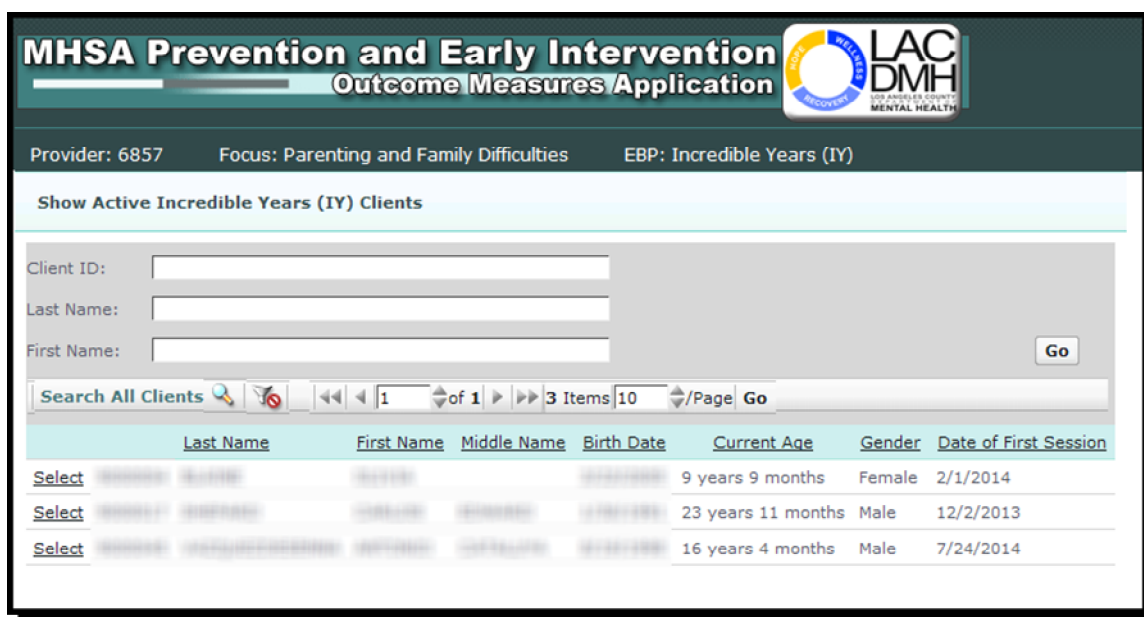
Section 10 – View a Treatment Cycle

First, follow sections 1 – 3.

Once you have selected a provider, focus of treatment and EBP, click on the **Show Active Clients** button.



On the Show Active Clients page, you will be given a list of clients who have active treatment cycles at the selected provider site under the chosen EBP.



| | Last Name | First Name | Middle Name | Birth Date | Current Age | Gender | Date of First Session |
|--------|-----------|------------|-------------|------------|--------------------|--------|-----------------------|
| Select | WILSON | ALICE | JOAN | 12/15/1994 | 9 years 9 months | Female | 2/1/2014 |
| Select | WILSON | JOHN | DAVID | 12/15/1994 | 23 years 11 months | Male | 12/2/2013 |
| Select | WILSON | JOHN | DAVID | 12/15/1994 | 16 years 4 months | Male | 7/24/2014 |

By default, the list of clients will only display 10 records at a time. If the client you wish to select is not in the first 10 records, you can also use the navigation arrow buttons above the list to move from page to page.



You can also filter the list by entering the client's **ID number**, **Last Name** or **First Name** and then either clicking on the **Go** button or hitting the **Enter** key.

Click on the **Select** link next to the entry for the client whose treatment cycle you wish to view.

| Search All Clients | | | | | | | |
|---|------------|------------|-------------|------------|--------------------|--------|-----------------------|
| <div> <div>1 of 1</div> <div>3 Items</div> <div>10 /Page</div> <div>Go</div> </div> | | | | | | | |
| | Last Name | First Name | Middle Name | Birth Date | Current Age | Gender | Date of First Session |
| Select | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | 12/12/1998 | 9 years 9 months | Female | 2/1/2014 |
| Select | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | 12/12/1998 | 23 years 11 months | Male | 12/2/2013 |
| Select | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | 12/12/1998 | 16 years 4 months | Male | 7/24/2014 |

After you select the client, you will be taken to the **Treatment History** page. This page will display the treatment history of the client for the focus of treatment and the provider you selected.

Provider: 999x

Focus: Parenting and Family Difficulties

EBP: UCLA Ties Transition Model (UCLA Ties Transition Model)

Client Demographics

JOHN DOE

Client ID

XXXXXXXX

Birth Date

8/19/1998

Current Age

16 years 4 months

Gender

Male

Ethnicity

03-Hispanic

Primary Language

02-Spanish

Treatment History

Start New Treatment Cycle

1

of 1

2 Items

20 /Page

Go

| Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session | Total Number of Sessions | Completed EBP? | Client TX Success | Disposition | DSM-IV Code - Termination |
|----------|-----------------------|---|----------------------|----------------------|--------------------------|----------------|-------------------|-------------|---------------------------|
| Active | 9/21/2014 | UCLA Ties Transition Model (UCLA Ties Transition Model) | 290.10 | | 0 | | | | |
| Inactive | 7/24/2014 | Incredible Years (IY) | 291.81 | 9/21/2014 | 10 | Yes | Significant | Case closed | 293.9 |

Click on the **View** icon (magnifying glass) next to record you wish to view.

| Treatment History | | | | | | | | | |
|--|-----------------------|-----------------------|----------------------|----------------------|--------------------------|-----------|--|--|--|
| <div> <div>Start New Treatment Cycle</div> <div>1 of 1</div> <div>1 Items</div> <div>20 /Page</div> <div>Go</div> </div> | | | | | | | | | |
| Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session | Total Number of Sessions | Completed | | | |
| Active | 7/24/2014 | Incredible Years (IY) | 291.81 | 9/20/2014 | 10 | Yes | | | |

You will then be taken to the **Client Treatment Information** page.

From the **Client Treatment Information** page, you can:

- View Beginning of Treatment and End of Treatment Information once entered
- Edit Beginning of Treatment by proceeding to section 11.
- Complete and submit required questionnaires by following section 6 and 9
- View a completed questionnaire by skipping to section 12.
- Edit a completed questionnaire by skipping to section 13.
- Edit End of Treatment Information, once entered, by skipping to section 14.

Provider: 999x
Focus: Parenting and Family Difficulties
EBP: Incredible Years (IV)

Client Demographics

JOHN DOE

| | |
|------------------|-------------------|
| Client ID | XXXXXXX |
| Birth Date | 11/1/1995 |
| Current Age | 16 years 4 months |
| Gender | Male |
| Ethnicity | 03-Hispanic |
| Primary Language | 02-Spanish |

Client Treatment Information

Beginning of Treatment Information

| | |
|-------------------------------------|--------------------|
| Therapist ID/Staff Code | 00YYYYX |
| Date of First Session | 07/24/2014 |
| DSM-IV Code Principle Axis I-Intake | 291.81 |
| Age at First Session | 15 years 11 months |

End of Treatment Information

| | |
|--|-------------|
| Date of Last Session | 9/20/2014 |
| Total Number of Sessions | 10 |
| Completed EBP | Yes |
| Client Treatment Success | Significant |
| Disposition | Case closed |
| DSM-IV Code Principle Axis-I Termination | 293.9 |

Required Questionnaires

Completed Questionnaires

New

| Questionnaire Name |
|--|
| Youth Outcome Questionnaire - 2.01 (Parent) |
| Youth Outcome Questionnaire - Self Report - 2.0 |
| Eyberg Child Behavior Inventory (ECBI) |
| Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |

Enter End of Treatment
View Treatment Status

| Questionnaire Name |
|--|
| Youth Outcome Questionnaire - 2.01 (Parent) |
| Youth Outcome Questionnaire - Self Report - 2.0 |
| Eyberg Child Behavior Inventory (ECBI) |
| Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |

To start a new questionnaire, click on the 'New' icon.

To expand list, click on the plus sign (+).

Section 11 – Edit Beginning of Treatment Information

First, follow section 10.

Next, click on the **Edit** icon in the **Beginning of Treatment Information** section.

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------|---|--------------------|
| JOHN DOE | | Beginning of Treatment Information | |
| Client ID | XXXXXXX | Therapist ID/Staff Code | 00YYYYXX |
| Birth Date | 11/1/1995 | Date of First Session | 07/24/2014 |
| Current Age | 16 years 4 months | DSM-IV Code Principle Axis I-Intake | 291.81 |
| Gender | Male | Age at First Session | 15 years 11 months |
| Ethnicity | 03-Hispanic | | |
| Primary Language | 02-Spanish | | |

You will then be taken to the **Edit Beginning of Treatment Information** page.

Beginning of Treatment Information

Therapist ID/Staff Code: 00YYYYXX [Lookup...](#)

Date of First Session: 11/24/2014

DSM-IV Code Principle Axis I-Intake: 293.9 [Lookup...](#)

Age at First Session: 16 years 3 months

[Save](#) [Cancel](#)

Please note that only **Therapist ID/Staff Code** and **DSM-IV Code Principle Axis I - Intake** can be edited.

Click on the **Save** button once you have completed your changes.

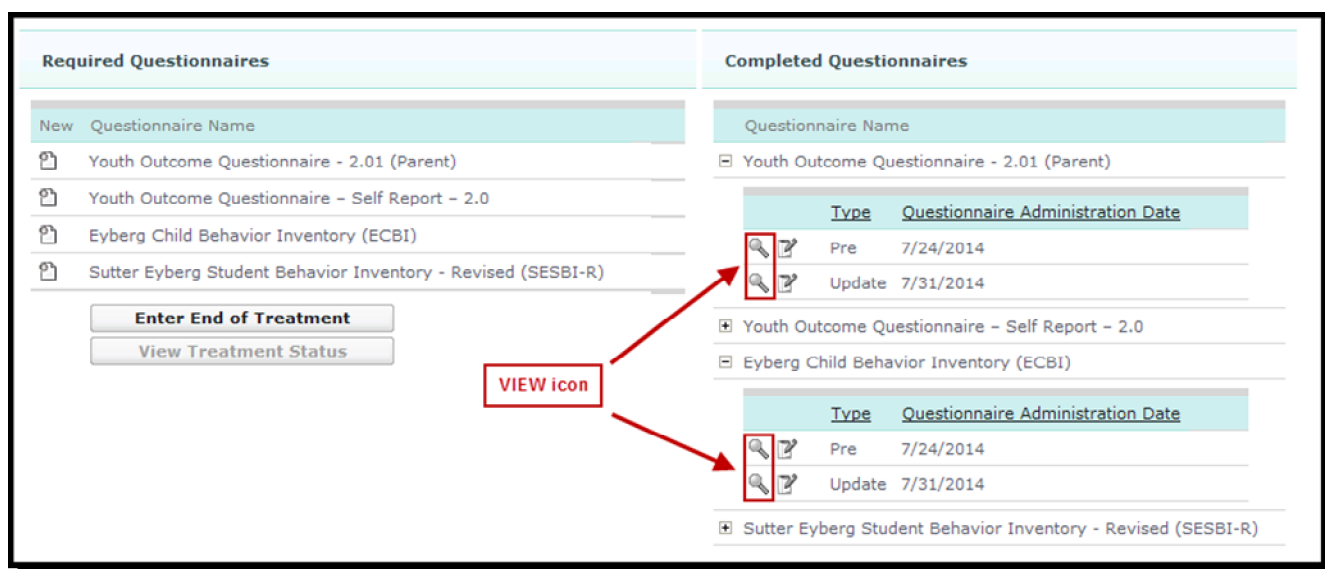
To cancel any changes and return to previous page, click on the **Cancel** button.

Section 12 – View a Questionnaire

First, follow section 10.

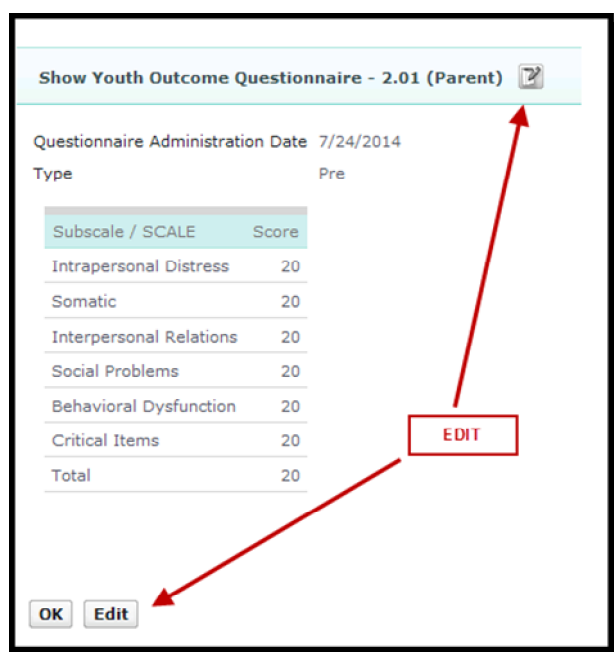
To view a questionnaire in the current treatment cycle, click on the plus (+) sign next to the questionnaire type in the Completed Questionnaire section. The list will expand showing all of the questionnaires of this type that have been saved.

Then click on the **View** (magnifying glass) icon next to the questionnaire you wish to view.



You will be taken to the Show Questionnaire page so you can review the answers provided for the selected questionnaire. You can return to Client Treatment History page by clicking on the **OK** button at the bottom of the page.

If you wish to edit the questionnaire, click on either one of the **Edit** buttons. Proceed to section 12. – Edit a Questionnaire.



To return to the Home page, click on the **Home** button in the top-right corner of the page.



Section 13 – Edit a Questionnaire

First, follow section 10.

To edit the questionnaire in the current treatment cycle, click on the plus (+) sign next to the questionnaire type. The list will expand showing all of the questionnaires of this type that have been saved.

Then click on the **Edit** (paper & pencil) icon next to the questionnaire you wish to edit.

The screenshot shows a web interface with two main panels: 'Required Questionnaires' and 'Completed Questionnaires'.

Required Questionnaires:

| New | Questionnaire Name |
|-----|--|
| | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire - Self Report - 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory - Revised (SESBI-R) |

Buttons: **Enter End of Treatment**, **View Treatment Status**

Completed Questionnaires:

Questionnaire Name: Youth Outcome Questionnaire - 2.01 (Parent)

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 7/24/2014 |
| Update | 7/31/2014 |

Below this, there are expandable sections for 'Youth Outcome Questionnaire - Self Report - 2.0' and 'Eyberg Child Behavior Inventory (ECBI)', each with a similar table of administration dates.

A red box labeled 'EDIT icon' points to the pencil icon next to the 'Update' row in the first completed questionnaire table.

You will be taken to the **Edit Questionnaire** page for the selected questionnaire.

The screenshot shows the 'Edit Youth Outcome Questionnaire - 2.01 (Parent)' page.

Questionnaire Administration Date: 7/24/2014

Type: Pre

| Subscale / SCALE | Score |
|-------------------------|-------|
| Intrapersonal Distress | 20 |
| Somatic | 20 |
| Interpersonal Relations | 20 |
| Social Problems | 20 |
| Behavioral Dysfunction | 20 |
| Critical Items | 20 |
| Total | 20 |

☐ Unable to Collect Reason: ** Please Select **

Save **Cancel**

On the **Edit Questionnaire** page, all of the validations that applied when the questionnaire was created still apply.

Therefore, you will be able to update the answer for each score as long as you enter a valid answer for each. You will also be able to unmark the questionnaire marked as “Unable to Collect” as long as you enter valid answers for all of the scores on the questionnaire.

However, you will not be able to edit the Questionnaire Administration Date, the type of the questionnaire or mark the questionnaire with scores as “Unable to Collect”.

Click on the **Save** button once you have completed your changes.

To cancel any changes and return to the previous page, click on the **Cancel** button.

Section 14 – Edit End of Treatment Information






First, follow section 13.

Click on the **Edit** icon in the **End of Treatment Information** section.

Client Treatment Information

| | | | |
|--|--------------------|---|-------------|
| Beginning of Treatment Information  | | End of Treatment Information   EDIT icon | |
| Therapist ID/Staff Code | 0004454 | Date of Last Session | 9/20/2014 |
| Date of First Session | 07/24/2014 | Total Number of Sessions | 10 |
| DSM-IV Code Principle Axis I-Intake | 291.81 | Completed EBP | Yes |
| Age at First Session | 15 years 11 months | Client Treatment Success | Significant |
| | | Disposition | Case closed |
| | | DSM-IV Code Principle Axis-I Termination | 293.9 |

You will then be taken to the **Edit End of Treatment** page.

| | | | | | |
|--|-------------------|---|--|----------------------------|--|
| Provider: 999x | | Focus: Parenting and Family Difficulties | | EBP: Incredible Years (IY) | |
| Client Demographics | | | Client Treatment Information | | |
| JOHN DOE | | | Beginning of Treatment Information  | | |
| Client ID | XXXXXXXX | Therapist ID/Staff Code | 00YYYYX | | |
| Birth Date | 11/1/1995 | Date of First Session | 07/24/2014 | | |
| Current Age | 16 years 4 months | DSM-IV Code Principle Axis I-Intake | 291.81 | | |
| Gender | Male | Age at First Session | 15 years 11 months | | |
| Ethnicity | 03-Hispanic | | | | |
| Primary Language | 02-Spanish | | | | |
| End of Treatment Information | | | | | |
| Date of Last Session | | b/20/2014  | | | |
| Total Number of Sessions | | 10 | | | |
| Completed EBP? | | Yes  | | | |
| Client Treatment Success | | Significant  | | | |
| Disposition | | Case closed  | | | |
| DSM-IV Code Principle Axis-I Termination | | 293.9 Lookup... | | | |
| <div>Save Cancel</div> | | | | | |

Note: Total Number of Sessions, Client Treatment Success, Disposition and DSM-IV Code Principle Axis I-Termination are the only fields that can be edited.

Click on the **Save** button once you have completed your changes.

To cancel any changes and return to the previous page, click on the **Cancel** button.

Section 15 – Print

To print, click on the **Print** icon in the top-right corner of the page.



Section 16 – Sign Out

To sign out from the application, click on the **Sign Out** button in the top-right corner of the page.



PEI OMA Dictionary

| | |
|-------------------------------------|--|
| Active Client: | The client becomes active when 'Beginning of Treatment' (BOT) information is entered and remains active until all required 'End of Treatment' (EOT) information is entered. If EBP is completed, EOT information must include acknowledgement of all required post questionnaires for a treatment cycle to be closed for this Evidence-Based Practice (EBP) for this client at this provider site. |
| Age at First Session: | Client's calculated age when treatment in a specific EBP commences. This is calculated based on client's date of birth, as indicated in the DMH Integrated System, and 'Date of First Session'. |
| Beginning of Treatment Information: | Information related to the client's EBP treatment history at the beginning of treatment in a specific EBP at a specific provider site. This information includes: 'Date of First Session', 'DSM-IV Axis I Principle Diagnosis Code - Intake', and 'Therapist/Staff Code'. Completion of all required information identifies the start of treatment within a given EBP and initiates the treatment cycle. |
| Client ID: | The Department of Mental Health issued, seven-digit number used to uniquely identify a client. |
| Client's Treatment Success: | A field in "End of Treatment Information" that is enabled when the user selects "Yes" in the "Completed EBP" field. When "Client's Treatment Success" field is enabled, the user must identify whether the clinician determined the "Client Treatment Success" to be "Partial" or "Significant". |
| Completed EBP: | A yes/no response identifying whether the client completed all required interventions specific to the EBP in which the client received services for this 'treatment cycle'. |
| Current Age: | The client's current age is calculated based on client's date of birth, as identified in the IS, and the date the user is accessing client information in the PEI Outcome Measures Application. |
| Date of First Session: | The date signifying the client's first EBP treatment session within a specific EBP at a specific provider site. |
| Date of Last Session: | Last date for which EBP-specific services were provided and/or claimed. |
| DSM-IV: | Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition; Published by the American Psychiatric Association, the DSM-IV provides a common language and standard criteria for the classification of mental health disorders. |

| | |
|---|---|
| DSM-IV Axis I Principle Diagnosis Code – Intake: | Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP commenced, as indicated on the client's most recent Initial Assessment, Assessment Addendum, or Annual Update. |
| DSM-IV Axis I Principle Diagnosis Code – Termination: | Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP ended, as indicated on the client's initial intake assessment, assessment addendum or annual update. |
| Disposition: | A response identifying the next step for the client at the end of an EBP treatment cycle. Disposition options differ based on whether or not the EBP was completed ("Completed EBP?" field). |
| End of Treatment Information: | Information related to the client's EBP treatment history at the end of treatment in a specific EBP at a specific provider site. This information includes: 'Date of Last Session', 'Total Number of Sessions', information regarding completion of the EBP, 'Disposition' and 'DSM-IV Axis I Principle Diagnosis Code-Termination'. For clients who have completed treatment, this information will also include the provider's assessment of the success of treatment as well as acknowledgement of all required post-treatment outcome questionnaires. The completion of all required 'End of Treatment Information' closes out the 'treatment cycle'. |
| Evidence-Based Practice (EBP): | Used to refer to Evidence-Based Practices (EBP), Community-Defined Evidence (CDE) practices, and Promising Practices (PP). |
| Focus of Treatment: | Refers to a client's primary presenting problems for which EBP mental health services are being delivered (e.g., anxiety, depression, trauma, etc.). |
| Mental Health Services Act (MHSA): | The MHSA, adopted by the California electorate on November 2, 2004 creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services. |
| Prevention and Early Intervention (PEI): | A plan funded under the California Mental Health Services Act. This plan focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness. |
| 'Pre' Questionnaire: | All required pre-treatment outcome questionnaires, which should be completed during the first EBP-treatment session ('Date of First Session'). If unable to collect pre-treatment outcome questionnaires during the first EBP treatment session, the pre-treatment questionnaires must be completed no earlier than 7 days before and no later than 14 days after the first EBP-treatment session, or identified as "Unable to Collect." |

| | |
|------------------------------------|---|
| 'Post' Questionnaire: | All required post-treatment outcome questionnaires, which should be completed during the final EBP treatment session ('Date of Last Session'). If unable to collect post-treatment outcome questionnaires during the final EBP-treatment session, the post-treatment questionnaires must be completed no earlier than 7 days before and no later than 14 days after the last EBP treatment session, or identified as "Unable to Collect." |
| Provider ID: | The state issued, four digit number, associated with the primary location(s)/site(s) where the services are delivered. |
| Questionnaire: | Outcome measures completed by clients and/or parents/guardians/raters for all clients receiving PEI services. For each EBP in which the client receives services, agencies are expected to collect data using a common measure across all practices (Outcome Questionnaire (OQ) Series), as well as a second measure oriented to specific focus of treatment. At a minimum, for each treatment cycle of PEI EBP services, there will generally be acknowledgement of a 'Pre-' and 'Post-' treatment questionnaire for 2 measures (OQ + Focus of Treatment). |
| Questionnaire Administration Date: | Date when client or parent/guardian/rater completed each 'outcome measure questionnaire. |
| Questionnaire Type: | Identifies whether the outcome questionnaire data reflects Pre-treatment, Update or Post-treatment status. |
| Staff Code: | The seven-digit, alphanumeric DMH-issued staff code for individuals providing mental health services. An individual may be issued more than one staff code in cases where they provide services at more than one location or site. The staff code entered must represent the staff member that provided services to a given client at a given site. The staff code for the individual may be different than the username of the person using the application. |
| Status: | On the "View Treatment Status" page, this field indicates the status of the treatment cycle relative to outstanding post-treatment outcome questionnaires. |
| Subscale Totals: | Refers to the total Raw-score and T-score values for each questionnaire completed by the client and/or parent/guardian/rater. |
| Therapist ID: | See "Staff Code". |
| Treatment Cycle: | A period of time during which a client receives mental health services for a specific focus of treatment using a specific EBP at a specific provider site. It is encapsulated by completion of 'Beginning of Treatment Information' and all 'End of Treatment Information' requirements. |
| Unable to Collect: | Refers to a field in all questionnaires, which allows the user to identify when a clinician was unable to collect a completed outcome questionnaire within the |

| | |
|-------------------------|---|
| | 14-day window that starts on the 'Date of First Session' and the 'Date of Last Session'. |
| 'Update' Questionnaire: | Outcomes questionnaires completed between required pre-treatment and post-treatment outcomes questionnaires for a client within a treatment cycle for a specific EBP. For EBPs exceeding 6-months duration, update questionnaires are required every 6 months (from 'Date of First Session'). |



**Chief Information Office Bureau
Solutions Delivery Division
Solutions Development Section**

Managing and Adapting Practice (MAP)

[PEI-OMA Supplemental]

**User Manual
v1.5
February 5, 2015**

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Overview – Managing and Adapting Practice (MAP)

A MAP treatment cycle is composed of a general track with no focus of treatment (track #0) and one or more focus tracks (track #1 or greater). The general track spans the duration of a MAP treatment cycle while one or more focus tracks take place throughout the duration of the treatment cycle. When a MAP treatment cycle begins, both the general track and the first focus track begin on the same date. When the MAP treatment cycle ends, both the general track and the last focus track end on the same date.

