

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



WELLNESS • RECOVERY • RESILIENCE

**Prevention & Early Intervention: Individual Cognitive Behavioral Therapy
Countywide Aggregate Practice Outcomes Dashboard Report**

Outcome Data Submission through April 2, 2015

Participating Legal Entities Include:

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

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

AMANECER	KEDREN	STIRLING ACADEMY, INC.
CA HISPANIC COMMISSION A D ABUSE	KOREAN HEALTH	TESSIE CLEVELAND
CALIF INSTITUTE HEALTH SOCIAL SVC	MARYVALE	THE CLINIC INC
CHILD AND FAMILY CENTER	MCKINLEY CHILDRENS CENTER	VIP COMMUNITY MHC
COUNSELING AND RESEARCH ASSC INC	PHOENIX HOUSE OF LA INC	VISTA DEL MAR
DIDI HIRSCH PSYCHIATRIC SERVICES	PROVIDENCE COMMUNITY SVC	LA COUNTY DEPT OF MENTAL HEALTH:
IMCES INC	ST ANNES	LONG BEACH API FAMILY MHC
INTERCOMMUNITY CHILD GUIDANCE CTR	STAR VIEW ADOLESCENT CENTER INC	

Table 1. Individual CBT Status Since Inception to April 2, 2015						
# of Clients Claimed to Practice	# of Clients Entered into PEI OMA	# of Tx Cycles in PEI OMA	Clients with Multiple Tx Cycles	Clients Completing Tx	Clients Dropping-Out of Tx	Clients Still-In Tx
3045	58.62%	1839	0.78%	11.69%	26.05%	62.26%
n=	1785	n=	14	215	479	1145
Ind CBT - Anxiety		393		43	93	257
Ind CBT - Trauma		169		28	31	110
Ind CBT - Depression		1277		144	355	778

Note 1: Clients Claimed was based on Individual CBT being selected as the EBP in a PEI Plan and having ≥ 2 core services claimed to the practice starting July 1, 2011.

Note 2: Number of clients Completing Tx or Dropping-Out of Tx was determined by whether the EBP was said to be completed (e.g. answered "yes" or "no") in the PEI OMA.

Table 2. Client Demographics - Clients Who Entered Individual CBT											
Total Number of Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	1785	37	63.59%	36.41%	16.47%	4.43%	18.04%	54.90%	6.16%	72.32%	23.75%
n=		1135	650	294	79	322	980	110	1291	424	70

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

Note2: Percentages may not total 100 due to missing data and/or rounding.

Table 3. Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered Individual CBT

Ind CBT - Anxiety	Total Treatment Cycles	Generalized Anxiety Disorder	Anxiety Disorder NOS	Panic Disorder Without Agoraphobia	Panic Disorder With Agoraphobia	Mood Disorder NOS	
		23.66%	19.34%	8.91%	6.87%	5.60%	
	393	93	76	35	27	22	
Ind CBT - Trauma	Total Treatment Cycles	Post-Traumatic Stress Disorder	Dysthymic Disorder	Major Depressive Disorder, Recurrent, Moderate	Oppositional Defiant Disorder	Depressive Disorder NOS	Generalized Anxiety Disorder
		42.01%	14.20%	4.73%	4.14%	3.55%	3.55%
	169	71	24	8	7	6	6
Ind CBT - Depression	Total Treatment Cycles	Major Depressive Disorder, Recurrent, Moderate	Depressive Disorder NOS	Major Depressive Disorder, Rec., Severe W/O Psychotic Features	Mood Disorder NOS	Major Depressive Disorder, Single Episode, Moderate	
		15.58%	14.96%	11.82%	9.01%	5.25%	
	1277	199	191	151	115	67	