General outcome measures are collected within the general track. The required questionnaires for the general track vary based the age of the client at the Date of First Session. Specific outcome measures are collected within each focus track. Each focus track has a specific focus of treatment (anxiety, depression, disruptive behavior disorder or trauma). Therefore, the required questionnaires for each focus track vary based on the focus of treatment of the track and the age of the client at the Focus Start Date.

At the start of the general track, a “Pre” for each required questionnaire is required. At the start of each focus track, a “Pre” for each required questionnaire is also required. When a focus track ends, a “Post” for each required questionnaire is required if the focus track was completed. At the end of the MAP treatment cycle, a “Post” for each required questionnaire of the general track is required if the EBP was completed.

Section 1 – Sign In

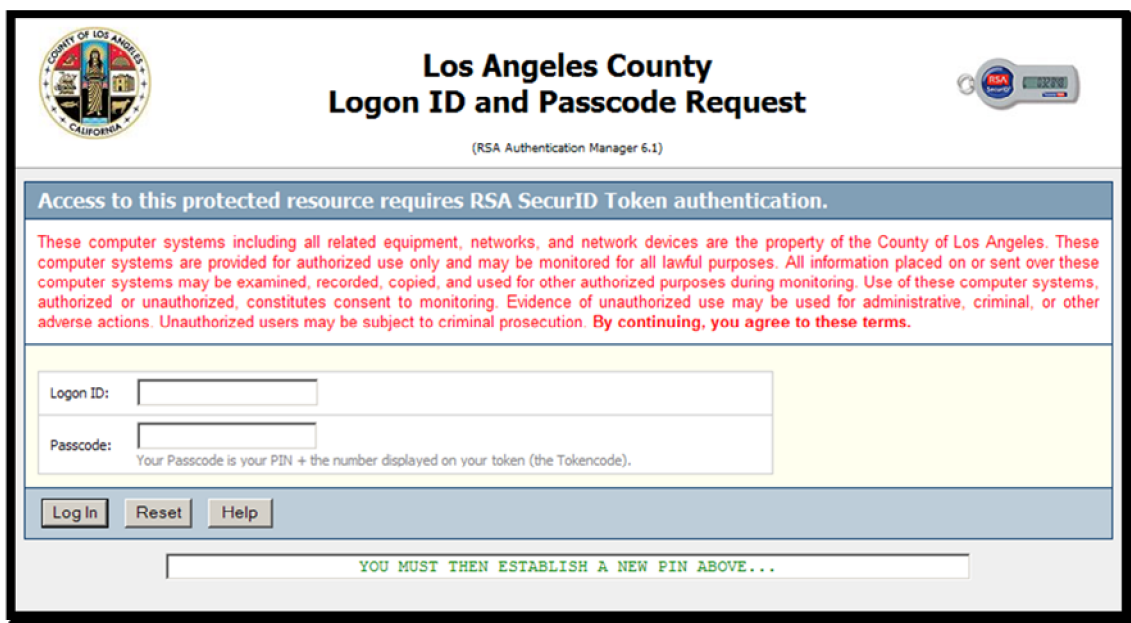
Getting Access: The username and password are the same as the IS username and password. If you do not have them, please go to the OMA Wiki and follow the instructions on how to request them.

OMA Wiki: <http://dmhoma.pbworks.com>

To access the application, open Internet Explorer and type in one of the following URLs:

- For access via the Internet (RSA SecurID required): <https://dmhapps.co.la.ca.us/PEIOMA>
- For access from a DMH facility: <https://intra.dmhapps.co.la.ca.us/PEIOMA>

Access via the Internet: To sign in from the Internet, you will need to log into the County RSA SecurID site first. Information on requesting County RSA SecurID access is available on the OMA Wiki.



Prevention and Early Intervention – Outcome Measures Application (PEI-OMA) Sign In Page

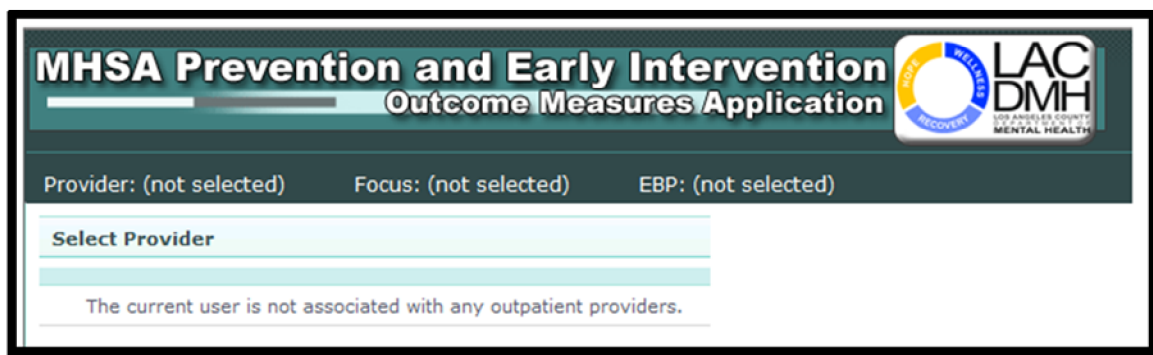
Section 2 – Select a Provider

After logging in successfully, the application will redirect to the Home page. In this page, the user can select the provider, focus of treatment and can search for a client. The Home page has been designed so that the user can return to it from any page within the application by clicking on the Home button in the top-right corner of every page.

To search for a provider, click on the **Select a Provider** button.

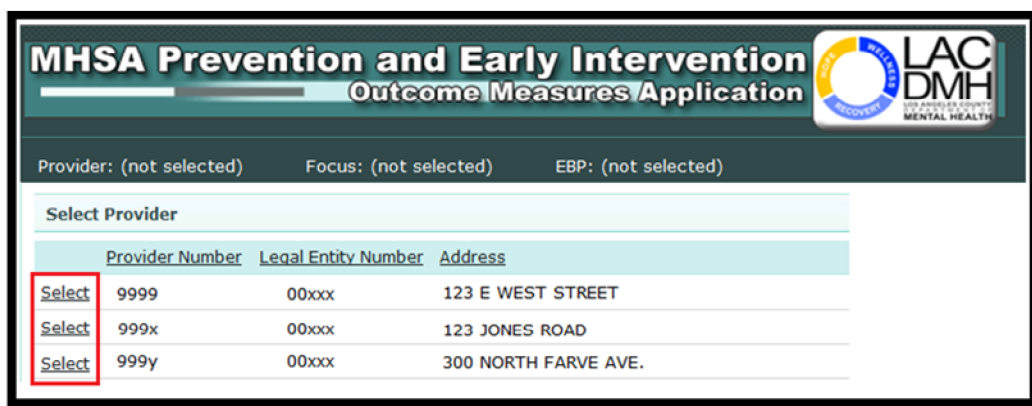


The user must be associated to a provider offering outpatient services in order to proceed. If the user is not associated to such a provider, the application will display the following message:



To correct this issue, user should go to the OMA Wiki and follow the instructions on how to update the list of providers to be associated to. If user is associated to one or more providers offering outpatient services, the application will list all of these providers.

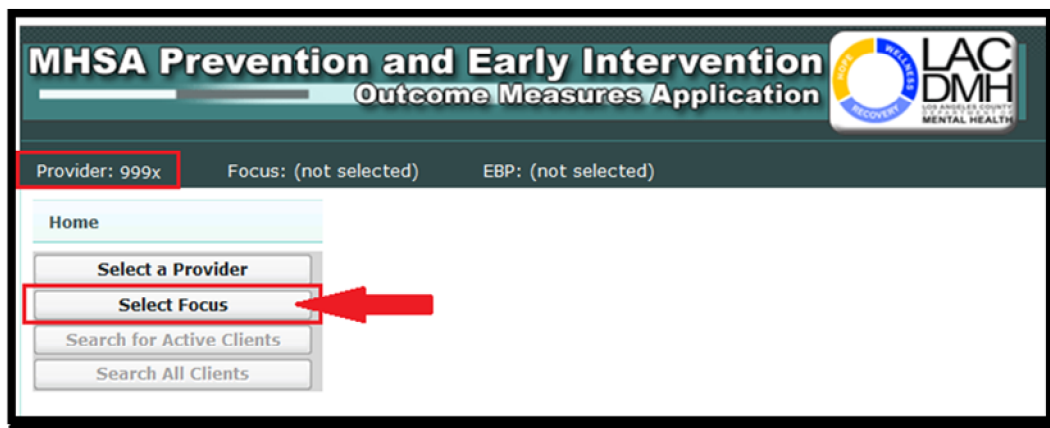
To choose a provider, click on the **Select** link next to the desired provider number.



Section 3 – Select MAP as the EBP

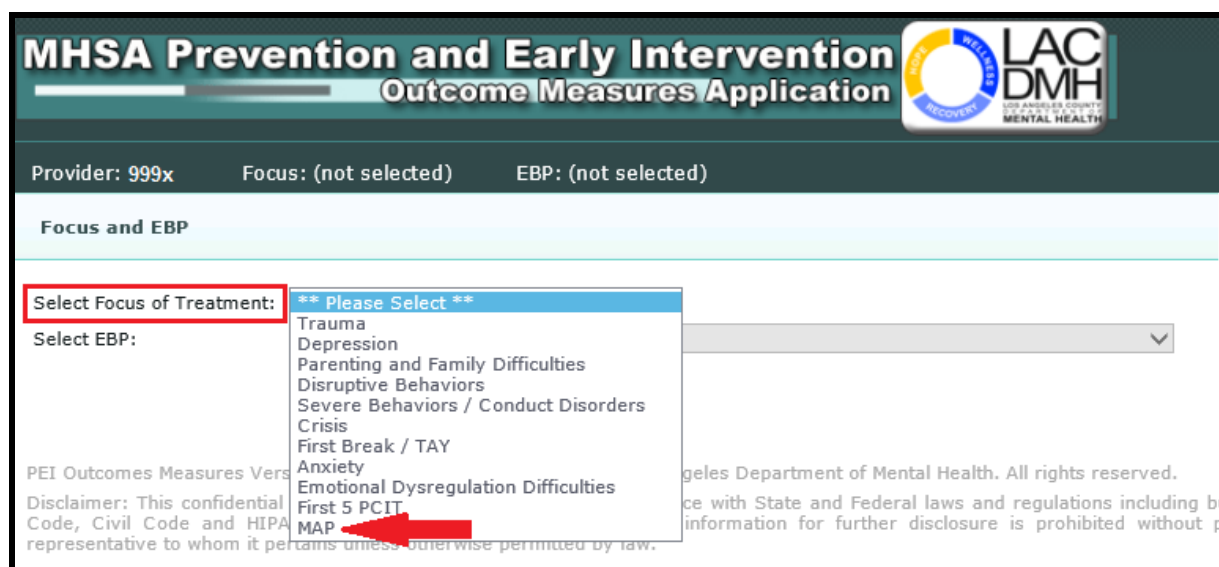
Once a provider is selected, the application will redirect to the Home page. The identification number of the provider selected will be displayed at the top of screen.

Click on the **Select Focus** button.



The application will redirect to the **Focus and EBP** screen.

Click on the **Select Focus of Treatment** dropdown list and select **MAP**.



Next, click on the **Select EBP** dropdown list and select **Managing and Adapting Practice (MAP)**.

Focus and EBP

Select Focus of Treatment: MAP

Select EBP: **** Please Select ****
Managing and Adapting Practice (MAP) **OK** **Back**

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Code, Civil Code and HIPAA Privacy Standards. Duplication of this informat
representative to whom it pertains unless otherwise permitted by law.

Note: *Managing and Adapting Practice* is the only EBP associated to the **MAP** Focus of Treatment. Therefore, it is the only choice displayed in the Select EBP dropdown list.

Once you have chosen the **Focus of Treatment** and **EBP**, click on the **OK** button to continue.

Focus and EBP

Select Focus of Treatment: MAP

Select EBP: Managing and Adapting Practice (MAP)

OK **Back**

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representative to whom it pertains unless otherwise permitted by law.

The application will redirect to the **Home** page.

The **Focus of Treatment** and **EBP** chosen will be displayed at the top of the screen and will remain there while using the application.

MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 999x **Focus: MAP** **EBP: Managing and Adapting Practice (MAP)**

Home

Select a Provider
Select Focus
Show Active Clients
Search All Clients

Section 4 – Select a Client

Once the Focus and EBP have been selected, you can either update an active treatment cycle for a given client or begin entering a new treatment cycle for the client.

- To update an active treatment cycle for a client, go to section 10 – View a Treatment Cycle.
- To enter a new treatment cycle for a client, follow the instructions below.

From the Home page, click on the **Search All Clients** button.

MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Home

Select a Provider
Select Focus
Show Active Clients
Search All Clients

You will be taken to the **Search All Clients** page.

Note: The client you are searching for must already exist in the DMH Integrated System (IS). If the client is not already in the IS, they will not appear in results list.

Search for a client by their **Client ID**, **Last Name** or **First Name**. Next, click on the **Go** button or hit the **Enter** key.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Search All Clients

Client ID: XXXXXXXX
Last Name:
First Name:

Go

0 of 0 Items 10 /Page Go

| <u>Client ID</u> | <u>Last Name</u> | <u>First Name</u> | <u>Middle Name</u> | <u>Birth Date</u> | <u>Current Age</u> | <u>Gender</u> |
|------------------|------------------|-------------------|--------------------|-------------------|--------------------|---------------|
|------------------|------------------|-------------------|--------------------|-------------------|--------------------|---------------|

The results list will display all of the clients that match the criteria entered. Click on the **Select** link next to the client record you have chosen.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Search All Clients

Client ID: XXXXXXXX
 Last Name:
 First Name:
 Go

1 of 1 1 Items 10 /Page Go

| Client ID | Last Name | First Name | Middle Name | Birth Date | Current Age | Gender |
|---------------------------------|-----------|------------|-------------|------------|--------------------|--------|
| Select XXXXXXXX | Doe | Jane | C | 1/23/1970 | 44 years 10 months | Female |

Image: Search All Clients results

Where you go next will depend on whether or not the client you selected has prior treatment history with the provider and focus of treatment selected:

- If Yes, you will be taken to the **Treatment History** page. Proceed to the next page.
- If No, you will be taken to the **Beginning of Treatment Information** page. Skip to section 5.

The **Treatment History** page will display the relevant treatment history for the client with the provider and focus of treatment selected. Note that you will not be able to start a new treatment cycle if an active treatment cycle is indicated for the client.

Click the **Start New Treatment Cycle** button to proceed with a new treatment cycle.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID XXXXXXXX
 Birth Date 1/23/1970
 Current Age 44 years 10 months
 Gender Female
 Ethnicity 99-Unknown/Not Reported
 Primary Language 01-English

Treatment History

[Start New Treatment Cycle](#) 1 of 1 1 Items 20 /Page Go

| Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session | Total Number of Sessions | Completed EBP? | Client TX Success | Disposition | DSM-IV Code - Termination |
|--------|-----------------------|-----|----------------------|----------------------|--------------------------|----------------|-------------------|-------------|---------------------------|
|--------|-----------------------|-----|----------------------|----------------------|--------------------------|----------------|-------------------|-------------|---------------------------|

You will be taken to the **Beginning of Treatment Information** page.

Section 5 – Enter Beginning of Treatment Information

On the Beginning of Treatment Information page, do the following:

1. Identify the **Initial Focus of Treatment** from the list of available choices.

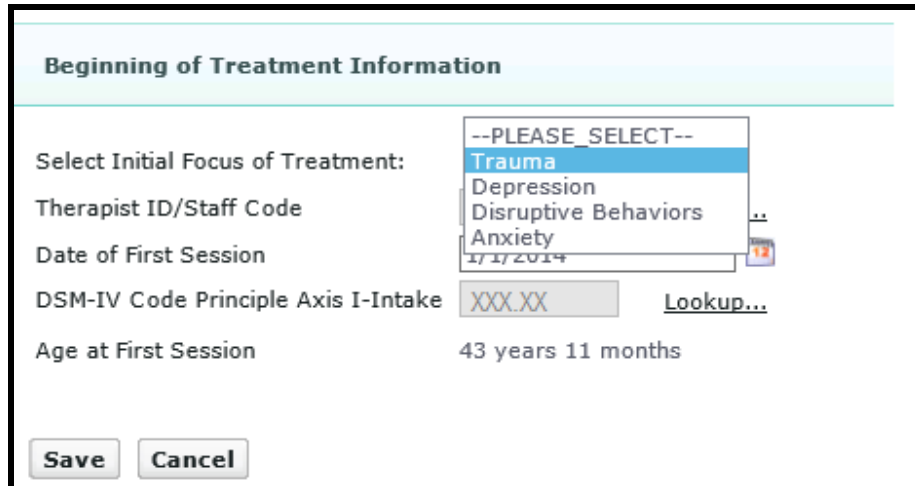


Image: Beginning of Treatment Information

2. Select a value for **Therapist ID/Staff Code** by clicking on the **Lookup...** link next to the field. This is not a free text field.
3. Enter the **Date of First Session** by typing in the date or by clicking on the Calendar icon and selecting date from the Calendar picker.
4. Select a value for the **DSM-IV Code Principle Axis I – Intake** by clicking on the **Lookup...** link next to the field. This is not a free text field.
5. The value for **Age at First Session** will be automatically calculated after **Date of First Session** is entered.
6. To save your entries, click the **Save** button and the application will take you to the MAP Tracks page. To cancel, click the **Cancel** button and the application will direct you back to the previous page.

Note: The application will validate the dates you enter. If you enter an invalid date, the application will return an error message.

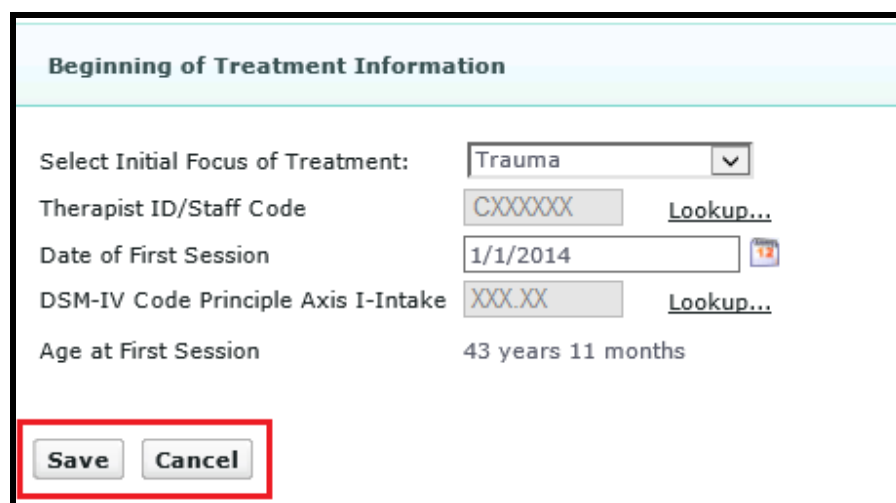


Image: Beginning of Treatment Information

Section 6 – Complete and Submit ‘Pre’ Questionnaires

After entering the Beginning of Treatment Information, you will be taken to the MAP Track page. On this page, you will see demographic information for the client, the Beginning of Treatment Information and a list of tracks within the client’s MAP treatment cycle.

When an MAP treatment cycle is first created, both the general track (track number zero) and the first focus track (track number 1) are created automatically for you. You will be able to add more focus tracks as you proceed through the treatment cycle.

To submit a questionnaire, select the MAP track the questionnaires are associated with by clicking on the **Select** link for the desired track.

Provider: 999xFocus: MAPEBP: Managing and Adapting Practice (MAP)

Client Demographics

JANE C DOE

Client IDXXXXXX

Birth Date3/23/2005

Current Age9 years 8 months

GenderFemale

Ethnicity99-Unknown/Not Reported

Primary Language01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff CodeCXXXXXX

Date of First Session1/1/2014

DSM-IV Code Principle Axis I- IntakeXXX.XX

Age at First Session9 years 2 months

Treatment History MAPTracks

| | Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions | Status |
|--------|--------------|------------|------------------|----------------|------------------|--------------------------|--------|
| Select | 0 | General | 01/01/2014 | | No | 0 | Active |
| Select | 1 | Trauma | 01/01/2014 | | No | 0 | Active |

Back

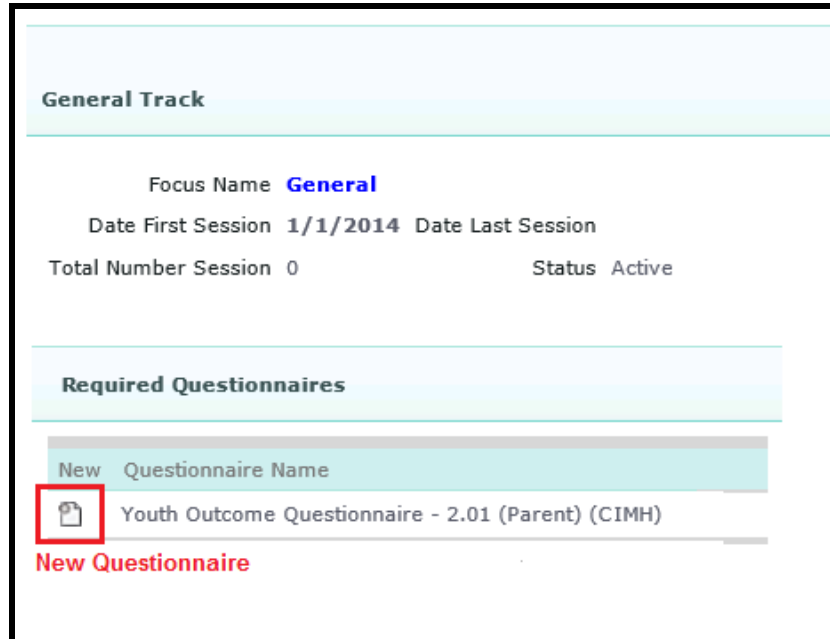
Once you select a track, the application will take you to the Client Treatment Information page for the selected track. On this page, you will see a list of required questionnaires. For the general track, the list is based on the client’s age on the date of first session. For a focus track, the list is based on the focus of treatment and the client’s age on the focus start date.