Table 4. Program Process Data - Clients Who Entered Individual CBT			
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
UCLA PTSD-RI - Child/Adolescent	91.89%	65.38%	21.62%
	n= 68	17	16
	Ackn= 74	26	74
UCLA PTSD-RI - Short-Form Adult	56.94%	20.00%	6.94%
	n= 41	5	5
	Ackn= 72	25	72
Patient Health Questionnaire (PHQ-9)	92.11%	39.81%	13.32%
	n= 1120	172	162
	Ackn= 1216	432	1216
Generalized Anxiety Disorder-7 (GAD-7)	91.62%	37.76%	10.06%
	n= 328	37	36
	Ackn= 358	98	358
Youth Outcome Questionnaire – Self Report – 2.0	87.04%	34.62%	8.33%
	n= 94	9	9
	Ackn= 108	26	108
Outcome Questionnaire - 45.2	91.97%	36.66%	11.75%
	n= 1432	202	183
	Ackn= 1557	551	1557

Note 1: Number of acknowledged measures (Ackn=) is determined by the number of required measures that receive a score or an unable to collect reason code.

Note 2: The % indicated for Pre-test with scores, Post-test with scores, and both a Pre- and Post-test with scores is calculated by dividing the (n=#) by the number acknowledged (Ackn=#) in the PEI OMA system for each measure. The number acknowledged (Ackn=#) for those with Pre and Post scores is an estimate based on the greatest number of matches that could be expected given the number of Pre scores acknowledged.

Table 5a. Top Reasons Given for "Unable to Collect"						
UCLA PTSD-RI - Child/Adolescent	Total Pre 6	Outcome measure unavailable	Client unavailable	Client refused	Administration date exceeds acceptable range	
	Percent	33.33%	33.33%	16.67%	16.67%	
	n	2	2	1	1	
	Total Post 9	Client unavailable	Lost contact with client	Premature termination		
	Percent	55.56%	33.33%	11.11%		
	n	5	3	1		

Table 5b. Top Reasons Given for "Unable to Collect"							
UCLA PTSD-RI - Adult	Total Pre 31	Not available in primary language	Administration date exceeds acceptable range	Administered wrong forms	Therapist did not administer tool	Client unavailable	Other Reasons
	Percent	64.52%	12.90%	9.68%	3.23%	3.23%	6.45%
	n	20	4	3	1	1	2
	Total Post 20	Not available in primary language	Premature termination	Client unavailable	Lost contact with client	Administered wrong forms	Other Reasons
	Percent	30.00%	25.00%	20.00%	15.00%	5.00%	5.00%
	n	6	5	4	3	1	1

Table 5c. Top Reasons Given for "Unable to Collect"							
Patient Health Questionnaire (PHQ-9)	Total Pre 96	Administration date exceeds acceptable range	Invalid outcome measure	Client refused	Client unavailable	Outcome measure unavailable	Other Reasons
	Percent	28.13%	16.67%	12.50%	11.46%	10.42%	20.83%
	n	27	16	12	11	10	20
	Total Post 260	Client unavailable	Premature termination	Lost contact with client	Client refused	Administration date exceeds acceptable range	Other Reasons
	Percent	49.23%	25.38%	18.08%	2.69%	1.92%	2.69%
	n	128	66	47	7	5	7

Table 5d. Top Reasons Given for "Unable to Collect"							
Generalized Anxiety Disorder-7 (GAD-7)	Total Pre 30	Administration date exceeds acceptable range	Administered wrong forms	Outcome measure unavailable	Client unavailable	Client refused	Other Reasons
	Percent	26.67%	20.00%	16.67%	16.67%	6.67%	13.33%
	n	8	6	5	5	2	4
	Total Post 61	Client unavailable	Premature termination	Lost contact with client	Outcome measure unavailable	Administration date exceeds acceptable range	Other Reasons
	Percent	39.34%	32.79%	13.11%	4.92%	3.28%	6.56%
	n	24	20	8	3	2	4

Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 14	Administered wrong forms	Administration date exceeds acceptable range	Outcome measure unavailable	Invalid outcome measure	Client unavailable	Other Reasons
	Percent	35.71%	21.43%	21.43%	7.14%	7.14%	7.14%
	n	5	3	3	1	1	1
	Total Post 17	Client unavailable	Lost contact with client	Premature termination	Clinician not trained in outcome measure	Administered wrong forms	
Percent	47.06%	35.29%	5.88%	5.88%	5.88%		
n	8	6	1	1	1		

Outcome Questionnaire – 45.2	Total Pre 125	Administration date exceeds acceptable range	Client refused	Outcome measure unavailable	Client unavailable	Administered wrong forms	Other Reasons
	Percent	28.00%	18.40%	12.00%	11.20%	7.20%	23.20%
	n	35	23	15	14	9	29
	Total Post 349	Client unavailable	Premature termination	Lost contact with client	Client refused	Outcome measure unavailable	Other Reasons
Percent	44.70%	28.65%	16.05%	2.87%	2.58%	5.16%	
n	156	100	56	10	9	18	

Table 6. Service Delivery Data – Clients Who Completed Individual CBT							
Focus of Treatment	Total Tx Cycles	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	215	26	Min 0	Max 85	14	Min 1	Max 51
Ind CBT - Anxiety	43	28	0	56	14	1	35
Ind CBT - Trauma	28	22	4	63	18	4	51
Ind CBT - Depression	144	26	0	85	13	2	36

Note: Completed Individual CBT is defined as having a 'yes' for completion indicated in the PEI OMA.

Table 7. Outcome Data* – Clients who Completed Individual CBT					
		Percent Improvement from Pre to Post	Percent of Clients Showing Reliable Change* from Pre to Post		
			Positive Change	No Change	Negative Change
UCLA PTSD-RI - Child/Adolescent	TOTAL	Not Enough Data	00.0%	00.0%	00.0%
			N/A	N/A	N/A
UCLA PTSD-RI - Adult	TOTAL	Not Enough Data	00.0%	00.0%	00.0%
			N/A	N/A	N/A
Patient Health Questionnaire (PHQ-9)	TOTAL	43.91% (n=116)	43.97%	52.59%	3.45%
			51	61	4
Generalized Anxiety Disorder-7 (GAD-7)	TOTAL	51.60% (n=23)	52.17%	43.48%	4.35%
			12	10	1
Youth Outcome Questionnaire - Self Report - 2.0 (YOQ-SR)	TOTAL	Not Enough Data	00.0%	00.0%	00.0%
			N/A	N/A	N/A
Outcome Questionnaire – 45.2	TOTAL	27.42% (n=138)	52.17%	43.48%	4.35%
			72	60	6

Please see Appendix for a description of the Individual CBT outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).

Note 1: Possible PHQ-9 scores range from 0-27, with a clinical cutpoint of 15.