Note that there may be cases when there will be no required questionnaires for a client.

- For clients with required questionnaires, proceed go to section 6.1
- For clients with no required questionnaires, skip to section 6.4

Section 6.1 - Clients with Required Questionnaires

To submit a questionnaire, click on the **New Questionnaire** icon next to the name of the questionnaire.



The screenshot displays a client profile for 'General Track'. It includes fields for 'Focus Name' (General), 'Date First Session' (1/1/2014), 'Date Last Session', 'Total Number Session' (0), and 'Status' (Active). Below this is a section titled 'Required Questionnaires'. A table lists a questionnaire: 'Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)'. To the left of this entry is a 'New' button with a document icon, which is highlighted by a red box. Below the table, the text 'New Questionnaire' is visible in red.

***Image:** Add a new questionnaire*

There are two possible scenarios for saving required questionnaires:

- Questionnaires were administered and collected – Continue on to Section 6.2
- Some or all questionnaires were not administered or collected (Unable to Collect) – Skip to Section 6.3

Section 6.2 – Report subscale scores for a Questionnaire

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from dropdown list. If this is the first questionnaire, the only option will be 'Pre'.
3. Enter a valid **Score** for each **Subscale** record. You may tab from one score to the next.
4. To save, click the **Save** button.
5. To cancel, click the **Cancel** button.
6. The application will redirect to the previous page.

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date: 1/1/2014

Type: Pre

| Subscale / SCALE | Score |
|-------------------------|-------|
| Intrapersonal Distress | 20 |
| Somatic | 25 |
| Interpersonal Relations | 10 |
| Social Problems | 20 |
| Behavioral Dysfunction | 25 |
| Critical Items | 10 |
| Total | 110 |

☐ Unable to Collect Reason: ** Please Select **

Save **Cancel**

Image: Report subscale scores for a questionnaire

Section 6.3 – Unable to collect scores for a questionnaire

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from the dropdown list. If this is the first questionnaire, the only choice will be 'Pre'.
3. Click on the checkbox marked “**Unable to Collect**”.

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date: 1/1/2014

Type: Pre

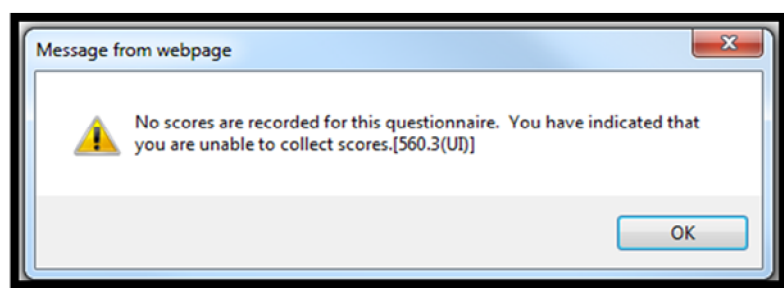
| Subscale / SCALE | Score |
|-------------------------|-------|
| Intrapersonal Distress | |
| Somatic | |
| Interpersonal Relations | |
| Social Problems | |
| Behavioral Dysfunction | |
| Critical Items | |
| Total | |

☒ Unable to Collect Reason: Administered wrong forms

Save Cancel

Image: Report “Unable to Collect” scores for a questionnaire

4. The application will display a confirmation message that indicates no scores will be recorded for this questionnaire.
5. To continue, click the **OK** button on the confirmation message.



6. Indicate the reason you were unable to collect scores by selecting your answer from the **Reason** dropdown list. **Note:** The choices in the **Reason** list vary depending on the questionnaire you are reporting on.
7. To save, click the **Save** button.

8. To cancel, click the **Cancel** button.
9. The application will redirect to the previous page.

Note: After saving the questionnaire, you will still be able to update it from reporting “**Unable to Collect**” to reporting **subscale score(s)**. However, you will not be able to update the **Questionnaire Administration Date** or the **Type** of the Questionnaire. In addition, once **subscale scores** have been reported for a questionnaire, you will not be able to update it to report “**Unable to Collect**”.

The application will redirect to the **Client Treatment Information** page.

To view the questionnaire you have entered, click on the plus sign (+) next the questionnaire type. The list will expand showing you all of the questionnaires of this type that have been saved.

To view questionnaires already entered, skip to **Section 12 – View Questionnaires**.

The screenshot shows two side-by-side panels. The left panel, titled 'Required Questionnaires', contains a search bar, a list item 'Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)', and two buttons: 'Enter End of Treatment' and 'View Treatment Status'. The right panel, titled 'Completed Questionnaires', also has a search bar and a list item 'Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)'. A red box highlights a plus sign (+) to the left of the list item. A red callout bubble with the text 'To expand list, click on the plus sign (+)' points to this plus sign.

The screenshot shows the 'Completed Questionnaires' section expanded. It displays a table with the following data:

| Type | Questionnaire Administration Date |
|------|-----------------------------------|
| Pre | 1/1/2014 |

Images: List of Completed Questionnaires in Expanded View

To submit an ‘Update’ questionnaire, skip to Section 7.

To select a different MAP Track, click on the **Back** button. From the MAP Tracks page, select the desired track by clicking the **Select** link.

| Treatment History MAPTracks | | | | | | | |
|-----------------------------|--------------|------------|------------------|----------------|------------------|--------------------------|--------|
| | Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions | Status |
| Select | 0 | General | 01/01/2014 | | No | 0 | Active |
| Select | 1 | Trauma | 01/01/2014 | | No | 0 | Active |

Follow instructions in Section 6.2 to report subscale scores, or 6.3 to report “Unable to Collect”.

Once you have completed all ‘Pre’ questionnaires in a focus track, the **Enter End of Focus** button will become visible on the Client Treatment Information page for the focus track.

If you choose to complete and submit End of Focus Information at this time, click on the **Enter End of Focus** button and skip to **Section 8 – Complete and Submit End of Focus Information**.

The screenshot displays the 'Client Treatment Information' page, divided into two main sections: 'Required Questionnaires for Track 1' and 'Completed Questionnaires'.

Required Questionnaires for Track 1:

- Questionnaire Name: UCLA PTSD-RI - Parent (CIMH)
- Questionnaire Name: UCLA PTSD-RI - Child/Adolescent (CIMH)
- Enter End of Focus** (button, highlighted with a red box)
- View Focus Status (button)

Completed Questionnaires:

UCLA PTSD-RI - Parent (CIMH)

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 1/1/2014 |
| Update | 6/1/2014 |

UCLA PTSD-RI - Child/Adolescent (CIMH)

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 1/1/2014 |
| Update | 6/1/2014 |

Image: Client Treatment Information page

Section 6.4 - Clients with no required questionnaires

If a client you selected does not have any required questionnaires, the application will display the message shown in the image below.

| | | | | | |
|--|-------------------------|------------|-------------------------------------|---|--|
| Provider: 999x | | Focus: MAP | | EBP: Managing and Adapting Practice (MAP) | |
| Client Demographics | | | Client Treatment Information | | |
| MINNIE DOE | | | Beginning of Treatment Information | | |
| Client ID | XXXXXXXX | | Therapist ID/Staff Code | cXXXXXX | |
| Birth Date | 1/23/1970 | | Date of First Session | 01/01/2014 | |
| Current Age | 44 years 10 months | | DSM-IV Code Principle Axis I-Intake | XXX.XX | |
| Gender | Female | | Age at First Session | 43 years 11 months | |
| Ethnicity | 99-Unknown/Not Reported | | | | |
| Primary Language | 01-English | | | | |
| General Track | | | | | |
| Focus Name General | | | | | |
| Date First Session 1/1/2014 Date Last Session | | | | | |
| Total Number Session 0 Status Active | | | | | |
| Required Questionnaires | | | | | |
| Questionnaire Name | | | | | |
| <input type="button" value="Enter End of Treatment"/> | | | | | |
| <input type="button" value="View Treatment Status"/> | | | | | |
| <div>Due to the client's age, no outcome questionnaires are required for this client. To complete "End of Treatment" information at this time, please click on the "End of Treatment" button. To return to the home page, please click on the "Home" button.</div> | | | | | |
| Message for client's that do not have any required questionnaires. | | | | | |

If you encounter this in a focus track, click on the **Enter End of Focus** button and skip to **Section 8 – Complete and Submit End of Focus Information**.

If you encounter this in the general track, click on the **Enter End of Treatment** button and skip to **Section 9 – Complete and Submit End of Treatment Information**.

Section 7 – Complete and Submit ‘Update’ Questionnaires

From the Client Treatment Information page, click on the **New** icon next to the questionnaire you wish to submit. You will be taken to the **Add Questionnaire** page.


General Track

Focus Name **General**

Date First Session **1/1/2014** Date Last Session

Total Number Session **0** Status **Active**

Required Questionnaires


| New | Questionnaire Name |
|---|--|
|  | Youth Outcome Questionnaire - 2.01 (Parent) (CIMH) |

New Questionnaire

On the Add Questionnaire page, do the following:

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Select 'Update' from **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save, click the **Save** button. To cancel this entry, click the **Cancel** button. The application will redirect to the previous page.

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date 

Type

| Subscale / SCALE | Score |
|-------------------------|----------------------------------|
| Intrapersonal Distress | <input type="text" value="25"/> |
| Somatic | <input type="text" value="20"/> |
| Interpersonal Relations | <input type="text" value="20"/> |
| Social Problems | <input type="text" value="20"/> |
| Behavioral Dysfunction | <input type="text" value="25"/> |
| Critical Items | <input type="text" value="20"/> |
| Total | <input type="text" value="130"/> |

☐ Unable to Collect Reason

Once you have completed and saved an 'Update' type questionnaire, the application will return to **Client Treatment Information** page.

| Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP) | | | | | | | |
|--|---|------|-----------------------------------|-----|----------|--------|----------|
| Client Demographics | Client Treatment Information | | | | | | |
| JANE C DOE | | | | | | | |
| Client ID XXXXXXXX Birth Date 3/23/2005 Current Age 9 years 8 months Gender Female Ethnicity 99-Unknown/Not Reported Primary Language 01-English | Beginning of Treatment Information Therapist ID/Staff Code CXXXXXX Date of First Session 1/1/2014 DSM-IV Code Principle Axis I-Intake XXX.XX Age at First Session 9 years 2 months | | | | | | |
| General Track | | | | | | | |
| Focus Name General Date First Session 1/1/2014 Date Last Session Total Number Session 0 Status Active | | | | | | | |
| Required Questionnaires | Completed Questionnaires | | | | | | |
| Questionnaire Name Youth Outcome Questionnaire - 2.01 (Parent) (CIMH) | Questionnaire Name Youth Outcome Questionnaire - 2.01 (Parent) (CIMH) | | | | | | |
| <input type="button" value="Enter End of Treatment"/> <input type="button" value="View Treatment Status"/> | <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>1/1/2014</td> </tr> <tr> <td> Update</td> <td>6/1/2014</td> </tr> </tbody> </table> | Type | Questionnaire Administration Date | Pre | 1/1/2014 | Update | 6/1/2014 |
| Type | Questionnaire Administration Date | | | | | | |
| Pre | 1/1/2014 | | | | | | |
| Update | 6/1/2014 | | | | | | |

To view questionnaires, skip to Section 12.



To edit questionnaires, skip to Section 13.

Section 8 – Complete and Submit End of Focus Information

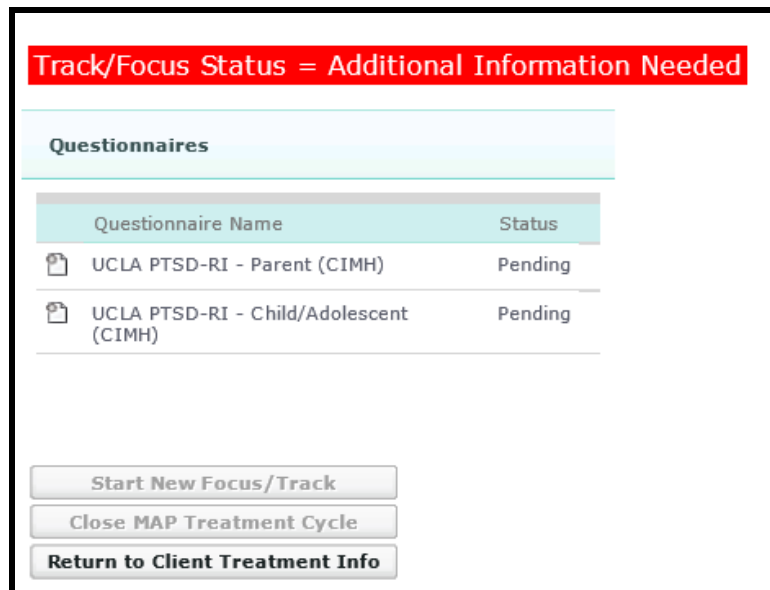
At the end of each focus track, you must complete the End of Focus Information before you can start a new focus track and before you can end the treatment cycle.



To enter End of Focus Information, do the following:

1. Enter the **Focus End Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Enter **Total Number of Session** by typing in the number.
3. Indicate if client completed focus by selecting a value from the **Completed Focus?** dropdown list.
4. To save, click the **Save** button. The application will take you to the **Focus Status** page.
5. To cancel, click the **Cancel** button. The application will redirect to the previous page.

| | | | | | |
|-------------------------------------|--|---------------------------------------|---|---|--|
| Provider: 999x | | Focus: MAP | | EBP: Managing and Adapting Practice (MAP) | |
| Client Demographics | | | Client Treatment Information | | |
| JANE C DOE | | | | | |
| Client ID | XXXXXXX | | | | |
| Birth Date | 3/23/2005 | | | | |
| Current Age | 9 years 8 months | | | | |
| Gender | Female | | | | |
| Ethnicity | 99-Unknown/Not Reported | | | | |
| Primary Language | 01-English | | | | |
| | | | Beginning of Treatment Information ? | | |
| | Therapist ID/Staff Code | | CXXXXXX | | |
| | Date of First Session | | 1/1/2014 | | |
| | DSM-IV Code Principle Axis I-Intake | | XXX.XX | | |
| | Age at First Session | | 9 years 2 months | | |
| End of Focus Information | | | | | |
| Focus End Date | <input type="text" value="10/1/2014"/> | |  | | |
| Total Number of Sessions | <input type="text" value="10"/> | | | | |
| Completed Focus? | <input type="text" value="Yes"/> | |  | | |
| <input type="button" value="Save"/> | | <input type="button" value="Cancel"/> | | | |

Note: If the focus was completed, you are required to submit the 'Post' questionnaires for the focus. The **Focus Status** page will indicate whether or not the 'Post' questionnaires.



| Track/Focus Status = Additional Information Needed | |
|--|---------|
| Questionnaires | |
| Questionnaire Name | Status |
|  UCLA PTSD-RI - Parent (CIMH) | Pending |
|  UCLA PTSD-RI - Child/Adolescent (CIMH) | Pending |

[Start New Focus/Track](#)

[Close MAP Treatment Cycle](#)

[Return to Client Treatment Info](#)

Image: Focus Status (in red) indicating that 'Post' questionnaires are required.
Note the status of each required 'Post' questionnaire is 'Pending'.


If you wish to complete and submit pending 'Post' questionnaires, please continue on to **Section 10**.

Section 9 – Complete and Submit End of Treatment Information

If you wish to end the MAP treatment cycle, first ensure that all of the focus tracks are inactive. In addition, all 'Pre' questionnaires in the general track must already be completed.

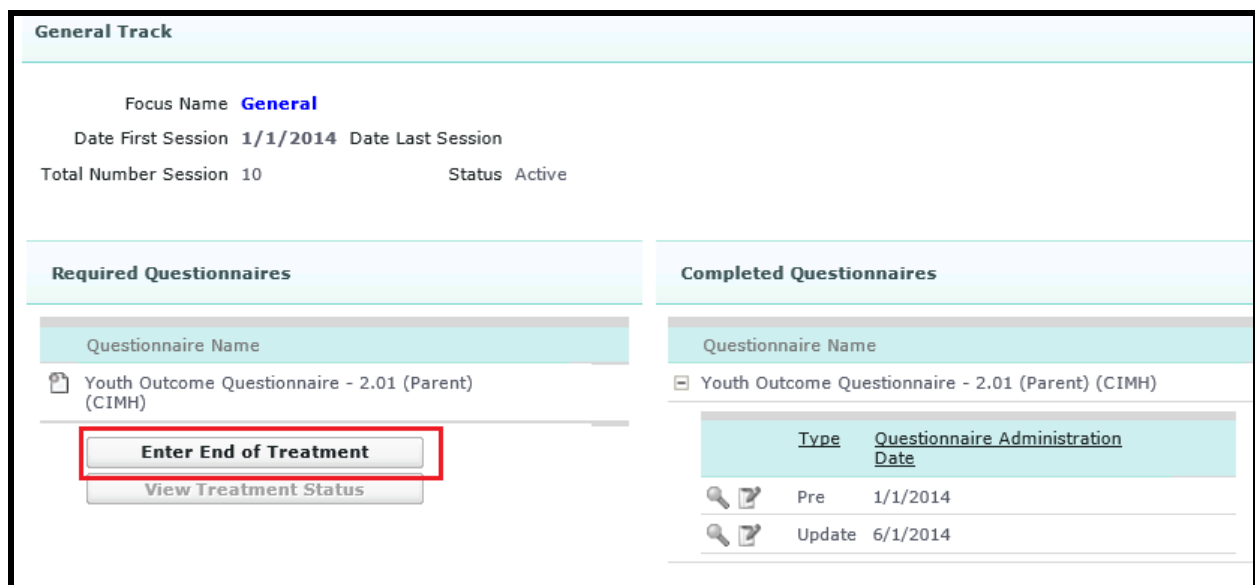
To enter End of Treatment Information, do the following:

1. From the **MAP Tracks** page, select the general track.



| | Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions | Status |
|--------|--------------|------------|------------------|----------------|------------------|--------------------------|----------|
| Select | 0 | General | 01/01/2014 | | No | 10 | Active |
| Select | 1 | Trauma | 01/01/2014 | 10/01/2014 | Yes | 10 | Inactive |

2. On the Client Treatment Information page for the general track, click on the **Enter End of Treatment** button. **Note:** this button will only be enabled once all of the 'Pre' questionnaires for the general track have been submitted.



General Track

Focus Name **General**

Date First Session **1/1/2014** Date Last Session

Total Number Session **10** Status **Active**

Required Questionnaires

Questionnaire Name

YOUTH Outcome Questionnaire - 2.01 (Parent) (CIMH)

Enter End of Treatment

View Treatment Status

Completed Questionnaires

Questionnaire Name

YOUTH Outcome Questionnaire - 2.01 (Parent) (CIMH)

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 1/1/2014 |
| Update | 6/1/2014 |

3. The Date of Last Session will be set to the **Focus End Date** for the last focus track.
4. The Total Number of Sessions will be set to the sum of all of the **Total Number of Sessions** from all of the focus tracks.

5. Indicate whether the EBP was completed by choosing the appropriate value from the **Completed EBP** dropdown list. Depending on what you select, there may be additional requirements for completing the **End of Treatment Information**:
 - If you answer 'No', you must enter a response in the **Dropout Reason** field.
 - If you answer 'Yes', no response in the **Dropout Reason** field will be collected.
6. Select a value for the **DSM-IV Code Principle Axis I – Termination** by clicking on the **Lookup** link next to the field. This is not a free text field.
7. To submit your responses, click the **Save** button. The application will take you to the **Treatment Cycle Status** page.
8. To cancel your responses, click the **Cancel** button. The application will redirect to the previous page.

The screenshot shows the 'End of Treatment Information' form. The fields are filled as follows: 'Date of Last Session' is 10/1/2014, 'Total Number of Sessions' is 10, 'Completed EBP?' is Yes (selected in a dropdown), 'DSM-IV Code Principle Axis-I Termination' is XXX.XX with a 'Lookup...' link, and 'Dropout Reason' is ** Please Select **. At the bottom, the 'Save' and 'Cancel' buttons are highlighted with a red rectangle.

Image: End of Treatment Information with Completed EBP = Yes

The screenshot shows the 'End of Treatment Information' form. The fields are filled as follows: 'Date of Last Session' is 10/1/2014, 'Total Number of Sessions' is 10, 'Completed EBP?' is No (selected in a dropdown), 'DSM-IV Code Principle Axis-I Termination' is empty with a 'Lookup...' link, and the 'Dropout Reason' dropdown is open, showing a list of reasons: Child arrested/detained, Child placed in hospital, Child placed out of home (FC/GrpHome), Family moved, Family withdrew, Other, and Unable to contact family. At the bottom, the 'Save' and 'Cancel' buttons are highlighted with a red rectangle.

Image: End of Treatment Information with Completed EBP = No

Note: If selected 'Yes' for **Completed EBP** field, this will not end the client's treatment cycle. You will need to complete and submit all required 'Post' questionnaires in order to end the treatment cycle.

If selected 'No' for **Completed EBP** field, this will end the treatment cycle.

Once you have completed the End of Treatment Information, you will be taken to the **Treatment Cycle Status** page.



| | | | | |
|--|-------------------------|--|--|-----------|
| Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP) | | | | |
| Client Demographics | | Client Treatment Information | | |
| JANE C DOE | | | | |
| Client ID | XXXXXX | Beginning of Treatment Information  | | |
| Birth Date | 3/23/2005 | Therapist ID/Staff Code | CXXXXX | |
| Current Age | 9 years 8 months | Date of First Session | 1/1/2014 | |
| Gender | Female | DSM-IV Code Principle Axis I-Intake | XXX.XX | |
| Ethnicity | 99-Unknown/Not Reported | Age at First Session | 9 years 2 months | |
| Primary Language | 01-English | | | |
| | | | End of Treatment Information | |
| | | | Date of Last Session | 10/1/2014 |
| | | | Total Number of Sessions | 10 |
| | | | Completed EBP | Yes |
| | | | DSM-IV Code Principle Axis-I Termination | XXX.XX |
| | | | Dropout Reason | |
| Treatment Cycle Status = Additional Information Needed | | | | |
| Questionnaires | | | | |
| Questionnaire Name | | Status | | |
|  Youth Outcome Questionnaire - 2.01 (Parent) (CIMH) | | Pending | | |
| Start New Focus/Track | | | | |
| Close MAP Treatment Cycle | | | | |
| Return to Client Treatment Info | | | | |

Image: Treatment Cycle Status (in red) indicating that 'Post' questionnaires are needed for the treatment cycle to be completed. Note the status of each required 'Post' questionnaire is 'Pending'.

To submit pending 'Post' questionnaires, continue on to **Section 10**.

Section 10 – Complete and Submit ‘Post’ Questionnaires

Once the End of Treatment Information is completed, the application will indicate which ‘Post’ questionnaires are still pending completion on the **Treatment Cycle Status** page.

To complete and submit a ‘Post’ questionnaire, click on the **New** icon next to the questionnaire you wish to complete.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

Client Treatment Information

JANE C DOE

| | | | | | |
|------------------|-------------------------|---|--------------------|--|-----------|
| Client ID | XXXXXX | Beginning of Treatment Information | | End of Treatment Information | |
| Birth Date | 3/23/2005 | Therapist ID/Staff Code | CXXXXXX | Date of Last Session | 10/1/2014 |
| Current Age | 9 years 8 months | Date of First Session | 1/1/2014 | Total Number of Sessions | 10 |
| Gender | Female | DSM-IV Code Principle Axis I- Intake | XXX.XX | Completed EBP | Yes |
| Ethnicity | 99-Unknown/Not Reported | Age at First Session | 43 years 11 months | DSM-IV Code Principle Axis-I Termination | XXX.XX |
| Primary Language | 01-English | | | Dropout Reason | |

Treatment Cycle Status = Additional Information Needed

Questionnaires

| Questionnaire Name | Status |
|--|---------|
| Youth Outcome Questionnaire - 2.01 (Parent) (CIMH) | Pending |

Start New Focus/Track

Close MAP Treatment Cycle

Return to Client Treatment Info

Image: Treatment Cycle Status Page

The application will redirect to the **Add Questionnaire** page.

On the **Add Questionnaire** page, do the following:

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
2. Select 'Post' from the **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record, or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save, click the **Save** button.
5. To cancel, click the **Cancel** button.
6. The application will redirect to the previous page.

General Track

Focus Name **General**

Date First Session **1/1/2014** Date Last Session **10/1/2014**

Status **Active**

Add Youth Outcome Questionnaire - 2.01 (Parent) (CIMH)

Questionnaire Administration Date

Type

| Subscale / SCALE | Score |
|-------------------------|----------------------------------|
| Intrapersonal Distress | <input type="text" value="20"/> |
| Somatic | <input type="text" value="20"/> |
| Interpersonal Relations | <input type="text" value="25"/> |
| Social Problems | <input type="text" value="25"/> |
| Behavioral Dysfunction | <input type="text" value="20"/> |
| Critical Items | <input type="text" value="20"/> |
| Total | <input type="text" value="130"/> |

☐ Unable to Collect Reason

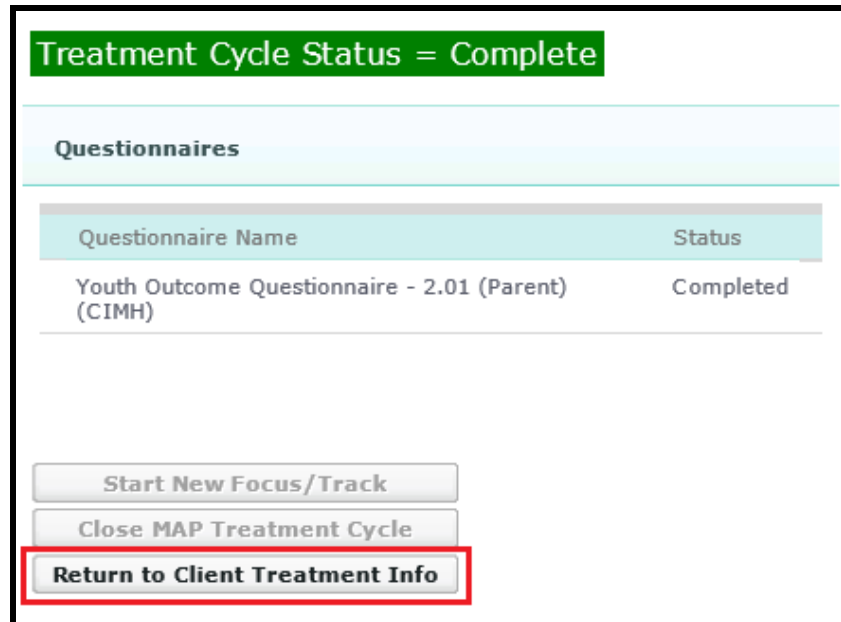
Save **Cancel**

Image: Entering a 'Post' type questionnaire.

The application will redirect to the **Treatment Cycle Status** page.

The status of each questionnaire will change from 'Pending' to 'Completed' once it has been submitted.

Once you complete all the required 'Post' questionnaires, the **Treatment Cycle Status** indicator on the Client Treatment Information page will change to "Complete" and turn from red to green.



Treatment Cycle Status = Complete

Questionnaires

| Questionnaire Name | Status |
|--|-----------|
| Youth Outcome Questionnaire - 2.01 (Parent) (CIMH) | Completed |

[Start New Focus/Track](#)

[Close MAP Treatment Cycle](#)

[Return to Client Treatment Info](#)

To return to the **Client Treatment Information** page, click on the **Return to Client Treatment Info** button.

Section 11 – View a Treatment Cycle

First, follow **sections 1, 2 and 3**. Once you have selected a provider, focus of treatment and EBP, click on the **Show Active Clients** button.



On the **Show Active Clients** page, you will be given a list of clients who have active treatment cycles at the selected provider site under the chosen EBP.

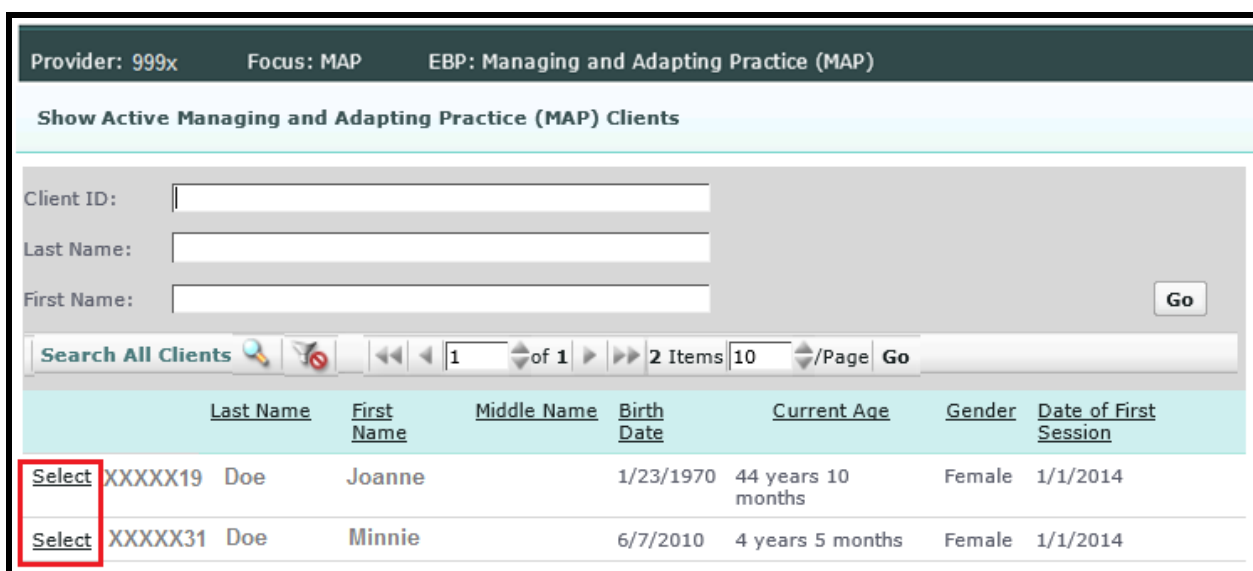


Image: Search Results



Note: By default, the results list only displays 10 active clients at a time. If the client you wish to select is not listed in the first 10 records, there are navigation arrow buttons above the list to move from page to page in the list.



Image: Navigation buttons for the Active Client list

You can also filter the list by entering the client's **ID number**, **Last Name** or **First Name** and then either clicking on the **Go** button or hitting the **Enter** key.

Click on the **Select** link next to the entry for the client whose treatment cycle you wish to view.

| Search All Clients   | | | | | | | |
|--|-----------|------------|-------------|------------|--------------------|--------|-----------------------|
| 1 of 1 | | | | 3 Items | | 10 | /Page Go |
| | Last Name | First Name | Middle Name | Birth Date | Current Age | Gender | Date of First Session |
| Select | XXXXXX | XXXXXX | | XXXXXX | 9 years 9 months | Female | 2/1/2014 |
| Select | XXXXXX | XXXXXX | XXXXXX | XXXXXX | 23 years 11 months | Male | 12/2/2013 |
| Select | XXXXXX | XXXXXX | XXXXXX | XXXXXX | 16 years 4 months | Male | 7/24/2014 |

After you select the client, you will be taken to the **Treatment History** page. This page will display the relevant treatment history of the client for the focus of treatment and provider you selected.

Provider: 999x
Focus: MAP
EBP: Managing and Adapting Practice (MAP)

Client Demographics

JANE C DOE

Client ID XXXXXXX

Birth Date 3/23/2005



Current Age 9 years 8 months


Gender Female


Ethnicity 99-Unknown/Not Reported

Primary Language 01-English

Treatment History

Start New Treatment Cycle  
1 of 1
1 Items
20 /Page Go

| | Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session |
|---|--------|-----------------------|--------------------------------------|----------------------|----------------------|
|  | Active | 1/1/2014 | Managing and Adapting Practice (MAP) | 290.0 | |



MAP Tracks

| Track Number | Focus Name | Focus Start Date | Focus End Date |
|--------------|------------|------------------|----------------|
| 1 | Trauma | 01/01/2014 | |

Image: Treatment History page for the active client.

Click on the **View** icon (magnifying glass) next to record you wish to view.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID XXXXXXXX
 Birth Date 1/23/1970
 Current Age 44 years 10 months
 Gender Female
 Ethnicity 99-Unknown/Not Reported
 Primary Language 01-English

Treatment History

Start New Treatment Cycle 1 of 1 1 Items 20 /Page Go

| Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session | Total Number of Sessions | Completed EBP? | Client TX Success | Disposition | DSM-IV Code - Termination |
|----------|-----------------------|--------------------------------------|----------------------|----------------------|--------------------------|----------------|-------------------|-------------|---------------------------|
| Inactive | 1/1/2014 | Managing and Adapting Practice (MAP) | 290.0 | 10/1/2014 | 10 | Yes | | | 290.0 |

MAP Tracks

| Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions |
|--------------|------------|------------------|----------------|------------------|--------------------------|
| 1 | Trauma | 01/01/2014 | 10/01/2014 | Yes | 10 |

If the EBP for the treatment cycle you selected is MAP, you will be then by taken to the **MAP Tracks** page for the treatment cycle. Otherwise, you will be taken to the **Client Treatment Information** page.

The **MAP Tracks** page will show you the Client Demographic information about the client, the current Beginning and End of Treatment Information and a list of the MAP tracks within the treatment cycle.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID XXXXXXXX
 Birth Date 1/23/1970
 Current Age 44 years 10 months
 Gender Female
 Ethnicity 99-Unknown/Not Reported
 Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code cXXXXXX
 Date of First Session 01/01/2014
 DSM-IV Code Principle Axis I- Intake XXX.XX
 Age at First Session 43 years 11 months

End of Treatment Information

Date of Last Session 10/1/2014
 Total Number of Sessions 10
 Completed EBP Yes
 DSM-IV Code Principle Axis-I Termination XXX.XX
 Dropout Reason

Treatment History MAPTracks

| | Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions | Status |
|------------------------|--------------|------------|------------------|----------------|------------------|--------------------------|----------|
| Select | 0 | General | 01/01/2014 | 10/01/2014 | Yes | 10 | Inactive |
| Select | 1 | Trauma | 01/01/2014 | 10/01/2014 | Yes | 10 | Inactive |

[Back](#)

Image: The MAP Tracks page

The following can be done from the **MAP Tracks** page:

- Select a MAP track to view or edit
- Edit Beginning of Treatment Information (section 12)
- Edit End of Treatment Information, once entered (section 15).

To proceed to a MAP track, click on the **Select** link next to the desired track.

You will be taken to the **Client Treatment Information** page for the selected track.

From the **Client Treatment Information** page, you can:

- Complete and submit required questionnaires
- View a completed questionnaire
- Edit a completed questionnaire
- Edit End of Focus Information, once entered

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------------|-------------------------------------|--------------------|
| MINNIE DOE | | | |
| Client ID | XXXXXXXX | Beginning of Treatment Information | |
| Birth Date | 1/23/1970 | Therapist ID/Staff Code | cXXXXXX |
| Current Age | 44 years 10 months | Date of First Session | 01/01/2014 |
| Gender | Female | DSM-IV Code Principle Axis I-Intake | XXX.XX |
| Ethnicity | 99-Unknown/Not Reported | Age at First Session | 43 years 11 months |
| Primary Language | 01-English | | |

Track 1

Focus Name **Trauma**
Focus Start Date **1/1/2014** Focus End Date
Total Number Session **0** Focus Status **Active**

| Required Questionnaires for Track 1 | | Completed Questionnaires | |
|---|--|---|--|
| Questionnaire Name | | Questionnaire Name | |
| UCLA PTSD-RI - Parent (CIMH) | | UCLA PTSD-RI - Parent (CIMH) | |
| New Icon Enter End of Focus View Focus Status | | Type Questionnaire Administration Date | |
| | | Pre 1/1/2014 | |
| | | View Icon Edit Icon | |

Back

Image: Client Treatment Information page for a focus track

Note: The **Edit** icon by title "Track 1"(circled in blue) will be disabled until the **End of Focus** has been submitted.

Section 12 – Edit Beginning of Treatment Information

First, follow **section 11**.

Next, click on the **Edit** (paper & pencil) icon in the **Beginning of Treatment Information** section header.

The screenshot shows a web application interface for a client named MINNIE DOE. At the top, there is a header bar with 'Provider: 999x', 'Focus: MAP', and 'EBP: Managing and Adapting Practice (MAP)'. Below this, there are two tabs: 'Client Demographics' and 'Client Treatment Information'. The 'Client Demographics' tab is active, showing fields for Client ID (XXXXXXX), Birth Date (1/23/1970), Current Age (44 years 10 months), Gender (Female), Ethnicity (99-Unknown/Not Reported), and Primary Language (01-English). The 'Client Treatment Information' tab is also visible, showing fields for Therapist ID/Staff Code (cXXXXXX), Date of First Session (01/01/2014), DSM-IV Code Principle Axis I-Intake (XXX.XX), and Age at First Session (43 years 11 months). A red box highlights the 'EDIT icon' (a paper and pencil icon) next to the 'Beginning of Treatment Information' section header.

The application will redirect to the **Beginning of Treatment Information** edit page.

Note: **Therapist ID/Staff Code** and **DSM-IV Code Principle Axis I-Intake** are the only fields you can edit in **Beginning of Treatment Information** section.

- To save the changes, click the **Save** button.
- To disregard the changes, click the **Cancel** button.

The application will redirect to the previous page.

The screenshot shows the 'Beginning of Treatment Information' edit page. The header bar is the same as in the previous screenshot. The 'Client Demographics' tab is active, showing the same client information. The 'Beginning of Treatment Information' section is expanded, showing input fields for 'Therapist ID/Staff Code' (cXXXXXX), 'Date of First Session' (1/1/2014), 'DSM-IV Code Principle Axis I-Intake' (999.99), and 'Age at First Session' (43 years 11 months). Each of these four fields has a 'Lookup...' button next to it. At the bottom of the section, there are two buttons: 'Save' and 'Cancel'. Red boxes highlight the 'Therapist ID/Staff Code' and 'DSM-IV Code Principle Axis I-Intake' fields, their respective 'Lookup...' buttons, and the 'Save' and 'Cancel' buttons.

Section 12 – View Questionnaires

First, follow **section 11**.

To view the questionnaire you have entered, click on the plus (+) sign next to the questionnaire name. The list will expand showing all instances of this questionnaire that have been saved.


Click on the **View** icon next to the questionnaire you wish to view.

The screenshot displays the 'Track 1' interface. At the top, it shows 'Focus Name Trauma', 'Focus Start Date 1/1/2014', 'Focus End Date', 'Total Number Session 0', and 'Focus Status Active'. Below this, there are two main sections: 'Required Questionnaires for Track 1' and 'Completed Questionnaires'. The 'Required Questionnaires for Track 1' section lists 'UCLA PTSD-RI - Parent (CIMH)' with buttons for 'Enter End of Focus' and 'View Focus Status'. The 'Completed Questionnaires' section lists the same questionnaire with a table showing 'Type' and 'Questionnaire Administration Date'. The table has two rows: 'Pre' with date '1/1/2014' and 'Update' with date '6/1/2014'. A red box labeled 'View Icon' points to the magnifying glass icon next to the 'Update' row. A 'Back' button is located at the bottom left.

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 1/1/2014 |
| Update | 6/1/2014 |

Once you have viewed the information, click **OK** to return to previous page.

To edit the questionnaire, click on the **Edit** button and continue to Section 13.

| Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP) | | | | | |
|---|------------------------------|------------------|-------|--|----|
| Client Demographics | Client Treatment Information | | | | |
| MINNIE DOE | | | | | |
| Client ID | XXXXXXXX | | | | |
| Birth Date | 1/23/1970 | | | | |
| Current Age | 44 years 10 months | | | | |
| Gender | Female | | | | |
| Ethnicity | 99-Unknown/Not Reported | | | | |
| Primary Language | 01-English | | | | |
| Beginning of Treatment Information | | | | | |
| Therapist ID/Staff Code | cXXXXXX | | | | |
| Date of First Session | 01/01/2014 | | | | |
| DSM-IV Code Principle Axis I-Intake | XXX.XX | | | | |
| Age at First Session | 43 years 11 months | | | | |
| Show UCLA PTSD-RI - Parent (CIMH)  | | | | | |
| Questionnaire Administration Date | 1/1/2014 | | | | |
| Type | Pre | | | | |
| <table border="1"><thead><tr><th>Subscale / SCALE</th><th>Score</th></tr></thead><tbody><tr><td>Subscale PTSD Severity Scale/Total Score</td><td>10</td></tr></tbody></table> | | Subscale / SCALE | Score | Subscale PTSD Severity Scale/Total Score | 10 |
| Subscale / SCALE | Score | | | | |
| Subscale PTSD Severity Scale/Total Score | 10 | | | | |
| <div>OK Edit</div> | | | | | |

To return to the Home page, click on the **Home** button in the top-right corner of the page.

| | | | |
|---|--|--|---|
| MHSA Prevention and Early Intervention | |  | Home Sign Out  |
| Outcome Measures Application | | | You are signed on as: jflynn |

Section 13 – Edit Questionnaires

First, follow **section 11**.

To edit the questionnaire you have entered, click on the plus (+) sign next to the questionnaire name. The list will expand showing all instances of this questionnaire that have been saved.

Click on the **Edit** icon next to the questionnaire you wish to edit.

The screenshot shows the 'Track 1' interface. At the top, it displays 'Focus Name Trauma', 'Focus Start Date 1/1/2014', 'Focus End Date', 'Total Number Session 0', and 'Focus Status Active'. Below this, there are two main sections: 'Required Questionnaires for Track 1' and 'Completed Questionnaires'. The 'Required Questionnaires' section lists 'UCLA PTSD-RI - Parent (CIMH)' with buttons for 'Enter End of Focus' and 'View Focus Status'. The 'Completed Questionnaires' section lists the same questionnaire with a table showing administration dates. The table has columns 'Type' and 'Questionnaire Administration Date'. It lists two entries: 'Pre' on '1/1/2014' and 'Update' on '6/1/2014'. An 'Edit Icon' (a question mark in a square) is highlighted with a red box and labeled 'Edit Icon' with a red arrow. A 'Back' button is at the bottom left.

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 1/1/2014 |
| Update | 6/1/2014 |

Note: The validation rules that apply when you create a questionnaire still apply when editing it.

- To save the changes, click the **Save** button,
- To disregard the changes, click the **Cancel** button.

The application will redirect to the previous page.

The screenshot shows the 'Edit UCLA PTSD-RI - Parent (CIMH)' form. It includes fields for 'Questionnaire Administration Date' (set to 1/1/2014), 'Type' (set to Pre), and a table for 'Subscale / SCALE' and 'Score'. The table has one row: 'Subscale PTSD Severity Scale/Total Score' with a score of '10'. There is also a checkbox for 'Unable to Collect' and a 'Reason' dropdown menu (set to '** Please Select **'). At the bottom, there are 'Save' and 'Cancel' buttons, which are highlighted with a red box.

| Subscale / SCALE | Score |
|--|-------|
| Subscale PTSD Severity Scale/Total Score | 10 |

Section 14 – View End of Treatment Information

First, follow **section 11**. Next, click on the **View** icon next to record you wish to view.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID: XXXXXXXX
Birth Date: 1/23/1970
Current Age: 44 years 10 months
Gender: Female
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Treatment History

Start New Treatment Cycle 1 of 1 1 Items 20 /Page Go

| Status | Date of First Session | EBP | DSM-IV Code - Intake | Date of Last Session | Total Number of Sessions | Completed EBP? | Client TX Success | Disposition | DSM-IV Code - Termination |
|----------|-----------------------|--------------------------------------|----------------------|----------------------|--------------------------|----------------|-------------------|-------------|---------------------------|
| Inactive | 1/1/2014 | Managing and Adapting Practice (MAP) | 290.0 | 10/1/2014 | 10 | Yes | | | 290.0 |

MAP Tracks

| Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions |
|--------------|------------|------------------|----------------|------------------|--------------------------|
| 1 | Trauma | 01/01/2014 | 10/01/2014 | Yes | 10 |

The application will redirect to the **MAP Tracks** page. This page displays the **End of Treatment Information** to the right of the Beginning of Treatment Information.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics

MINNIE DOE

Client ID: XXXXXXXX
Birth Date: 1/23/1970
Current Age: 44 years 10 months
Gender: Female
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code: cXXXXXX
Date of First Session: 01/01/2014
DSM-IV Code Principle Axis I- Intake: XXX.XX
Age at First Session: 43 years 11 months

End of Treatment Information

Date of Last Session: 10/1/2014
Total Number of Sessions: 10
Completed EBP: Yes
DSM-IV Code Principle Axis-I Termination: XXX.XX
Dropout Reason:

Treatment History MAPTracks

| | Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions | Status |
|--------|--------------|------------|------------------|----------------|------------------|--------------------------|----------|
| Select | 0 | General | 01/01/2014 | 10/01/2014 | Yes | 10 | Inactive |
| Select | 1 | Trauma | 01/01/2014 | 10/01/2014 | Yes | 10 | Inactive |

Back

Section 15 – Edit End of Treatment Information

First, follow **section 14**. Then, click on the **Edit** icon in the **End of Treatment Information** section header.