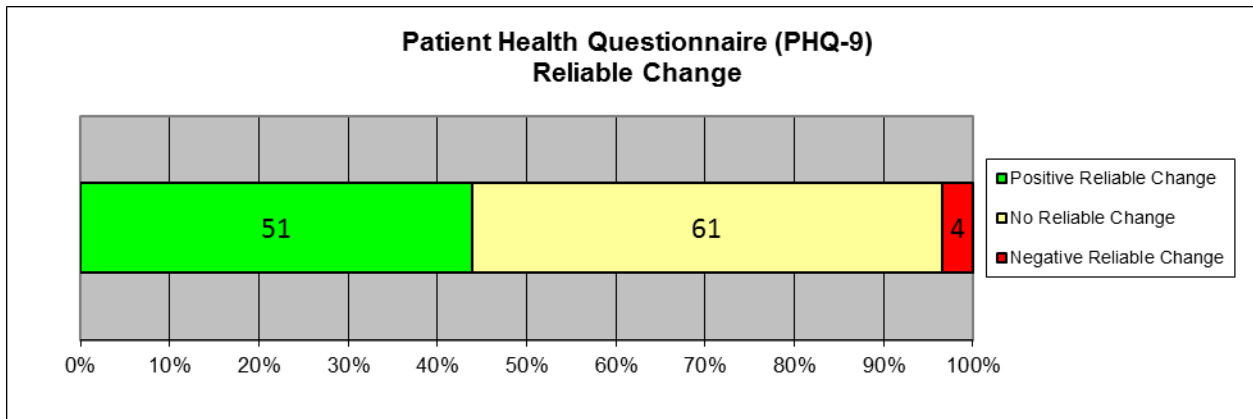
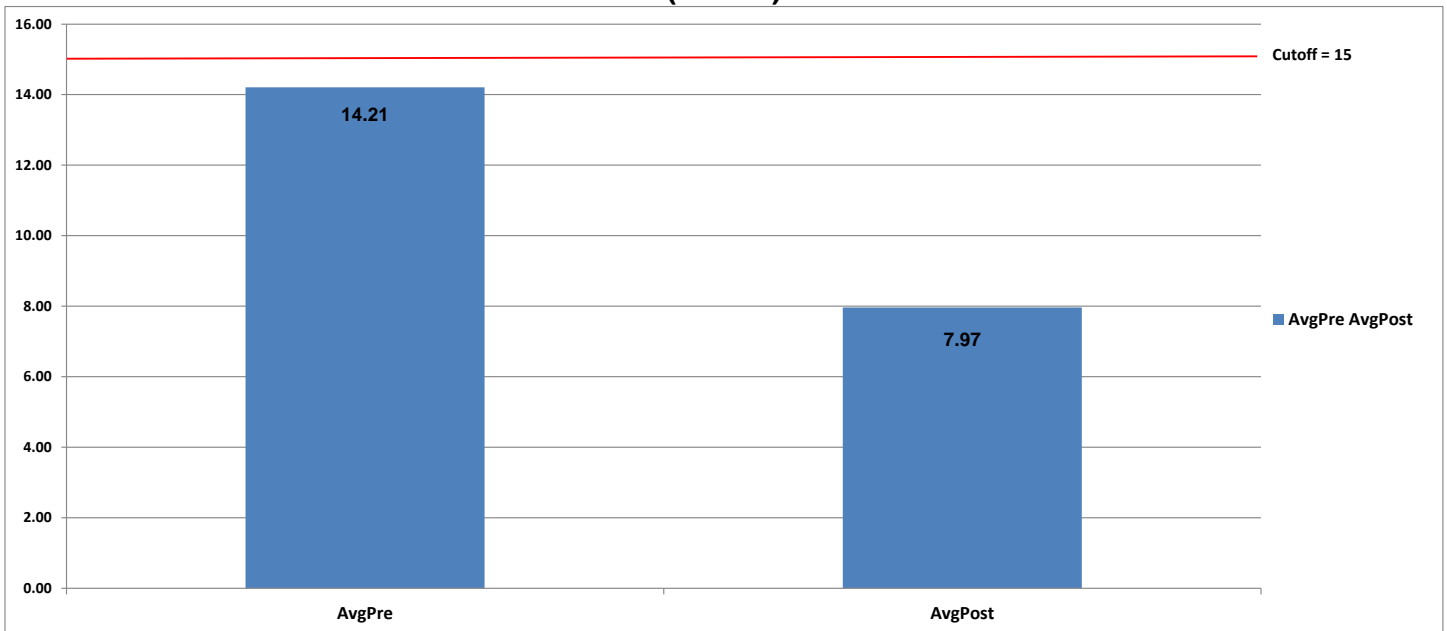
Note 2: Possible GAD-7 scores range from 0-21, with a clinical cutpoint of 10.