Provider: 999x Focus: MAP EBP: Managing and Adapting Practice (MAP)

Client Demographics


MINNIE DOE

Client ID: XXXXXXXX
Birth Date: 1/23/1970
Current Age: 44 years 10 months
Gender: Female
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code: cXXXXXX
Date of First Session: 01/01/2014
DSM-IV Code Principle Axis I-Intake: XXX.XX
Age at First Session: 43 years 11 months

End of Treatment Information  **Edit Icon**

Date of Last Session: 10/1/2014
Total Number of Sessions: 10
Completed EBP: Yes
DSM-IV Code Principle Axis-I Termination: XXX.XX
Dropout Reason:

Treatment History MAPTracks

| | Track Number | Focus Name | Focus Start Date | Focus End Date | Completed Focus? | Total Number of Sessions | Status |
|------------------------|--------------|------------|------------------|----------------|------------------|--------------------------|----------|
| Select | 0 | General | 01/01/2014 | 10/01/2014 | Yes | 10 | Inactive |
| Select | 1 | Trauma | 01/01/2014 | 10/01/2014 | Yes | 10 | Inactive |

[Back](#)

The application will redirect to the **Edit End of Treatment Information** page.

End of Treatment Information

Date of Last Session: 10/1/2014
Total Number of Sessions: 10
Completed EBP?: Yes
DSM-IV Code Principle Axis-I Termination: XXX.XX [Lookup...](#)
Dropout Reason: ** Please Select **

[Save](#) [Cancel](#)

Note: **DSM-IV Code Principle Axis I-Termination** is the only field that can be modified in the **End of Treatment Information** section.

- To save the changes, click the **Save** button.
- To disregard the changes, click the **Cancel** button.

The application will redirect to the previous page.

Section 16 – Print

To print, click on the **Print** icon in the top-right corner of the page.



Section 17 – Sign Out

To sign out from the application, click on the **Sign Out** button in the top-right corner of the page.



MAP Dictionary

| | |
|--|---|
| Active Client | <p>The client is considered 'active' within a focus of treatment when there is an 'active' treatment cycle for the client for the specified focus of treatment, at a given provider site at a particular point in time.</p> <p>A treatment cycle is considered 'active' once 'Beginning of Treatment' (BOT) information for the evidence-based practice (EBP) has been collected. The treatment cycle remains active until all required 'End of Treatment' (EOT) information has been collected. If 'Completed EBP?' is answered yes, EOT information must include acknowledgement of all required 'post' questionnaires.</p> |
| Age at First Session | The calculated age of a client when treatment in a specific EBP commenced. The calculation is done by comparing client's date of birth, as indicated in the DMH Integrated System, against the Date of First Session for the treatment cycle. |
| Age at Focus Start | The calculated age of a client within a MAP treatment cycle when treatment of a specific focus commenced. The calculation is done by comparing the client's date of birth, as indicated in the DMH Integrated System, against the Focus Start Date for a given focus track. |
| Beginning of Treatment Information (BOT) | <p>Information related to the client's EBP treatment history at the beginning of treatment in a specific EBP at a specific provider site. This information includes: 'Date of First Session', 'DSM-IV Axis I Principle Diagnosis Code-Intake', and 'Therapist/Staff Code'.</p> <p>Completion of all required information identifies the start of treatment within a given EBP and initiates the treatment cycle.</p> |
| Client ID | The Department of Mental Health issued, seven-digit number used to uniquely identify a client. |
| Client Treatment Success | A field in "End of Treatment Information" that is enabled when the user selects "Yes" in the "Completed EBP" field. When "Client Treatment Success" field is enabled, the user must indicate whether the clinician determined the "Client Treatment Success" to be either "Partial" or "Significant". |
| Completed EBP | A yes/no response identifying whether the client completed all required interventions specific to the EBP in which the client received services for this 'treatment cycle'. |
| Current Age | The client's current age is calculated based on client's date of birth, as identified in the IS, and the date the user is accessing client information in the application. |
| Date of First Session (DOFS) | The date signifying the client's first EBP treatment session within a specific EBP at a specific provider site. |
| Date of Last Session (DOLS) | Last date for which EBP-specific services were provided and/or claimed. |
| Dropout Reason | The reason the client failed to complete the MAP treatment cycle. |

| | |
|--|---|
| DSM-IV | Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition; Published by the American Psychiatric Association, the DSM-IV provides a common language and standard criteria for the classification of mental health disorders. |
| DSM-IV Axis I Principle Diagnosis Code – Intake | Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP commenced, as indicated on the client's most recent Initial Assessment, Assessment Addendum, or Annual Update. |
| DSM-IV Axis I Principle Diagnosis Code – Termination | Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP ended, as indicated on the client's initial intake assessment, assessment addendum, or annual update. |
| Disposition | A response identifying the next step for the client at the end of an EBP 'treatment cycle'. Disposition options differ based on "Completed EBP – Yes" and "Completed EBP – No" responses. |
| End of Treatment Information (EOT) | <p>Information related to the client's EBP treatment history at the end of treatment in a specific EBP at a specific provider site. This information includes: 'Date of Last Session', 'Total Number of Sessions', information regarding completion of the EBP, 'Disposition' and 'DSM-IV Axis I Principle Diagnosis Code-Termination'.</p> <p>For clients who have completed treatment, this information will also include the provider's assessment of the success of treatment as well as acknowledgement of all required post-treatment outcome questionnaires. The completion of all required 'End of Treatment Information' closes out the 'treatment cycle'.</p> |
| Evidence-Based Practice (EBP) | Used to refer to Evidence-Based Practices (EBP), Community-Defined Evidence (CDE) practices, and Promising Practices (PP). |
| Focus of Treatment | Refers to a client's primary presenting problems for which EBP mental health services are being delivered (e.g., anxiety, depression, trauma, etc.). |
| Focus Track | Within a MAP treatment cycle, a series of sessions where a specific focus of treatment is targeted. The focus of treatment within a MAP treatment cycle may change during treatment. Therefore, a MAP treatment cycle may contain more than one focus track. However, there can be only one active focus of treatment at any given time within the treatment cycle. The start date is identified as the track's Focus Start Date and the end date is identified as the track's Focus End Date. |
| Focus End Date (FED) | The last date of a given focus track within a MAP treatment cycle. It will be the same date is one of the following: the Focus Start Date of the next focus track or the Date of Last Session of the MAP treatment cycle. |
| Focus Start Date (FSD) | The first date of a given focus track within a MAP treatment cycle. It will be the same date is one of the following: the Date of First Session of the MAP treatment cycle or the Focus End Date of the preceding focus track. |

| | |
|---|---|
| General Track | Within a MAP treatment cycle, the collection of general outcome measures over the life of the treatment cycle. There can only be one general track in a MAP treatment cycle. The start date is identified as the Date of First Session and the end date is identified as the Date of Last Session. |
| Managing and Adapting Practice (MAP) | An evidence-based practice used by the Prevention and Early Intervention program. Unlike other practices, MAP supports a change in the focus of treatment during the treatment cycle. However, there can be only one focus at any given time during treatment. While a set of general outcomes measures are collected over the entire course of treatment, a set of specific outcome measures are collected based on which focus is being treated at the time. |
| Mental Health Services Act (MHSA) | The MHSA, adopted by the California electorate on November 2, 2004 creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services. |
| Prevention and Early Intervention (PEI) | A plan funded under the California Mental Health Services Act. This plan focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness. |
| 'Pre' Questionnaire | All required pre-treatment outcome questionnaires, which should be administered during the first EBP-treatment session ('Date of First Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect." |
| 'Post' Questionnaire | All required post-treatment outcome questionnaires, which should be administered during the final EBP treatment session ('Date of Last Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect." |
| Provider ID | The state-issued four-digit number associated with the primary location(s) or site(s) where services are delivered. |
| Questionnaire | Outcome measures completed by clients and/or parents/guardians/raters for all clients receiving PEI services. For each EBP in which the client receives services, agencies are expected to collect data using a common measure across all practices (Outcome Questionnaire (OQ) Series), as well as a second measure oriented to specific focus of treatment. At a minimum, for each treatment cycle of PEI EBP services, there will generally be acknowledgement of a 'Pre-' and 'Post-' treatment questionnaire for 2 measures (OQ + Focus of Treatment). |
| Questionnaire Administration Date | Date when client or parent/guardian/rater completed each outcome measure questionnaire. |
| Questionnaire Type | Identifies whether the outcome questionnaire data reflects Pre-treatment, Update or Post-treatment status. |

| | |
|-------------------------|---|
| Staff Code | The seven-digit, alphanumeric DMH-issued staff code for individuals providing mental health services. An individual may be issued more than one staff code in cases where they provide services at more than one location or site. The staff code entered must represent the staff member that provided services to a given client at a given site. The staff code for the individual may be different than the username of the person using the application. |
| Status | In the “Treatment Cycle Status” screen, this field indicates the status of the treatment cycle relative to any outstanding post-treatment outcome questionnaires that are required. |
| Subscale Totals | Refers to the total Raw-score and T-score values for each questionnaire completed by the client and/or parent/guardian/rater. |
| Therapist ID: | See “Staff Code”. |
| Treatment Cycle | A period of time during which a client receives mental health services for a specific focus of treatment using a specific EBP at a specific provider site. It is encapsulated by completion of ‘Beginning of Treatment Information’ and all ‘End of Treatment Information’ requirements. |
| Unable to Collect | Refers to a field in all questionnaires which allows the user to identify when a clinician was unable to collect an outcome questionnaire within the 21-day collection window. |
| ‘Update’ Questionnaire: | Outcomes questionnaires completed between required pre-treatment and post-treatment outcomes questionnaires for a client within a treatment cycle for a specific EBP. For EBPs exceeding 6-months duration, update questionnaires are required every 6 months (from ‘Date of First Session’). |



**Chief Information Office Bureau
Solutions Delivery Division
Solutions Development Section**

First 5 L.A. Parent-Child Interaction Therapy (First 5 L.A. PCIT)

[PEI-OMA Supplemental]

**User Manual
v1.5
February 5, 2015**

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Step 1 – Sign In

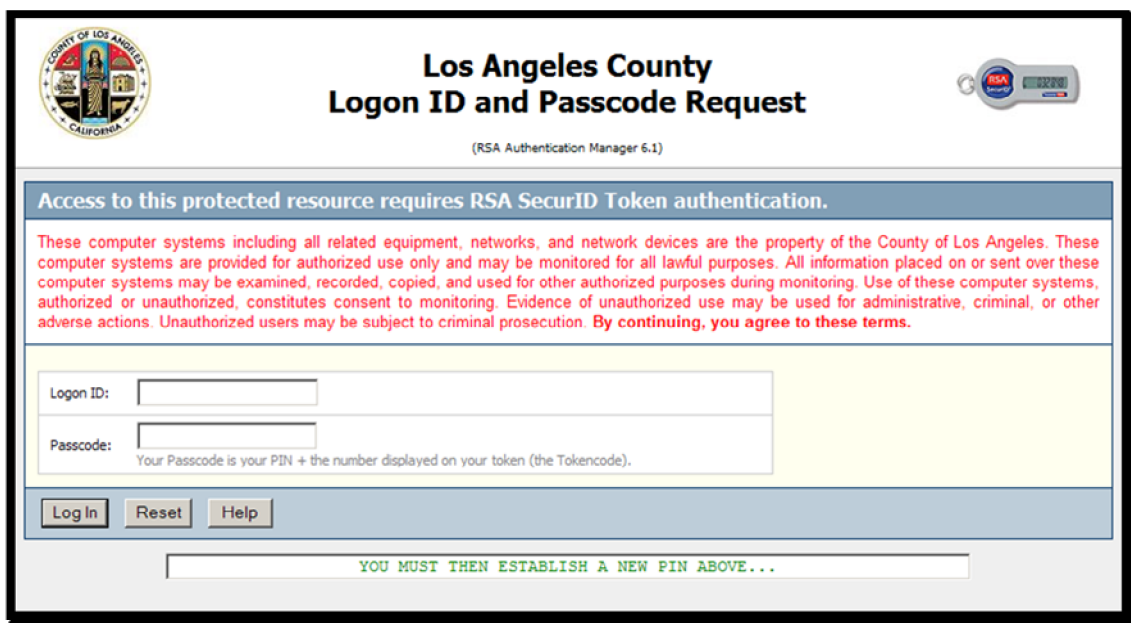
Getting Access: The username and password are the same as the IS username and password. If you do not have them, please go to the OMA Wiki and follow the instructions on how to request them.

OMA Wiki: <http://dmhoma.pbworks.com>

To access the application, open Internet Explorer and type in one of the following URLs:

- For access via the Internet (RSA SecurID required): <https://dmhapps.co.la.ca.us/PEIOMA>
- For access from a DMH facility: <https://intra.dmhapps.co.la.ca.us/PEIOMA>

Access via the Internet: To sign in from the Internet, you will need to log into the County RSA SecurID site first. Information on requesting County RSA SecurID access is available on the OMA Wiki.

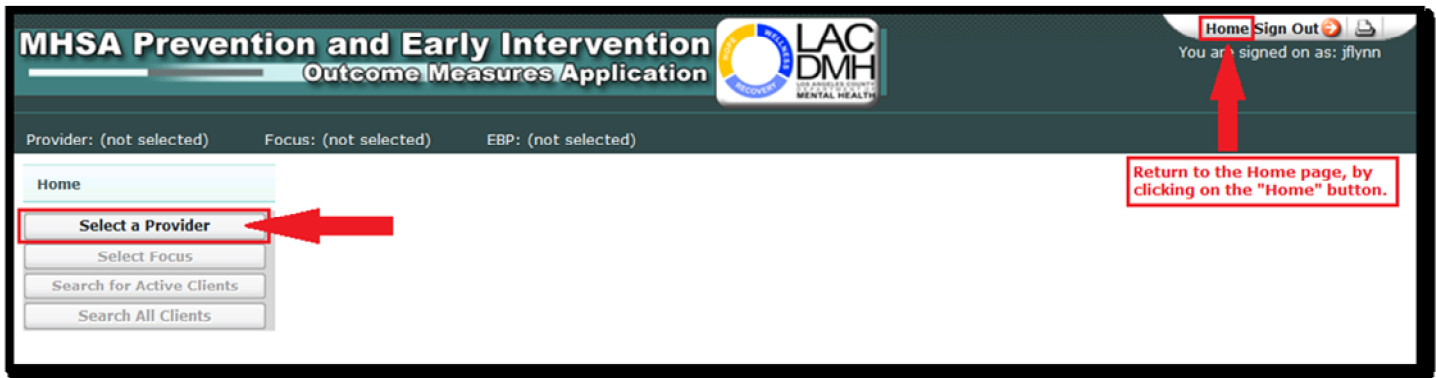


Prevention and Early Intervention – Outcome Measures Application (PEI-OMA) Sign In Page

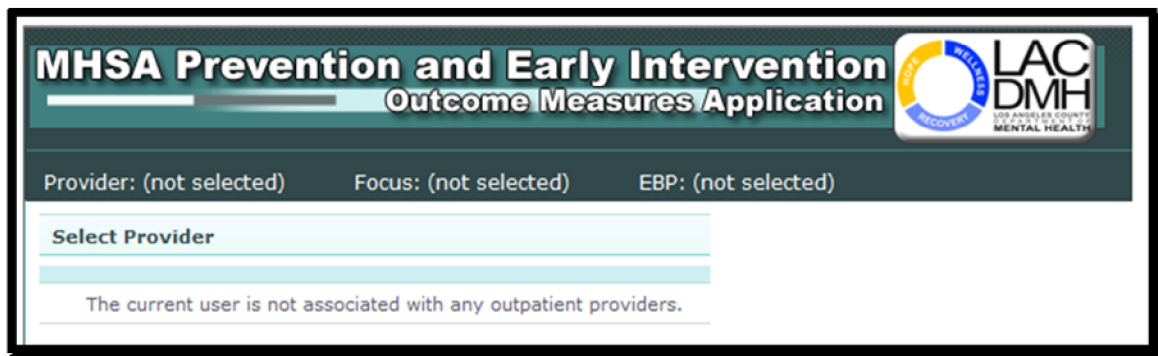
Step 2 – Select a Provider

After logging in successfully, you will be brought to the Home page. From here, you will be able to select the provider, the focus of treatment and the client you wish to work with. The Home page has been designed so that you can return to it from any page within the application by clicking on the Home button in the top-right corner of every page.

From the Home page, first click on **Select a Provider** button.

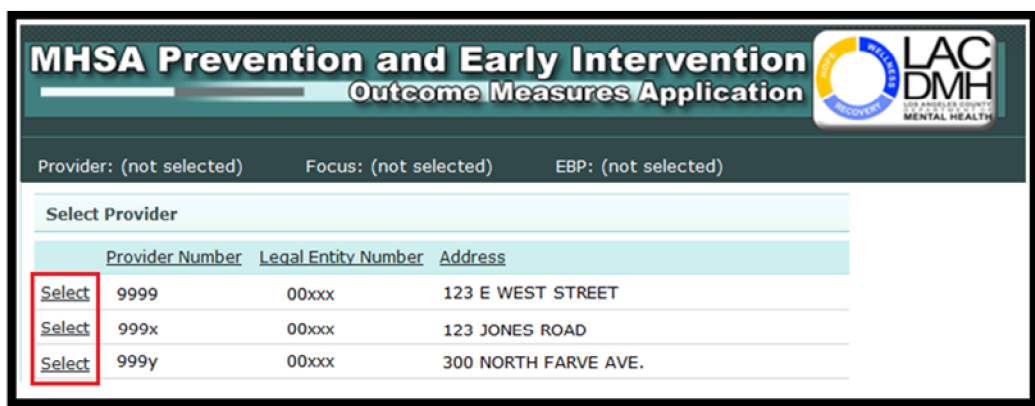


You must be associated to a provider offering outpatient services in order to proceed. If you are not associated to such a provider, the application will display the following message below at this point:



If you wish to correct this issue, please go to the OMA Wiki and follow the instructions on how to update the list of providers you are associated to. If you are associated to one or more providers offering outpatient services, the application will list all of these providers such as in the example below.

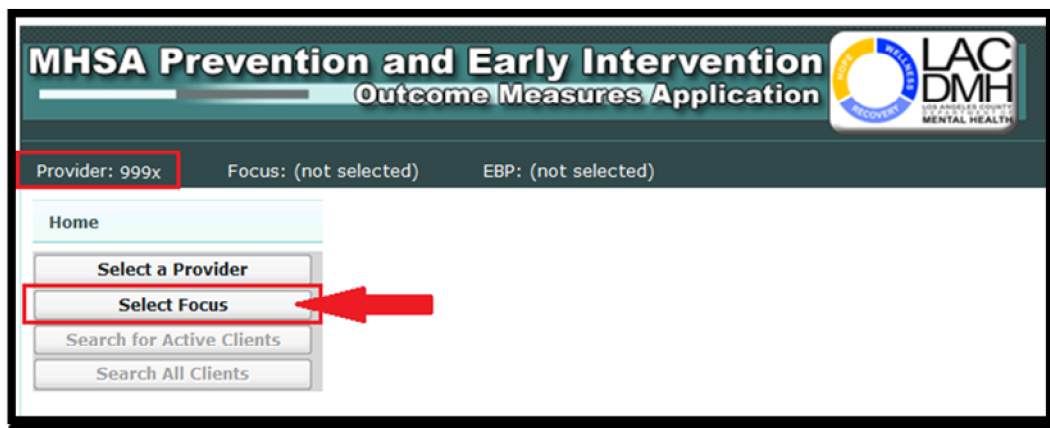
To choose a provider, click on the **Select** link next to the desired provider number.



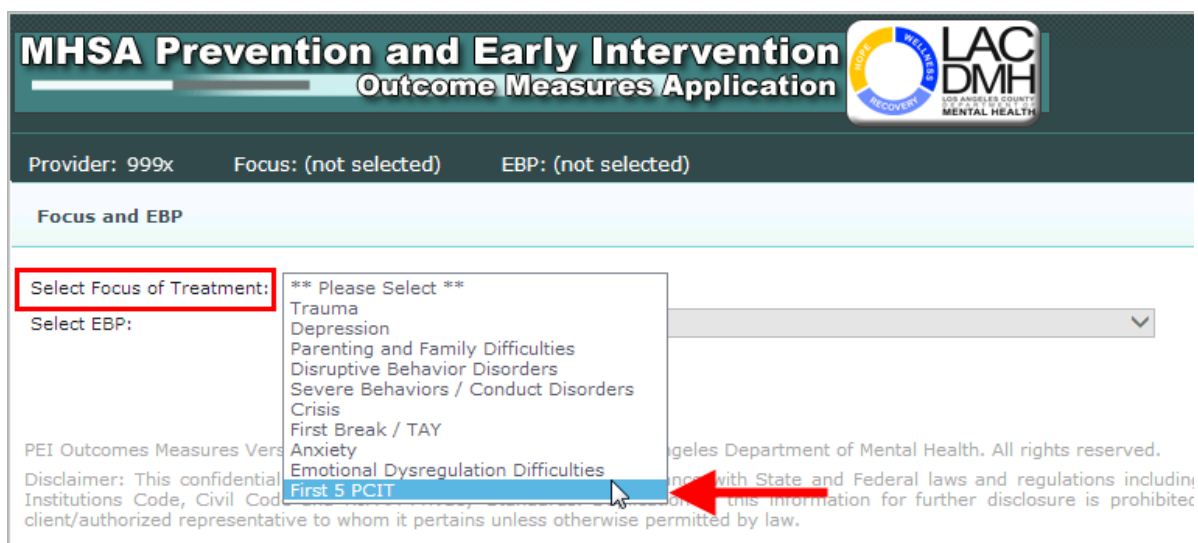
Step 3 – Select a Focus of Treatment and EBP

Once a provider is selected, you will be returned to the Home page. The identification number of the provider selected will be displayed at the top of screen.

Next, click on the **Select Focus** button.



You will be taken to the Focus and EBP screen. On this screen, first select **First 5 PCIT** from the **Select Focus of Treatment** dropdown list provided.



Next, select **First 5 PCIT** from the **Select EBP** (Evidence-Based Practice) dropdown list.

Focus and EBP

Select Focus of Treatment: First 5 PCIT

Select EBP: ** Please Select **
First 5 PCIT

OK Back

PEI Outcomes Measures Version 1.2 Copyright © 2011 County of Los Angeles
Disclaimer: This confidential information is provided to you in accordance
Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication o
client/authorized representative to whom it pertains unless otherwise permitt

Note: **First 5 PCIT** is the only EBP associated to the **First 5 PCIT** Focus of Treatment you have selected. Therefore, it is the only choice displayed in the dropdown list.

Once you have chosen the **Focus of Treatment** and **EBP**, click on the **OK** button to continue.

MHSA Prevention and Early Intervention Outcome Measures Application

Provider: 999x Focus: (not selected) EBP: (not selected)

Focus and EBP

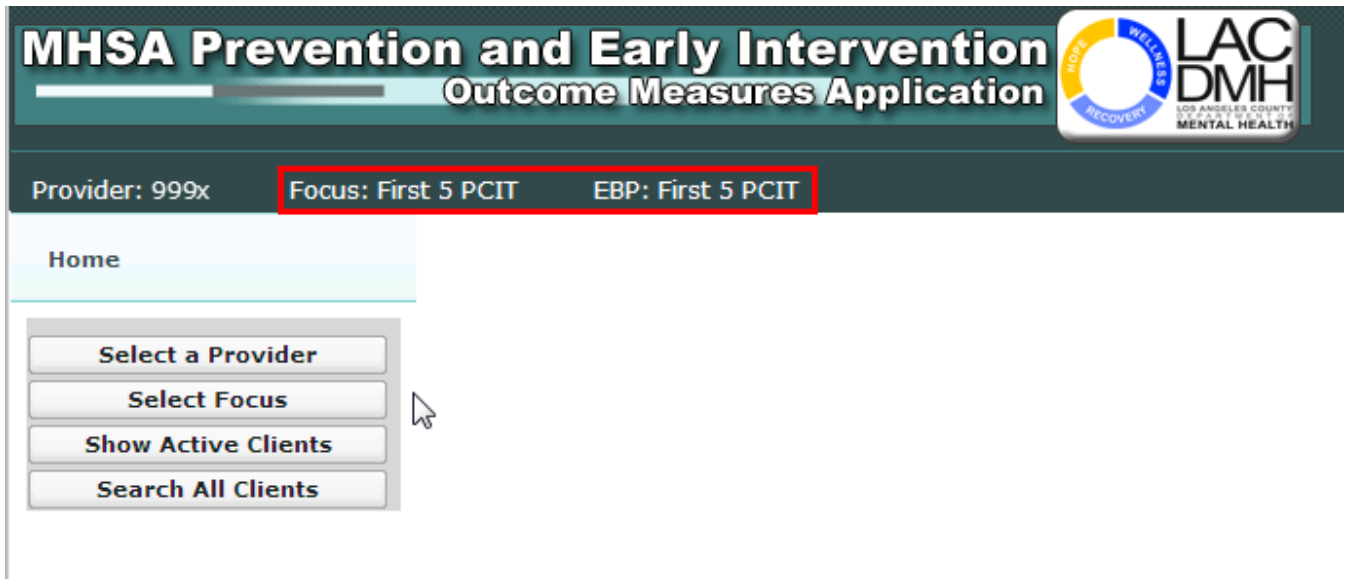
Select Focus of Treatment: Parenting and Family Difficulties

Select EBP: Incredible Years (IY)

OK Back

PEI Outcomes Measures Version 1.0 Copyright © 2011 County of Los Angeles Department of Mental Health. All rights reserved.
Disclaimer: This confidential information is provided to you in accordance with State and Federal laws and regulations including HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization otherwise permitted by law.

You will be taken to the Home page. The **Focus of Treatment** and **EBP** you have chosen will be displayed at the top of the screen and will remain there while you are using the application.

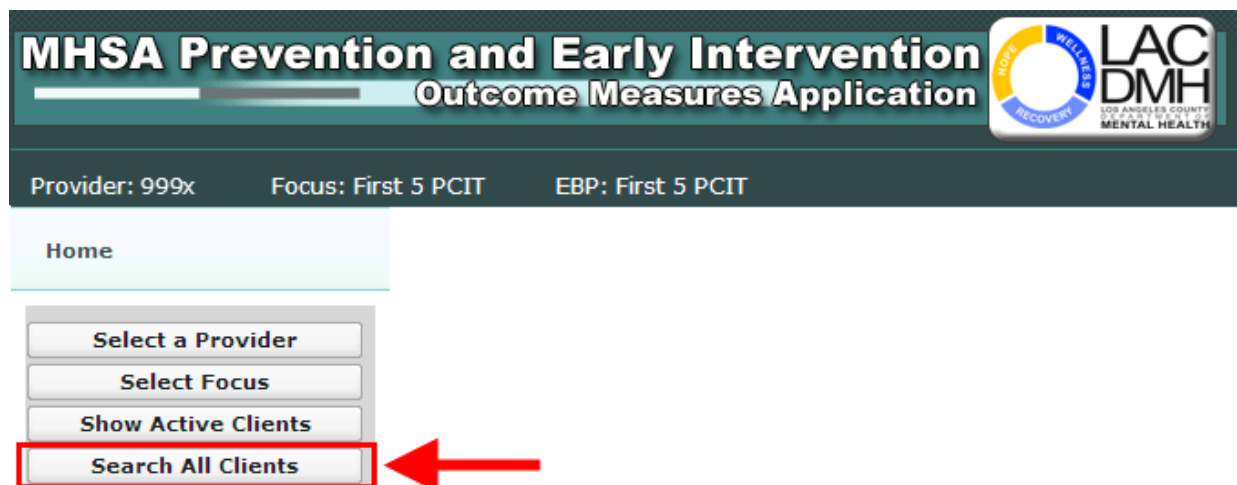


The screenshot shows the home page of the MHSA Prevention and Early Intervention Outcome Measures Application. At the top, there is a header bar with the title "MHSA Prevention and Early Intervention Outcome Measures Application" and the LAC DMH logo. Below the header, a dark blue bar displays the current settings: "Provider: 999x", "Focus: First 5 PCIT", and "EBP: First 5 PCIT". The "Focus" and "EBP" fields are highlighted with a red border. On the left side, there is a "Home" button and a vertical menu with four options: "Select a Provider", "Select Focus", "Show Active Clients", and "Search All Clients". A mouse cursor is pointing at the "Select Focus" button.

Step 4 – Search for an New or Inactive Client

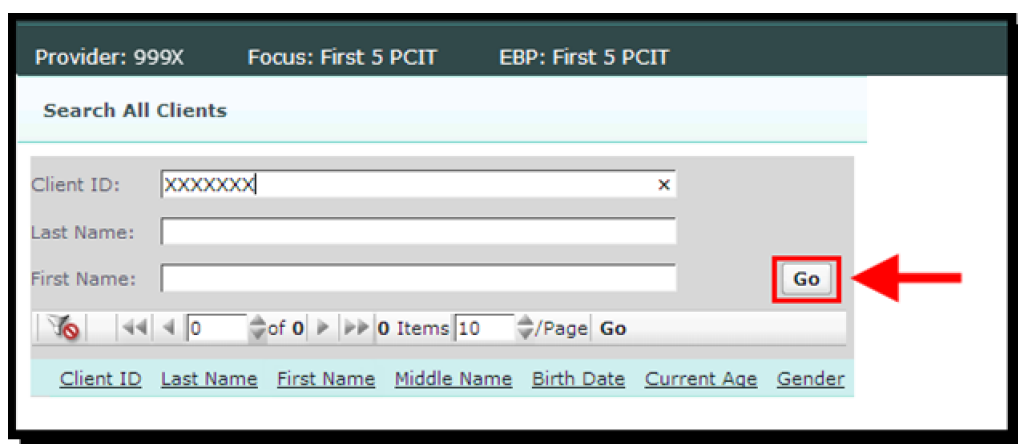
Note: Inactive clients are clients that do not have an active treatment cycle open with the selected provider and focus of treatment you have selected.

From the Home page, click on the **Search All Clients** button. You will be taken to the **Search All Clients** screen.



Note: The client you are searching for must already exist in the DMH Integrated System (IS). If the client is not already in the IS, they will not appear in results list.

Search for a client by their **Client ID**, **Last Name** or **First Name**. Click on the **Go** button or hit the **Enter** key to begin searching.



The results list will display all of the clients that match the criteria entered. Click on the **Select** link next to the chosen client record in the results list.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

Search All Clients

Client ID:

Last Name:

First Name:

of

 /Page

| | <u>Client ID</u> | <u>Last Name</u> | <u>First Name</u> | <u>Middle Name</u> | <u>Birth Date</u> | <u>Current Age</u> | <u>Gender</u> |
|------------------------|------------------|------------------|-------------------|--------------------|-------------------|--------------------|---------------|
| Select | XXXXXXX | Doe | John | A | 5/16/2010 | 3 yrs 4 mos | Male |

Image: Click on the **Select** link next to the chosen client record.

Step 5 – Enter Beginning of Treatment Information

1. Select a value for **Therapist ID/Staff Code** by clicking on the **Lookup...** link next to the field. This is not a free text field.
2. Enter the **Date of First Session** by typing in the date or by clicking on the Calendar icon and selecting date from the Calendar picker.
3. Select a value for the **DSM-IV Code Principle Axis I – Intake** by clicking on the **Lookup...** link next to the field. This is not a free text field.
4. The value for **Age at First Session** will be automatically calculated after **Date of First Session** is entered.
5. Identify the **Child-Caregiver Relationship** from the list of available choices.
6. To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

Note: The application will validate the dates you enter. If you enter an invalid date, the application will return an error message.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

Client Demographics

John A Doe

Client ID 9999999

Birth Date 5/16/2010

Current Age 3 yrs 4 mos

Gender Male

Ethnicity 01-White

Primary Language 01-English

Beginning of Treatment Information

Therapist ID/Staff Code CXXXXXX [Lookup...](#)

Date of First Session 1/2/2013

DSM-IV Code Principle Axis I-Intake XXX.XX [Lookup...](#)

Age at First Session 2 yrs 7 mos

Child Caregiver Relationship

** Please Select **
Adoptive Parent
Biological Parent (21 yrs and over)
Foster Caregiver
Relative
Teen Biological Parent (12-20 yrs)

[Save](#) [Cancel](#)

Image: Beginning of Treatment Information

Step 6 – Complete and Submit Required Questionnaires

There are two possible scenarios for selecting required questionnaires:

- Clients with required questionnaires. – Continue on to Step 6.1
- Clients without required questionnaires. – Skip to Step 6.4

Note: Required questionnaires are determined by the Focus of Treatment and EBP selected as well as the client's age at first session. There may be cases where there are no required questionnaires for a client.

Step 6.1 - Clients with Required Questionnaires

Click on the **New Questionnaire** icon next to the name of the questionnaire you wish to submit.

| Provider: 999X | | Focus: First 5 PCIT | | EBP: First 5 PCIT | |
|-------------------------|---|-------------------------------------|------------------------------------|-------------------|--|
| Client Demographics | | | Client Treatment Information | | |
| John A Doe | | | Beginning of Treatment Information | | |
| Client ID | 9999999 | Therapist ID/Staff Code | CXXXXXX | | |
| Birth Date | 5/16/2010 | Date of Intake | 1/1/2013 | | |
| Current Age | 3 yrs 4 mos | Date of First Session | 1/2/2013 | | |
| Gender | Male | DSM-IV Code Principle Axis I-Intake | XXX.XX | | |
| Ethnicity | 01-White | Age at First Session | 2 yrs 7 mos | | |
| Primary Language | 01-English | Child Caregiver Relationship | Teen Biological Parent (12-20 yrs) | | |
| Required Questionnaires | | | | | |
| New | Questionnaire Name | | | | |
| | Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | | | | |
| | Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | | | | |
| | Parenting Stress Index (PSI) - First 5 PCIT | | | | |

Image: Add a new questionnaire

There are two possible scenarios for saving required questionnaires:

- Questionnaires were administered and collected – Continue on to Step 6.2
- Some or all questionnaires were not administered or collected (Unable to Collect)– Skip to Step 6.3

Step 6.2 – Report subscale scores for a Questionnaire

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from dropdown list. If this is the first questionnaire, the only option will be 'Pre'.
3. Enter a valid **Score** for each **Subscale** record. You may tab from one score to the next.
4. To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

Provider: 999X Focus: First 5 PCIT EBP: First 5 PCIT

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------|--------------------------------------|------------------------------------|
| John A Doe | | | |
| Client ID | 9999999 | Beginning of Treatment Information ⓘ | |
| Birth Date | 5/16/2010 | Therapist ID/Staff Code | CXXXXXX |
| Current Age | 3 yrs 4 mos | Date of Intake | 1/1/2013 |
| Gender | Male | Date of First Session | 1/2/2013 |
| Ethnicity | 01-White | DSM-IV Code Principle Axis I-Intake | XXX.XX |
| Primary Language | 01-English | Age at First Session | 2 yrs 7 mos |
| | | Child Caregiver Relationship | Teen Biological Parent (12-20 yrs) |

Add Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT

Questionnaire Administration Date: 1/2/2013 ⓘ

Type: Pre ▼

| Subscale / SCALE | Score |
|-----------------------|-------|
| Intensity - Raw Score | 41 |
| Intensity - T-Score | 39 |
| Problem - Raw Score | 8 |
| Problem - T-Score | 49 |

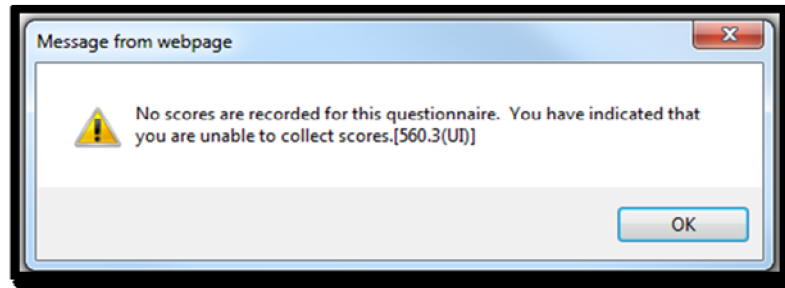
☐ Unable to Collect Reason: ** Please Select ** ▼

Save **Cancel**

Image: Report subscale scores for a questionnaire

Step 6.3 – Unable to collect scores for a Questionnaire

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from Calendar picker.
2. Select the **Type** from the dropdown list. If this is the first questionnaire, the only choice will be 'Pre'.
3. Click on the checkbox marked "**Unable to Collect**". The application will display the following confirmation message that you indicated no scores will be recorded for this questionnaire:



4. To continue, click the **OK** button on the confirmation message.
5. Indicate the reason you were unable to collect scores by selecting your answer from the **Reason** dropdown list. **Note:** The choices in the **Reason** list vary depending on the questionnaire you are reporting on.
6. To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

| Subscale / SCALE | Score |
|-----------------------|----------------------|
| Intensity - Raw Score | <input type="text"/> |
| Intensity - T-Score | <input type="text"/> |
| Problem - Raw Score | <input type="text"/> |
| Problem - T-Score | <input type="text"/> |

☒ Unable to Collect Reason:

Image: Report “Unable to Collect” scores for a questionnaire

Note: After saving the questionnaire, you will still be able to update it from reporting “**Unable to Collect**” to reporting **subscale score(s)**. However, you will not be able to update the **Questionnaire Administration Date** or the **Type** of the Questionnaire. Also, once **subscale scores** have been reported for a questionnaire, you will not be able to update it to report “**Unable to Collect**”.

The application will re-direct you to the **Client Treatment Information** page.

To view the questionnaire you have entered, click on the plus sign (+) next the questionnaire type. The list will expand showing you all of the questionnaires of this type that have been saved.

To view questionnaires already entered, skip to **Step 11 – View Questionnaires**.

| | | | |
|------------------|------------|-------------------------------------|------------------------------------|
| Ethnicity | 01-White | DSM-IV Code Principle Axis I-Intake | 995.83 |
| Primary Language | 01-English | Age at First Session | 2 yrs 7 mos |
| | | Child Caregiver Relationship | Teen Biological Parent (12-20 yrs) |

| Required Questionnaires | | Completed Questionnaires | |
|-------------------------|--|--------------------------|--|
| New | Questionnaire Name | | Questionnaire Name |
| | Eyberg Child Behavior Inventory(ECBI) First 5 PCIT | | Eyberg Child Behavior Inventory(ECBI) First 5 PCIT |
| | Sutter Eyberg Student Behavior Inventory(SESBI) First 5 PCIT | | |
| | Parenting Stress Index(PSI) First 5 PCIT | | |

To expand list, click on the plus sign (+)

| | | | |
|------------------|------------|-------------------------------------|------------------------------------|
| Ethnicity | 01-White | DSM-IV Code Principle Axis I-Intake | 995.83 |
| Primary Language | 01-English | Age at First Session | 2 yrs 7 mos |
| | | Child Caregiver Relationship | Teen Biological Parent (12-20 yrs) |

| Required Questionnaires | | Completed Questionnaires | |
|-------------------------|--|--------------------------|--|
| New | Questionnaire Name | | Questionnaire Name |
| | Eyberg Child Behavior Inventory(ECBI) First 5 PCIT | | Eyberg Child Behavior Inventory(ECBI) First 5 PCIT |
| | Sutter Eyberg Student Behavior Inventory(SESBI) First 5 PCIT | | |
| | Parenting Stress Index(PSI) First 5 PCIT | | |

| Type | Questionnaire Administration Date |
|------|-----------------------------------|
| Pre | 1/2/2013 |

Images: List of Completed Questionnaires in Expanded View

To submit an 'Update' questionnaire, skip to **Step 7 – Complete and Submit 'Update' Questionnaires.**

Once you have completed all 'Pre' questionnaires, the **CDI Met** button and the **Enter End of Treatment** button will become visible on the Client Treatment Information page.

Once the client and parent have met the CDI requirements, you may choose to complete and submit "Mid" questionnaires. To do so, click on the **CDI Met** button

If you choose to complete and submit End of Treatment Information at this time, click on the **Enter End of Treatment** button and skip to **Step 8 – Complete and Submit End of Treatment Information.**

Image: The **Enter End of Treatment** button visible on the Client Treatment Information page

If a client you have selected does not have any required questionnaires, the application will display the message shown in the image below. Click on the **Enter End of Treatment** button and skip to **Step 8 – Complete and Submit End of Treatment Information**.

[Revised: February 5, 2015]

Step 7 – Complete and Submit ‘Update’ Questionnaires

From the Client Treatment Information page, click on the **New** icon next to the questionnaire you wish to submit.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------------|--------------------------------------|--------------|
| JOHN DOE | | Beginning of Treatment Information ? | |
| Client ID | XXXXXX | Therapist ID/Staff Code | cXXXXXX |
| Birth Date | 11/1/1995 | Date of Intake | 1/1/2011 |
| Current Age | 15 years old | Date of First Session | 1/10/2011 |
| Gender | Male | DSM-IV Code Principle Axis I-Intake | 999.99 |
| Ethnicity | 99-Unknown/Not Reported | Age at First Session | 15 years old |
| Primary Language | 01-English | | |

| Required Questionnaires | | Completed Questionnaires | |
|-------------------------|--|--------------------------|--|
| New | Questionnaire Name | | Questionnaire Name |
| | Youth Outcome Questionnaire - 2.01 (Parent) | | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire – Self Report – 2.0 | | Youth Outcome Questionnaire – Self Report – 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) | | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory (SESBI) | | Sutter Eyberg Student Behavior Inventory (SESBI) |

Enter End of Treatment

NEW icon

1. Enter a valid **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
2. Select 'Update' from **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To save your entries, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entries. The application will direct you back to the previous page.

Add Youth Outcome Questionnaire - 2.01 (Parent)

Questionnaire Administration Date
6/10/11

Type
Update

| Subscale / SCALE | Score |
|-------------------------|-------|
| Intrapersonal Distress | 10 |
| Somatic | 10 |
| Interpersonal Relations | 10 |
| Social Problems | 10 |
| Behavioral Dysfunction | 10 |
| Critical Items | 10 |
| Total | 100 |

☐ Unable to Collect
Reason
** Please Select **

Save
Cancel

Once you have completed and saved an 'Update' type questionnaire, the system will return to **Client Treatment Information** page.

| Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY) | | | | | | | | | | | | | |
|--|--|------|-----------------------------------|-----|---|--------|---|--|--|--|--|--------------------|---|
| <div> <div> Client Demographics </div> <div> Client Treatment Information </div> </div> | | | | | | | | | | | | | |
| <div> <div> JOHN DOE Client ID: XXXXXX Birth Date: 11/1/1995 Current Age: 15 years old Gender: Male Ethnicity: 99-Unknown/Not Reported Primary Language: 01-English </div> <div> Beginning of Treatment Information Therapist ID/Staff Code: cXXXXXX Date of Intake: 1/1/2011 Date of First Session: 1/10/2011 DSM-IV Code Principle Axis I-Intake: 999.99 Age at First Session: 15 years old </div> </div> | | | | | | | | | | | | | |
| <div> <div> Required Questionnaires </div> <div> Completed Questionnaires </div> </div> | | | | | | | | | | | | | |
| <div> <div> <table border="1"> <thead> <tr> <th>New</th> <th>Questionnaire Name</th> </tr> </thead> <tbody> <tr> <td></td> <td>Youth Outcome Questionnaire - 2.01 (Parent)</td> </tr> <tr> <td></td> <td>Youth Outcome Questionnaire - Self Report - 2.0</td> </tr> <tr> <td></td> <td>Eyberg Child Behavior Inventory (ECBI)</td> </tr> <tr> <td></td> <td>Sutter Eyberg Student Behavior Inventory (SESBI)</td> </tr> </tbody> </table> </div> <div> <table border="1"> <thead> <tr> <th>Questionnaire Name</th> </tr> </thead> <tbody> <tr> <td> Youth Outcome Questionnaire - 2.01 (Parent)</td> </tr> </tbody> </table> </div> </div> | | New | Questionnaire Name | | Youth Outcome Questionnaire - 2.01 (Parent) | | Youth Outcome Questionnaire - Self Report - 2.0 | | Eyberg Child Behavior Inventory (ECBI) | | Sutter Eyberg Student Behavior Inventory (SESBI) | Questionnaire Name | Youth Outcome Questionnaire - 2.01 (Parent) |
| New | Questionnaire Name | | | | | | | | | | | | |
| | Youth Outcome Questionnaire - 2.01 (Parent) | | | | | | | | | | | | |
| | Youth Outcome Questionnaire - Self Report - 2.0 | | | | | | | | | | | | |
| | Eyberg Child Behavior Inventory (ECBI) | | | | | | | | | | | | |
| | Sutter Eyberg Student Behavior Inventory (SESBI) | | | | | | | | | | | | |
| Questionnaire Name | | | | | | | | | | | | | |
| Youth Outcome Questionnaire - 2.01 (Parent) | | | | | | | | | | | | | |
| <div> <div> <input type="button" value="Enter End of Treatment"/> </div> <div> <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>1/10/2011</td> </tr> <tr> <td> Update</td> <td>6/10/2011</td> </tr> </tbody> </table> </div> </div> | | Type | Questionnaire Administration Date | Pre | 1/10/2011 | Update | 6/10/2011 | | | | | | |
| Type | Questionnaire Administration Date | | | | | | | | | | | | |
| Pre | 1/10/2011 | | | | | | | | | | | | |
| Update | 6/10/2011 | | | | | | | | | | | | |
| <div> <div> <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>1/10/2011</td> </tr> <tr> <td> Update</td> <td>6/1/2011</td> </tr> </tbody> </table> </div> <div> <table border="1"> <tbody> <tr> <td> Eyberg Child Behavior Inventory (ECBI)</td> </tr> <tr> <td> Sutter Eyberg Student Behavior Inventory (SESBI)</td> </tr> </tbody> </table> </div> </div> | | Type | Questionnaire Administration Date | Pre | 1/10/2011 | Update | 6/1/2011 | Eyberg Child Behavior Inventory (ECBI) | Sutter Eyberg Student Behavior Inventory (SESBI) | | | | |
| Type | Questionnaire Administration Date | | | | | | | | | | | | |
| Pre | 1/10/2011 | | | | | | | | | | | | |
| Update | 6/1/2011 | | | | | | | | | | | | |
| Eyberg Child Behavior Inventory (ECBI) | | | | | | | | | | | | | |
| Sutter Eyberg Student Behavior Inventory (SESBI) | | | | | | | | | | | | | |

To view your questionnaire, skip to Step 12.