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

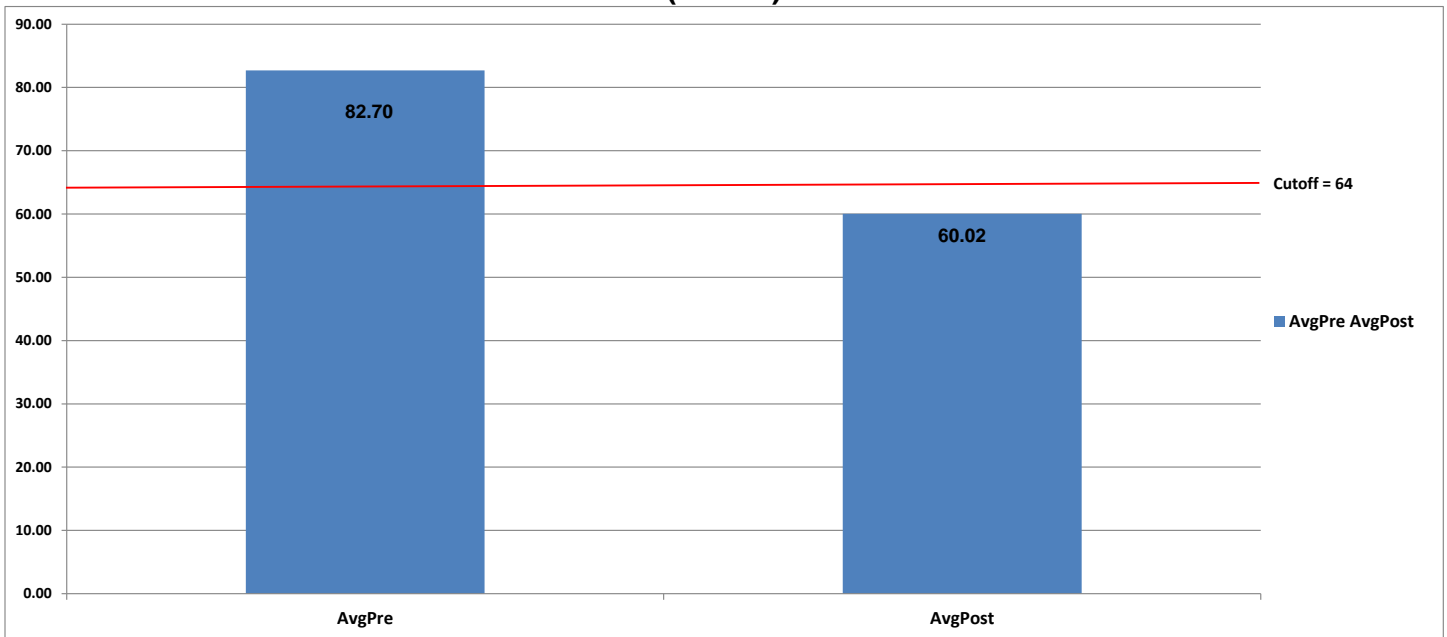
Note 4: Aggregate outcome data based on fewer than 20 clients are not reported.