To edit your questionnaire, skip to Step 13.

Step 8 – Complete and Submit ‘Mid’ Questionnaires

Once a client and caregiver have reach the point in the treatment cycle where CDI is met, ‘Mid’ questionnaires are expected to be administered and collected. The application will allow ‘Mid’ questionnaires to be submitted once a ‘Pre’ questionnaire has been submitted for each required questionnaire.

At this point, both the CDI Met button and the Enter End of Treatment button will become visible on the on the Client Treatment Information page.

The screenshot displays the 'Client Treatment Information' page. It features two side-by-side tables: 'Required Questionnaires' and 'Completed Questionnaires'. Both tables list three questionnaires: 'Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT', 'Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT', and 'Parenting Stress Index (PSI) - First 5 PCIT'. Below these tables, there are two buttons: 'CDI Met' and 'Enter End of Treatment', both of which are highlighted with red rectangular boxes.

Image: CDI Met button and Enter End of Treatment button visible on Client Treatment Information page.

1. Click the CDI Met button on the Client Treatment Information page. This will take you to the **Mid of Treatment** page.

The screenshot shows the 'Mid of Treatment' page. At the top, it displays 'Provider: 999X', 'Focus: First 5 PCIT', and 'EBP: First 5 PCIT'. The page is divided into two main sections: 'Client Demographics' and 'Client Treatment Information'. The 'Client Demographics' section lists information for 'John A Doe', including Client ID (9999999), Birth Date (5/16/2010), Current Age (3 yrs 5 mos), Gender (Male), Ethnicity (01-White), and Primary Language (01-English). The 'Client Treatment Information' section includes 'Beginning of Treatment Information' with fields for Therapist ID/Staff Code (CXXXXXX), Date of Intake (1/1/2013), Date of First Session (1/2/2013), DSM-IV Code Principle Axis I-Intake (XXX.XX), Age at First Session (2 yrs 7 mos), and Child Caregiver Relationship (Teen Biological Parent (12-20 yrs)). Below these sections is the 'Mid of Treatment Information' section, which contains a 'Date CDI Met' field with a calendar icon. At the bottom, there are 'Save' and 'Cancel' buttons.

Image: Date CDI Met field on Mid of Treatment page.

2. On the Mid of Treatment page, enter **the date CDI was met into the Date CDI Met** field by typing in the date or by clicking on the Calendar icon and selecting the date from the Calendar picker.
3. To save your entry, click the **Save** button. Otherwise, click the **Cancel** button to disregard the entry. The application will direct you back to the previous page.

The screenshot displays the 'Client Treatment Information' page for a client named John A Doe. The page is divided into several sections:

- Header:** Provider: 999X, Focus: First 5 PCIT, EBP: First 5 PCIT
- Client Demographics:**
 - Client ID: 9999999
 - Birth Date: 5/16/2010
 - Current Age: 3 yrs 5 mos
 - Gender: Male
 - Ethnicity: 01-White
 - Primary Language: 01-English
- Client Treatment Information:**
 - Beginning of Treatment Information:**
 - Therapist ID/Staff Code: CXXXXXX
 - Date of Intake: 1/1/2013
 - Date of First Session: 1/2/2013
 - DSM-IV Code Principle Axis I-Intake: XXX.XX
 - Age at First Session: 2 yrs 7 mos
 - Child Caregiver Relationship: Teen Biological Parent (12-20 yrs)
 - Mid of Treatment Information:** (Highlighted with a red box)
 - Date CDI Met: 4/1/2013
- Required Questionnaires:**
 - New Questionnaire Name
 - Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT
 - Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT
 - Parenting Stress Index (PSI) - First 5 PCIT
 - View Mid Status** (Highlighted with a red box)
 - Enter End of Treatment
- Completed Questionnaires:**
 - Questionnaire Name
 - Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT
 - Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT
 - Parenting Stress Index (PSI) - First 5 PCIT

Image: Mid of Treatment Information and View Mid Status button on Client Treatment Info page.

NOTE: Once **Date CDI Met** is entered, you are required to input a 'Mid' type questionnaire for each required questionnaire before you can input any other type of questionnaire. In addition, if you choose to end the treatment cycle, from this point forward, you are required to input a 'Mid' questionnaire for each required questionnaire in order for the treatment cycle to eventually be considered inactive.

4. On the Client Treatment Info page, you will see the date entered for **Date CDI Met**. In addition, the **CDI Met** button will now say **View Mid Status**.
5. Click on the **View Mid Status** button. You will be taken to the **Mid Questionnaires** page. The **Mid Treatment Cycle Status** message will read "Additional Information Needed" until a 'Mid' type questionnaire has been submitted for each required questionnaire.

Mid of Treatment Information

Date CDI Met 4/1/2013

Mid Treatment Cycle Status = Additional Information Needed

Mid Questionnaires

| Questionnaire Name | Status |
|---|---------|
| Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | Pending |
| Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | Pending |
| Parenting Stress Index (PSI) - First 5 PCIT | Pending |

NEW icon

[Return to Client Treatment Info](#)

Image: Mid Treatment Cycle Status message above list of ‘Mid’ Questionnaires required.

6. Click on the **New** icon next to one of the Mid questionnaires listed. You will be taken to the **Add Client Scores** page to submit the ‘Mid’ type questionnaire.
7. Follow the directions in step 6.1 to submit each ‘Mid’ questionnaire (follow step 6.2 if you are unable to collect scores for a ‘Mid’ type questionnaire). Under **Type**, your only option will be ‘Mid’ instead of ‘Pre’ or ‘Update’. You will be returned to the **Mid Questionnaires** page after you save each questionnaire.
8. After each required questionnaire is submitted, the Status message for each will change from “Pending” to “Completed”.
9. Once all required Mid type questionnaires have been submitted, the Mid Treatment Cycle Status message will change to “Complete”

Mid of Treatment Information

Date CDI Met 4/1/2013

Mid Treatment Cycle Status = Complete

Mid Questionnaires

| Questionnaire Name | Status |
|---|-----------|
| Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | Completed |
| Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | Completed |
| Parenting Stress Index (PSI) - First 5 PCIT | Completed |

[Return to Client Treatment Info](#)

Image: The Mid Treatment Cycle Status message after all ‘Mid’ questionnaires have been completed.

Click on the Return to Client Treatment Info button. The system will return to **Client Treatment Information** page.

| Required Questionnaires | | Completed Questionnaires | | | | | | | |
|---|---|---|--|------|-----------------------------------|-----|----------|-----|----------|
| New | Questionnaire Name | Questionnaire Name | | | | | | | |
| | Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | <input checked="" type="checkbox"/> Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | | | | | | | |
| | Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>1/2/2013</td> </tr> <tr> <td> Mid</td> <td>4/1/2013</td> </tr> </tbody> </table> | | Type | Questionnaire Administration Date | Pre | 1/2/2013 | Mid | 4/1/2013 |
| Type | Questionnaire Administration Date | | | | | | | | |
| Pre | 1/2/2013 | | | | | | | | |
| Mid | 4/1/2013 | | | | | | | | |
| | Parenting Stress Index (PSI) - First 5 PCIT | <input checked="" type="checkbox"/> Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>1/2/2013</td> </tr> <tr> <td> Mid</td> <td>4/1/2013</td> </tr> </tbody> </table> | | Type | Questionnaire Administration Date | Pre | 1/2/2013 | Mid | 4/1/2013 |
| Type | Questionnaire Administration Date | | | | | | | | |
| Pre | 1/2/2013 | | | | | | | | |
| Mid | 4/1/2013 | | | | | | | | |
| <input type="button" value="View Mid Status"/> | | <input checked="" type="checkbox"/> Parenting Stress Index (PSI) - First 5 PCIT <table border="1"> <thead> <tr> <th>Type</th> <th>Questionnaire Administration Date</th> </tr> </thead> <tbody> <tr> <td> Pre</td> <td>1/3/2013</td> </tr> <tr> <td> Mid</td> <td>4/1/2013</td> </tr> </tbody> </table> | | Type | Questionnaire Administration Date | Pre | 1/3/2013 | Mid | 4/1/2013 |
| Type | Questionnaire Administration Date | | | | | | | | |
| Pre | 1/3/2013 | | | | | | | | |
| Mid | 4/1/2013 | | | | | | | | |
| <input type="button" value="Enter End of Treatment"/> | | | | | | | | | |

Image: ‘Mid’ questionnaires completed for each required questionnaire.

To view your questionnaire, skip to **Step 12**.

To edit your questionnaire, skip to **Step 13**.

Step 9 – Complete and Submit End of Treatment Information

1. From the Client Treatment Information page, click on the **Enter End of Treatment** button.
2. Enter the **Date of Last Session** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
3. Enter the **Total Number of Sessions**.
4. Indicate whether this evidence-based practice (EBP) was completed by choosing the appropriate value from the **Completed EBP** dropdown list. Depending on what you select, there will be different requirements for completing the **End of Treatment Information**:
 - If you answer 'Yes', you must enter a response in the **Client Treatment Success** field. The **Treatment Outcome Option** field will not require a response and will be disabled.
 - If you answer 'No', you must enter a response in the **Treatment Outcome Option** field. The **Client Treatment Success** field will not require a response and will be disabled.
5. Select a value from the **Disposition** dropdown list. The list of available responses will change
6. Select a value for the **DSM-IV Code Principle Axis I – Termination** by clicking on the **Lookup** link next to the field. This is not a free text field.
7. For the **Child-Caregiver Relationship Changed?** field, indicate if the child-caregiver relationship has changed since Beginning of Treatment. If it has, you will be required to indicate the child-caregiver relationship at the time of End of Treatment.
8. To save, click the **Save** button.
9. To cancel, click the **Cancel** button, system will redirect you to the previous page.

Age at First Session 2 yrs 7 mos

Child Caregiver Relationship Teen Biological Parent (12-20 yrs)

Mid of Treatment Information

Date CDI Met 4/1/2013

End of Treatment Information

Date of Last Session 8/20/2013

Total Number of Sessions 2

Completed EBP Yes

Client Treatment Success Significant

Disposition Case closed

DSM-IV Code Principle Axis-I Termination 300.29 [Lookup...](#)

Treatment Outcome Option ** Please Select **

Child Caregiver Relationship Changed? Yes Adoptive Parent

Save Cancel

Image: End of Treatment Information with Completed EBP = Yes


| | | |
|---|------------------------------------|---|
| Age at First Session | 2 yrs 7 mos | |
| Child Caregiver Relationship | Teen Biological Parent (12-20 yrs) | |
| Mid of Treatment Information | | |
| Date CDI Met | 4/1/2013 | |
| End of Treatment Information | | |
| Date of Last Session | 8/20/2013 |  |
| Total Number of Sessions | 2 | |
| Completed EBP | No | |
| Client Treatment Success | ** Please Select ** | |
| Disposition | New EBP with different focus | |
| DSM-IV Code Principle Axis-I Termination | 300.29 | Lookup... |
| Treatment Outcome Option | Change in placement | |
| Child Caregiver Relationship Changed? | Yes | Adoptive Parent |
| <input type="button" value="Save"/> <input type="button" value="Cancel"/> | | |

Image: End of Treatment Information with Completed EBP = No

Note: If you selected 'Yes' for **Completed EBP** field, this will not end the client's treatment cycle. You will need to complete and submit all required 'Post' questionnaires in order to end the treatment cycle. If you selected 'No' for **Completed EBP** field, this will end the treatment cycle.

Once you have completed the End of Treatment Information, you will be taken to **Treatment Cycle Status** page.

Provider: 999X
Focus: First 5 PCIT
EBP: First 5 PCIT

| Client Demographics | Client Treatment Information | | | | | | | | | |
|---|---|--|--------------------|--------|---|---------|---|---------|---|---------|
| John A Doe Client ID 9999999 Birth Date 5/16/2010 Current Age 3 yrs 5 mos Gender Male Ethnicity 01-White Primary Language 01-English | Beginning of Treatment Information Therapist ID/Staff Code CXXXXXX Date of Intake 1/1/2013 Date of First Session 1/2/2013 DSM-IV Code Principle Axis I-Intake 995.83 Age at First Session 2 yrs 7 mos Child Caregiver Relationship Teen Biological Parent (12-20 yrs) | End of Treatment Information Date of Last Session 8/1/2013 Total Number of Sessions 10 Completed EBP Yes Client Treatment Success Significant Disposition Case closed DSM-IV Code Principle Axis-I Termination 291.0 | | | | | | | | |
| | Mid of Treatment Information Date CDI Met 4/1/2013 | | | | | | | | | |
| Treatment Cycle Status = Additional Information Needed | | | | | | | | | | |
| Questionnaires <table> <thead> <tr> <th>Questionnaire Name</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td> Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT</td> <td>Pending</td> </tr> <tr> <td> Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT</td> <td>Pending</td> </tr> <tr> <td> Parenting Stress Index (PSI) - First 5 PCIT</td> <td>Pending</td> </tr> </tbody> </table> | | | Questionnaire Name | Status | Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | Pending | Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | Pending | Parenting Stress Index (PSI) - First 5 PCIT | Pending |
| Questionnaire Name | Status | | | | | | | | | |
| Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | Pending | | | | | | | | | |
| Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | Pending | | | | | | | | | |
| Parenting Stress Index (PSI) - First 5 PCIT | Pending | | | | | | | | | |
| Return to Client Treatment Info | | | | | | | | | | |

Image: Treatment Cycle Status (in red) indicating that ‘Post’ questionnaires are needed for the treatment cycle to be completed. Note the status of each required ‘Post’ questionnaire is ‘Pending’.

If you wish to complete and submit pending ‘Post’ questionnaires, please continue on to **Step 10**.

Step 10 – Complete and Submit ‘Post’ Questionnaires

Once you have input the End of Treatment Information, the application will indicate which ‘Post’ questionnaires are still pending completion on the **Treatment Cycle Status** page.

To complete and submit a ‘Post’ questionnaire, click on the **New** icon next to the questionnaire you wish to complete.

The screenshot displays the 'Treatment Cycle Status' page for a client named John A Doe. The page is divided into several sections:

- Header:** Provider: 999X, Focus: First 5 PCIT, EBP: First 5 PCIT
- Client Demographics:** John A Doe, Client ID: 9999999, Birth Date: 5/16/2010, Current Age: 3 yrs 5 mos, Gender: Male, Ethnicity: 01-White, Primary Language: 01-English.
- Client Treatment Information:**
 - Beginning of Treatment Information:** Therapist ID/Staff Code: CXXXXXX, Date of Intake: 1/1/2013, Date of First Session: 1/2/2013, DSM-IV Code Principle Axis I-Intake: 995.83, Age at First Session: 2 yrs 7 mos, Child Caregiver Relationship: Teen Biological Parent (12-20 yrs).
 - End of Treatment Information:** Date of Last Session: 8/1/2013, Total Number of Sessions: 10, Completed EBP: Yes, Client Treatment Success: Significant, Disposition: Case closed, DSM-IV Code Principle Axis-I Termination: 291.0.
 - Mid of Treatment Information:** Date CDI Met: 4/1/2013.
- Treatment Cycle Status = Additional Information Needed** (Red banner)
- Questionnaires:** A table listing three pending questionnaires: Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT, Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT, and Parenting Stress Index (PSI) - First 5 PCIT. Each row has a 'NEW' icon in a red box next to the questionnaire name.
- Return to Client Treatment Info** (Button)

You will be taken to the **Add Questionnaire** page.

1. Enter the **Questionnaire Administration Date** by typing in the date or by clicking on the Calendar icon and selecting date from Calendar picker.
2. Select ‘Post’ from the **Type** dropdown list.
3. Enter a valid **Score** for each Subscale / SCALE record, or click on the **Unable to Collect** check box and select a **Reason** from dropdown list.
4. To submit questionnaire, click on the **Save** button.
5. To cancel this entry, click on the **Cancel** button.

Add Parenting Stress Index (PSI) - First 5 PCIT

Questionnaire Administration Date
8/5/2013
Type
Post

| Subscale / SCALE | Score |
|--|-------|
| Parental Distress (PD) - Raw Score | 20 |
| Parent-Child Dysfunctional Interaction (P-CDI) - R | 20 |
| Difficult Child (DC) - Raw Score | 20 |
| Total Stress - Raw Score | 20 |

☐ Unable to Collect
Reason
** Please Select **

Save
Cancel

Image: Entering a 'Post' type questionnaire for the **Parenting Stress Index (PSI)**.

You will be returned to the **Treatment Cycle Status** page.

The status of each questionnaire will change from 'Pending' to 'Completed' once it has been submitted.

Treatment Cycle Status = Additional Information Needed

Questionnaires

| Questionnaire Name | Status |
|---|-----------|
| Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | Pending |
| Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | Pending |
| Parenting Stress Index (PSI) - First 5 PCIT | Completed |

Return to Client Treatment Info

Once you complete all the required 'Post' questionnaires, the Treatment Cycle Status indicator will change to "Complete" (in green).

To return to the **Client Treatment Information** page, click on the **Return to Client Treatment Info** button.

Treatment Cycle Status = Complete

Questionnaires

| Questionnaire Name | Status |
|---|-----------|
| Eyberg Child Behavior Inventory (ECBI) - First 5 PCIT | Completed |
| Sutter Eyberg Student Behavior Inventory (SESBI) - First 5 PCIT | Completed |
| Parenting Stress Index (PSI) - First 5 PCIT | Completed |

Return to Client Treatment Info

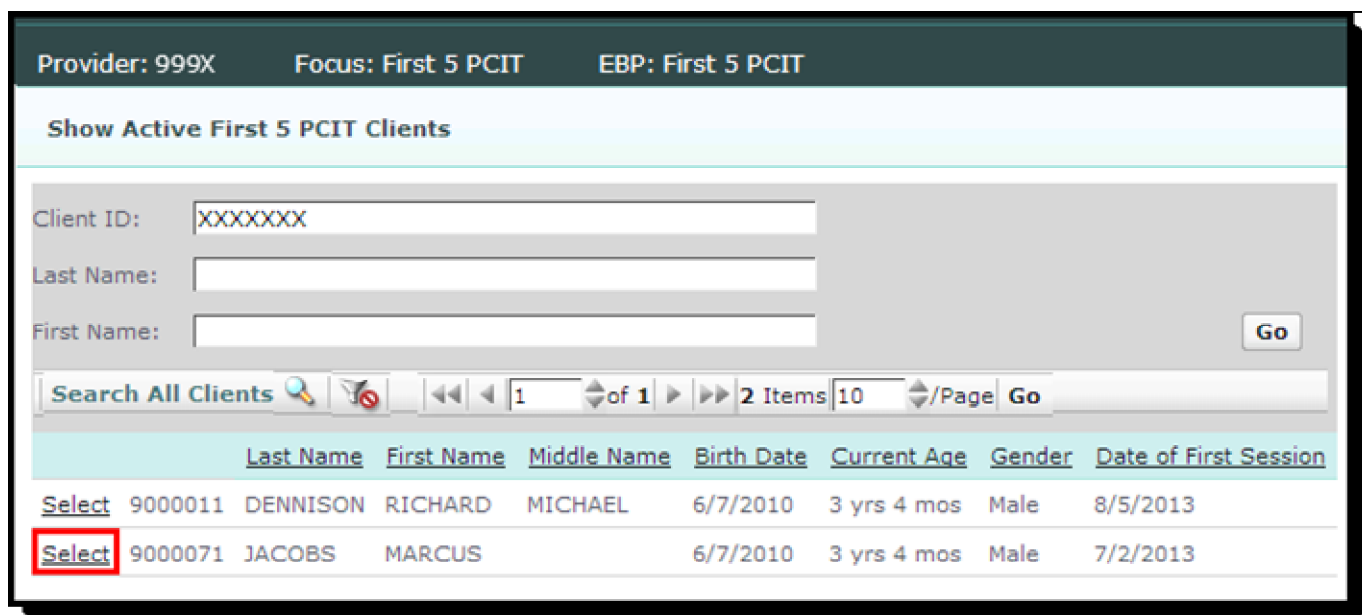
Step 11 – Show Active Clients

First, follow **Steps 1, 2 and 3**.

Once you have selected a provider, focus of treatment and EBP, click on the **Show Active Clients** button.



The active client should appear in the results list. To select an active client from the results list, click on the **Select** link next to the client in the list.



NOTE: By default, the results list only displays 10 active clients at a time. If the client you wish to select is not listed in the first 10 records, you can use the navigation buttons above the list to move from page to page in the list. You can also filter the results list by entering the **Client ID**, **Last Name** or **First Name** of the client and then clicking on the **Go** button.



Image: Navigation buttons for the Active Client list

You will then be taken to the Treatment History page. This page will display the entire client's Treatment History, for the provider, focus of treatment you have selected.

Provider: 999x
Focus: Parenting and Family Difficulties
EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID: XXXXXX

Birth Date: 11/1/1995

Current Age: 15 years old

Gender: Male

Ethnicity: 99-Unknown/Not Reported

Primary Language: 01-English

Treatment History

Start New Treatment Cycle
1 of 1
1 Items
10 /Page
Go

| Status | Date of First Session | EBP | Date of Intake | DSM-IV Code - Intake | Date of Last Session | Total Number Session | Completed EBP | Client TX Success | Disposition | DSM-IV Code - Termination |
|--------|-----------------------|-----------------------|----------------|----------------------|----------------------|----------------------|---------------|-------------------|-------------|---------------------------|
| Active | 1/1/2011 | Incredible Years (IY) | 1/1/2011 | 290.21 | | | | | | |

Image: Treatment History page for the active client.

To view Beginning of Treatment Information, continue on to **Step 11.1**.

To view End of Treatment Information, skip to **Step 14**.

Step 11.1 – View Beginning of Treatment Information

First, follow **step 11**.