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

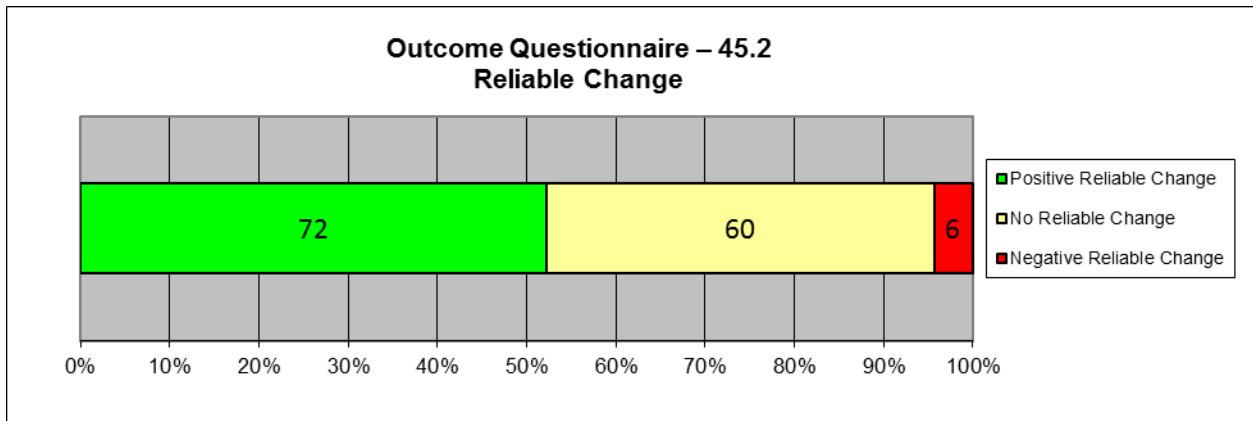
Patient Health Questionnaire (PHQ-9) (N=116)



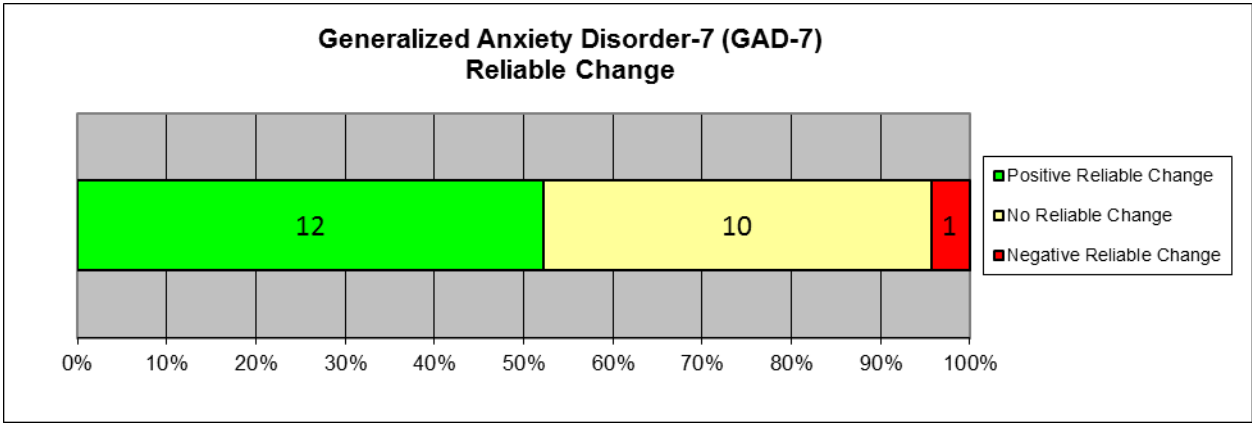
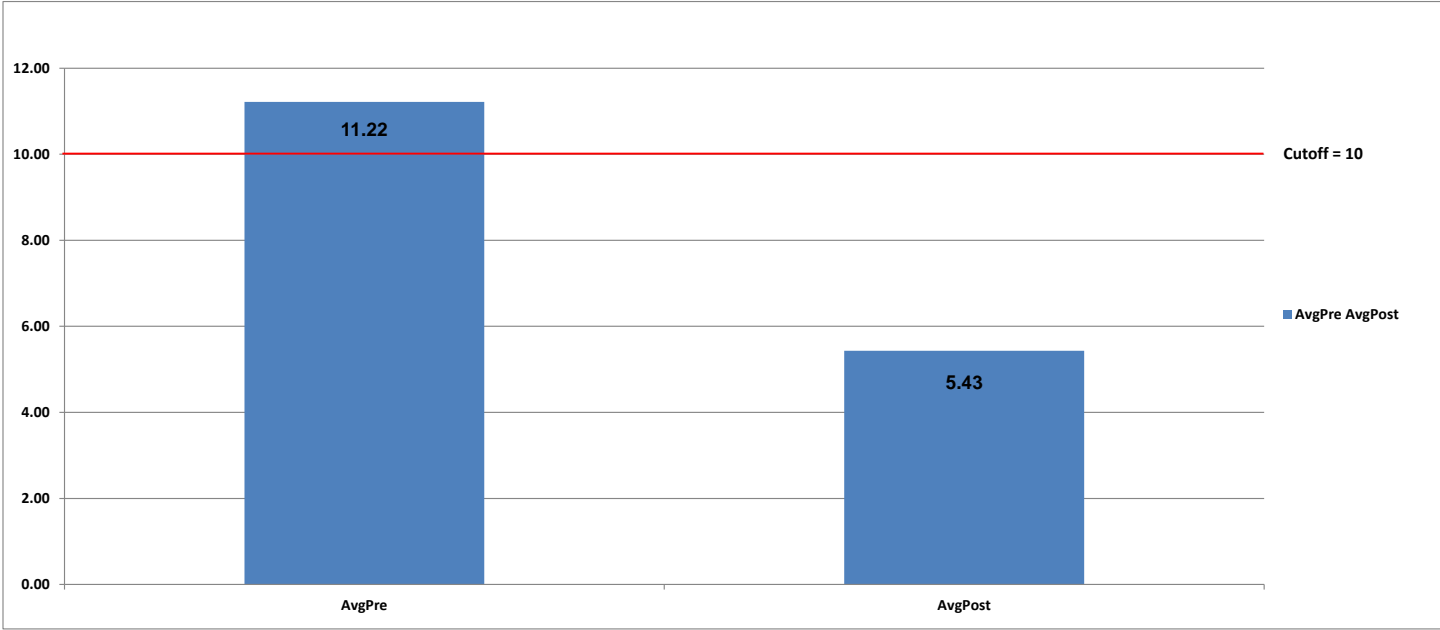
Outcome Questionnaire – 45.2 (N=138)