Click on the **View** icon (magnifying glass) next to record you wish to view.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID: XXXXXX
Birth Date: 11/1/1995
Current Age: 15 years old
Gender: Male
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Treatment History

Start New Treatment Cycle 1 of 1 Items 10 /Page Go

| Status | Date of First Session | EBP | Date of Intake | DSM-IV Code - Intake | Date of Last Session | Total Number Session | Completed EBP | Client TX Success | Disposition | DSM-IV Code - Termination |
|--------|-----------------------|-----------------------|----------------|----------------------|----------------------|----------------------|---------------|-------------------|-------------|---------------------------|
| Active | 1/1/2011 | Incredible Years (IY) | 1/1/2011 | 290.21 | | | | | | |

You will then be taken to the **Client Treatment Information** page. From this page, you can:

- View Beginning of Treatment Information
- Edit Beginning of Treatment (step 11.2)
- Complete and submit required questionnaires (steps 6 and 7)
- View any completed questionnaires (step 12)
- Edit any completed questionnaires (step 13)

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID: XXXXXX
Birth Date: 11/1/1995
Current Age: 15 years old
Gender: Male
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code: cXXXXXX
Date of Intake: 1/1/2011
Date of First Session: 1/10/2011
DSM-IV Code Principle Axis I- Intake: 999.99
Age at First Session: 15 years old

Required Questionnaires

| New | Questionnaire Name |
|-----|--|
| | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire - Self Report - 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory (SESBI) |

Completed Questionnaires

| Questionnaire Name |
|--|
| Sutter Eyberg Student Behavior Inventory (SESBI) |


NEW icon






Expand icon

Step 11.2 – Edit Beginning of Treatment Information

First, follow **steps 11 and 11.1**. Next, click on the **Edit** icon in the **Beginning of Treatment Information** section heading.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------------|---|--------------|
| JOHN DOE | | Beginning of Treatment Information  EDIT icon | |
| Client ID | XXXXXX | Therapist ID/Staff Code | cXXXXXX |
| Birth Date | 11/1/1995 | Date of Intake | 1/1/2011 |
| Current Age | 15 years old | Date of First Session | 1/10/2011 |
| Gender | Male | DSM-IV Code Principle Axis I-Intake | 999.99 |
| Ethnicity | 99-Unknown/Not Reported | Age at First Session | 15 years old |
| Primary Language | 01-English | | |

| Required Questionnaires | | Completed Questionnaires | |
|---|--|---|--|
| New Questionnaire Name | | Questionnaire Name | |
|  | Youth Outcome Questionnaire - 2.01 (Parent) |  | Sutter Eyberg Student Behavior Inventory (SESBI) |
|  | Youth Outcome Questionnaire - Self Report - 2.0 | | |
|  | Eyberg Child Behavior Inventory (ECBI) | | |
|  | Sutter Eyberg Student Behavior Inventory (SESBI) | | |

You will then be taken to the Beginning of Treatment Information edit page.

Note: **Therapist ID/Staff Code** and **DSM-IV Code Principle Axis I-Intake** are the only fields you can edit in Beginning of Treatment Information section.

To save your changes, click on the **Save** button. To disregard the changes and return to previous page, click on the **Cancel** button.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

| Client Demographics | |
|---------------------|-------------------------|
| JOHN DOE | |
| Client ID | XXXXXX |
| Birth Date | 11/1/1995 |
| Current Age | 15 years old |
| Gender | Male |
| Ethnicity | 99-Unknown/Not Reported |
| Primary Language | 01-English |

| Beginning of Treatment Information | |
|-------------------------------------|----------------------------------|
| Therapist ID/Staff Code | cXXXXX Lookup... |
| Date of Intake | 1/1/2011 |
| Date of First Session | 1/1/2011 |
| DSM-IV Code Principle Axis I-Intake | 999.99 Lookup... |
| Age At First Session | 12 years old |

Save **Cancel**

Step 12 – View Questionnaires

First, follow **step 11**.

To view the questionnaire you have entered, click on the plus (+) sign next to the questionnaire type. The list will expand showing all of the questionnaires of this type that have been saved.

Next, click on the **View** (magnifying glass) icon next to the questionnaire you wish to view.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID XXXXXX
Birth Date 11/1/1995
Current Age 15 years old
Gender Male
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code cXXXXXX
Date of Intake 1/1/2011
Date of First Session 1/10/2011
DSM-IV Code Principle Axis I-Intake 999.99
Age at First Session 15 years old

Required Questionnaires

New Questionnaire Name

- Youth Outcome Questionnaire - 2.01 (Parent)
- Youth Outcome Questionnaire - Self Report - 2.0
- Eyberg Child Behavior Inventory (ECBI)
- Sutter Eyberg Student Behavior Inventory (SESBI)

Enter End of Treatment

Completed Questionnaires

Questionnaire Name

- Youth Outcome Questionnaire - 2.01 (Parent)

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 1/10/2011 |
| Update | 6/10/2011 |

Youth Outcome Questionnaire - Self Report - 2.0

| Type | Questionnaire Administration Date |
|--------|-----------------------------------|
| Pre | 1/10/2011 |
| Update | 6/1/2011 |

Once you have viewed the information, you can return to previous page by clicking on the **OK** button.

You can edit the questionnaire by clicking on the **Edit** button and continue on to Step 13.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE

Client ID XXXXXX
Birth Date 11/1/1995
Current Age 15 years old
Gender Male
Ethnicity 99-Unknown/Not Reported
Primary Language 01-English

Client Treatment Information

Beginning of Treatment Information

Therapist ID/Staff Code cXXXXXX
Date of Intake 1/1/2011
Date of First Session 1/10/2011
DSM-IV Code Principle Axis I-Intake 999.99
Age at First Session 15 years old

End of Treatment Information

Date of Last Session 6/17/2011
Total Number of Sessions 2
Completed EBP Yes
Client Treatment Success Significant
Disposition Case closed
DSM-IV Code Principle Axis-I Termination 999.99

Outcome Questionnaire - 45.2*

Questionnaire Administration Date 1/10/2011
Type Pre

| | |
|-------------------------|----|
| Symptom Distress | 10 |
| Interpersonal Relations | 10 |
| Social Role | 10 |
| Total | 10 |

OK Edit

To return to the Home page, click on the **Home** button in the top-right corner of the page.



Step 13 – Edit Questionnaires

First, follow **step 11**.

To edit the questionnaire you have entered, click on the plus (+) sign next to the questionnaire type. The list will expand showing all of the questionnaires of this type that have been saved.

Then click on the **Edit** (paper & pencil) icon next to the questionnaire you wish to edit.

The screenshot displays a client record for "JOHN DOE" with the following details:

- Client Demographics:** Client ID: XXXXXX, Birth Date: 11/1/1995, Current Age: 15 years old, Gender: Male, Ethnicity: 99-Unknown/Not Reported, Primary Language: 01-English.
- Client Treatment Information:** Beginning of Treatment Information (icon), Therapist ID/Staff Code: cXXXXXX, Date of Intake: 1/1/2011, Date of First Session: 1/10/2011, DSM-IV Code Principle Axis I-Intake: 999.99, Age at First Session: 15 years old.

Below the client information, there are two sections for questionnaires:

- Required Questionnaires:** A list of questionnaires with a "New" button and a "Questionnaire Name" column. The list includes: Youth Outcome Questionnaire - 2.01 (Parent), Youth Outcome Questionnaire - Self Report - 2.0, Eyberg Child Behavior Inventory (ECBI), and Sutter Eyberg Student Behavior Inventory (SESBI). An "Enter End of Treatment" button is located below this list.
- Completed Questionnaires:** A table showing completed questionnaires. The table has columns for "Questionnaire Name", "Type", and "Questionnaire Administration Date". The table lists: Youth Outcome Questionnaire - 2.01 (Parent) with "Pre" and "Update" types (both with edit icons), and Youth Outcome Questionnaire - Self Report - 2.0 with "Pre" and "Update" types (both with edit icons). Below this table, there are expandable sections for "Eyberg Child Behavior Inventory (ECBI)" and "Sutter Eyberg Student Behavior Inventory (SESBI)".

Note: The validation rules that apply when you create a questionnaire still apply when editing it.

To save your changes, click on the **Save** button. To cancel any changes and return to the previous page, click on the **Cancel** button.

| Provider: 999x | | Focus: Parenting and Family Difficulties | | EBP: Incredible Years (IY) | | | | | | | | | | | |
|---|----------------------------------|--|-------------------------------------|----------------------------|--|------------------|-------|-----------------------|----------------------------------|---------------------|---------------------------------|---------------------|---------------------------------|-------------------|---------------------------------|
| Client Demographics | | | Client Treatment Information | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>JOHN DOE</p> <p>Client ID: XXXXXX</p> <p>Birth Date: 11/1/1995</p> <p>Current Age: 15 years old</p> <p>Gender: Male</p> <p>Ethnicity: 99-Unknown/Not Reported</p> <p>Primary Language: 01-English</p> </div> <div style="width: 45%;"> <p>Beginning of Treatment Information </p> <p>Therapist ID/Staff Code: cXXXXXX</p> <p>Date of Intake: 1/1/2011</p> <p>Date of First Session: 1/10/2011</p> <p>DSM-IV Code Principle Axis I-Intake: 999.99</p> <p>Age at First Session: 15 years old</p> </div> </div> | | | | | | | | | | | | | | | |
| Edit Sutter Eyberg Student Behavior Inventory (SESBI) | | | | | | | | | | | | | | | |
| <p>Questionnaire Administration Date: <input type="text" value="1/1/2011"/> </p> <p>Type: <input type="text" value="Pre"/> </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0f2f1;"> <th style="text-align: left; padding: 5px;">Subscale / SCALE</th> <th style="text-align: left; padding: 5px;">Score</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Intensity - Raw Score</td> <td style="padding: 5px;"><input type="text" value="266"/></td> </tr> <tr> <td style="padding: 5px;">Intensity - T-Score</td> <td style="padding: 5px;"><input type="text" value="81"/></td> </tr> <tr> <td style="padding: 5px;">Problem - Raw Score</td> <td style="padding: 5px;"><input type="text" value="38"/></td> </tr> <tr> <td style="padding: 5px;">Problem - T-Score</td> <td style="padding: 5px;"><input type="text" value="77"/></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Unable to Collect Reason: <input type="text" value="** Please Select **"/> </div> | | | | | | Subscale / SCALE | Score | Intensity - Raw Score | <input type="text" value="266"/> | Intensity - T-Score | <input type="text" value="81"/> | Problem - Raw Score | <input type="text" value="38"/> | Problem - T-Score | <input type="text" value="77"/> |
| Subscale / SCALE | Score | | | | | | | | | | | | | | |
| Intensity - Raw Score | <input type="text" value="266"/> | | | | | | | | | | | | | | |
| Intensity - T-Score | <input type="text" value="81"/> | | | | | | | | | | | | | | |
| Problem - Raw Score | <input type="text" value="38"/> | | | | | | | | | | | | | | |
| Problem - T-Score | <input type="text" value="77"/> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 2px solid red; padding: 5px;"> <input type="button" value="Save"/> <input type="button" value="Cancel"/> </div> </div> | | | | | | | | | | | | | | | |

Step 14 – View End of Treatment Information

First, follow **step 11**.

Next, click on the **View** icon (Magnifying glass) next to record you wish to view.


Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
Client ID: XXXXXX
Birth Date: 11/1/1995
Current Age: 15 years old
Gender: Male
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English

Treatment History

Start New Treatment Cycle [Icon] [Icon] 1 of 1 1 Items | 10 /Page Go

| Status | Date of First Session | EBP | Date of Intake | DSM-IV Code - Intake | Date of Last Session | Total Number Session | Completed EBP | Client TX Success | Disposition | DSM-IV Code - Termination |
|--|-----------------------|---------------------|----------------|----------------------|----------------------|----------------------|---------------|-------------------|-------------|---------------------------|
|  Active | 1/10/2011 | Seeking Safety (SS) | 1/1/11 | 999.99 | | | | | | |

You will then be taken to the **Client Treatment Information** page. From this page, you can view the **End of Treatment Information**.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

Client Demographics

JOHN DOE
Client ID: XXXXXX
Birth Date: 11/1/1995
Current Age: 15 years old
Gender: Male
Ethnicity: 99-Unknown/Not Reported
Primary Language: 01-English





Client Treatment Information

Beginning of Treatment Information [Icon]





End of Treatment Information [Icon]

| | |
|--|-------------|
| Date of Last Session | 6/17/2011 |
| Total Number of Sessions | 2 |
| Completed EBP | Yes |
| Client Treatment Success | Significant |
| Disposition | Case closed |
| DSM-IV Code Principle Axis-I Termination | 999.99 |

Required Questionnaires

| New | Questionnaire Name |
|---|--|
|  | Youth Outcome Questionnaire - 2.01 (Parent) |
|  | Youth Outcome Questionnaire - Self Report - 2.0 |
|  | Eyberg Child Behavior Inventory (ECBI) |
|  | Sutter Eyberg Student Behavior Inventory (SESBI) |

Completed Questionnaires

| Questionnaire Name |
|--|
|  Youth Outcome Questionnaire - 2.01 (Parent) |
|  Youth Outcome Questionnaire - Self Report - 2.0 |
|  Eyberg Child Behavior Inventory (ECBI) |
|  Sutter Eyberg Student Behavior Inventory (SESBI) |

View Treatment Status

Step 15 – Edit End of Treatment Information

First follow **step 14**. Click on the **Edit** icon in the **End of Treatment Information** section heading.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------------|---|--------------|
| JOHN DOE | | Beginning of Treatment Information | |
| Client ID | XXXXXX | Therapist ID/Staff Code | cXXXXXX |
| Birth Date | 11/1/1995 | Date of Intake | 1/1/2011 |
| Current Age | 15 years old | Date of First Session | 1/10/2011 |
| Gender | Male | DSM-IV Code Principle Axis I- Intake | 999.99 |
| Ethnicity | 99-Unknown/Not Reported | Age at First Session | 15 years old |
| Primary Language | 01-English | | |

| End of Treatment Information | |
|--|-------------|
| Date of Last Session | 6/17/2011 |
| Total Number of Sessions | 2 |
| Completed EBP | Yes |
| Client Treatment Success | Significant |
| Disposition | Case closed |
| DSM-IV Code Principle Axis-I Termination | 999.99 |

| Required Questionnaires | | Completed Questionnaires | |
|-------------------------|--|--------------------------|--|
| New | Questionnaire Name | | Questionnaire Name |
| | Youth Outcome Questionnaire - 2.01 (Parent) | | Youth Outcome Questionnaire - 2.01 (Parent) |
| | Youth Outcome Questionnaire - Self Report - 2.0 | | Youth Outcome Questionnaire - Self Report - 2.0 |
| | Eyberg Child Behavior Inventory (ECBI) | | Eyberg Child Behavior Inventory (ECBI) |
| | Sutter Eyberg Student Behavior Inventory (SESBI) | | Sutter Eyberg Student Behavior Inventory (SESBI) |

[View Treatment Status](#)

You will then be taken to the **Edit End of Treatment Information** page.

Provider: 999x Focus: Parenting and Family Difficulties EBP: Incredible Years (IY)

| Client Demographics | | Client Treatment Information | |
|---------------------|-------------------------|---|--------------|
| JOHN DOE | | Beginning of Treatment Information | |
| Client ID | XXXXXX | Therapist ID/Staff Code | cXXXXXX |
| Birth Date | 11/1/1995 | Date of Intake | 1/1/2011 |
| Current Age | 15 years old | Date of First Session | 1/10/2011 |
| Gender | Male | DSM-IV Code Principle Axis I- Intake | 999.99 |
| Ethnicity | 99-Unknown/Not Reported | Age at First Session | 15 years old |
| Primary Language | 01-English | | |

| End of Treatment Information | |
|--|---|
| Date of Last Session | <input type="text" value="6/17/2011"/> |
| Total Number of Sessions | <input type="text" value="2"/> |
| Completed EBP | <input type="text" value="Yes"/> |
| Client Treatment Success | <input type="text" value="Significant"/> |
| Disposition | <input type="text" value="Case closed"/> |
| DSM-IV Code Principle Axis-I Termination | <input type="text" value="290.20"/> Lookup... |

[Save](#) [Cancel](#)

Note: Total Number of Sessions, Client Treatment Success, Disposition and DSM-IV Code Principle Axis I-Termination are the only fields you can edit in the **End of Treatment Information** section.

To save your changes, click on the **Save** button. To cancel changes and return to previous page, click on the **Cancel** button.

Step 16 – Print

To print, click on the **Print** icon in the top-right corner of the page.



Step 17 – Sign Out

To sign out from the application, click on the **Sign Out** button in the top-right corner of the page.



First 5 L.A. PCIT Dictionary

| | |
|------------------------------------|---|
| 21-day collection window | <p>For First 5 L.A. PCIT users, the Questionnaire Administration Date for all questionnaires must be between 7 days prior to and 14 days after one of the following collection points depending on the type of questionnaire:</p> <ul style="list-style-type: none"> • Pre Questionnaires: Date of First Session • Mid Questionnaires: Date CDI Met • Post Questionnaires: Date of Last Session |
| Active Client | The client becomes active when 'Beginning of Treatment' (BOT) information is entered for a new treatment cycle. The client remains active until all required 'End of Treatment' (EOT) information is entered for that treatment cycle. If EBP is completed, EOT information must include acknowledgement of all required 'post' questionnaires for the treatment cycle to be closed for this Evidence-Based Practice (EBP) for this client at this provider site. |
| Age at First Session | Client's calculated age when treatment in a specific EBP commences. This is calculated based on client's date of birth, as indicated in the IS, and 'Date of First Session'. |
| Beginning of Treatment Information | Information related to the client's EBP treatment history at the beginning of treatment in a specific EBP at a specific provider site. This information includes: 'Date of First Session', 'DSM-IV Axis I Principle Diagnosis Code - Intake', and 'Therapist/Staff Code'. Completion of all required information identifies the start of treatment within a given EBP and initiates the treatment cycle. |
| Client ID | The Department of Mental Health issued, seven-digit number used to uniquely identify a client. |
| Client's Treatment Success | A field in "End of Treatment Information" that is enabled when the user selects "Yes" in the "Completed EBP" field. When "Client's Treatment Success" field is enabled, the user must identify whether the clinician determined the "Client's Treatment Success" to be "Partial" or "Significant". |
| Completed EBP | A Yes/No response identifying whether the client completed all required interventions specific to the EBP in which the client received services for this 'treatment cycle'. |
| Current Age | The client's current age is calculated based on client's date of birth, as identified in the IS, and the date the user is accessing client information in the application. |
| Date CDI Met | The date, determined by the clinician, when Child Directed Interaction (CDI) has been met in a First 5 L.A. PCIT treatment cycle. |
| Date of First Session | The date signifying the client's first EBP treatment session within a specific EBP at a specific provider site. |

| | |
|---|---|
| Date of Last Session: | Last date for which EBP-specific services were provided and/or claimed. |
| Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) | Published by the American Psychiatric Association, the DSM-IV provides a common language and standard criteria for the classification of mental health disorders. |
| DSM-IV Axis I Principle Diagnosis Code – Intake | Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP commenced, as indicated on the client's most recent Initial Assessment, Assessment Addendum, or Annual Update. |
| DSM-IV Axis I Principle Diagnosis Code – Termination | Client's principle DSM-IV Axis I diagnosis at the time treatment in a specific EBP ended, as indicated on the client's initial intake assessment, assessment addendum or annual update. |
| Disposition | A response identifying the next step for the client at the end of an EBP 'treatment cycle'. Disposition options differ based on "Completed EBP – Yes" and "Completed EBP – No" responses. |
| End of Treatment Information | Information related to the client's EBP treatment history at the end of treatment in a specific EBP at a specific provider site. This information includes: 'Date of Last Session', 'Total Number of Sessions', information regarding completion of the EBP, 'Disposition' and 'DSM-IV Axis I Principle Diagnosis Code-Termination'. For clients who have completed treatment, this information will also include the provider's assessment of the success of treatment as well as acknowledgement of all required post-treatment outcome questionnaires. The completion of all required 'End of Treatment Information' closes out the 'treatment cycle'. |
| Evidence-Based Practice (EBP) | Used to refer to Evidence-Based Practices (EBP), Community-Defined Evidence (CDE) practices, and Promising Practices (PP). For First 5 L.A. PCIT users, the EBP will always refer to "First 5 PCIT" |
| Focus of Treatment | Focus of Treatment refers to a client's primary presenting problems for which EBP mental health services are being delivered (e.g., anxiety, depression, trauma, etc.). For First 5 L.A. users, the Focus of Treatment will always be identified as "First 5 PCIT". |
| Mental Health Services Act (MHSA) | The MHSA, adopted by the California electorate on November 2, 2004 creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services. |

| | |
|-----------------------------------|---|
| 'Mid' Questionnaire | All required outcome questionnaires which should be completed at the point Child Directed Interaction (CDI) is met. If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect." |
| 'Pre' Questionnaire | All required pre-treatment outcome questionnaires, which should be administered during the first EBP-treatment session ('Date of First Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect." |
| 'Post' Questionnaire | All required post-treatment outcome questionnaires, which should be administered during the final EBP treatment session ('Date of Last Session'). If an outcome questionnaire is unable to be administered within the 21-day collection window, the questionnaire must be identified as "Unable to Collect." |
| Provider ID | The state-issued four-digit number associated with the primary location(s) or site(s) where services are delivered. |
| Questionnaire | Outcome measures completed by clients and/or parents/guardians/raters for all clients receiving First 5 L.A. PCIT services. At a minimum, for each treatment cycle of First 5 L.A. PCIT services, there will be acknowledgement of a 'Pre' and a 'Post' treatment questionnaire for each outcome measures. |
| Questionnaire Administration Date | Date when client or parent/guardian/rater completed each outcome measure questionnaire. |
| Questionnaire Type | Questionnaire Type identifies whether the outcome questionnaire data reflects Pre-treatment, Update or Post-treatment status. |
| Staff Code | The seven-digit, alphanumeric DMH-issued staff code for individuals providing mental health services. An individual may be issued more than one staff code in cases where they provide services at more than one location or site. The staff code entered must represent the staff member that provided services to a given client at a given site. The staff code for the individual may be different than the username of the person using the application. |
| Status | <p>In the "Mid of Treatment Information" screen, this field indicates the status of the collection of Mid Questionnaire after CDI is met.</p> <p>In the "End of Treatment Information" screen, this field indicates the status of the treatment cycle, relative to outstanding post-treatment outcome questionnaires.</p> |
| Subscale Totals | Refers to the total Raw-score and T-score values for each questionnaire completed by the client and/or parent/guardian/rater. |
| Treatment Cycle | A "Treatment Cycle" is the time during which a client receives services for a specific EBP at a specific provider site. It is encapsulated by completion of 'Beginning of Treatment Information' and all 'End of Treatment Information' requirements. |

| | |
|-------------------------|---|
| Unable to Collect | Refers to a field in all questionnaires which allows the user to identify when a clinician was unable to collect a outcome questionnaire within the 21-day collection window. |
| 'Update' Questionnaire: | Outcomes questionnaires completed between required pre-treatment and post-treatment outcomes questionnaires for a client within a treatment cycle for a specific EBP. For EBPs exceeding 6-months duration, update questionnaires are required every 6 months (from 'Date of First Session'). |