Outcome Questionnaire – 45.2 Reliable Change



Generalized Anxiety Disorder-7 (GAD-7) (N=23)



Appendix

Youth Outcomes Questionnaires (YOQ and YOQ-SR)

The Youth Outcome Questionnaire is a 64-item parent-report that assesses global distress in a child's/adolescent's life from 4-17 years of age. The YOQ-SR is the Self-report version of the YOQ and is completed by the child/adolescent him or herself. Total scores on both measures can range from -16 to 240. Total scores of 46 or higher are most similar to a clinical population on the YOQ. A total score of 47 is most similar to that of a clinical population on the YOQ-SR.

Outcomes Questionnaires (OQ)

The Outcome Questionnaire is a 45-item self-report questionnaire that assesses global distress in a client's life from ages 19 and older. Total Scores on this measure can range from 0 to 180, with scores of 64 or higher indicating clinical significance.

PHQ-9

The Patient Health Questionnaire-9 (PHQ-9) is a specific outcome measure for clients participating in treatment focused on depression. This 9-item self-report measure for clients ages 12 and older assesses the overall frequency/severity of depressive symptoms experienced during the prior two weeks. Possible Total PHQ-9 scores range from 0-27, with scores of 15 or higher indicating moderately severe to severe depression.

GAD-7

The Generalized Anxiety Disorder-7 (GAD-7) is a specific outcome measure for clients participating in treatment focused on anxiety. This 7-item self-report measure is for adult clients aged 18 and older. It assesses the frequency/severity of anxiety symptoms experienced during the prior two weeks. Possible total scores range from 0-21 with scores of 10 or higher indicating moderate to severe levels of anxiety.

Post-Traumatic Stress Disorder Reaction Index (PTSD-RI)

The UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) is a brief (21 or 22-item measure depending on the version) that measures the frequency of occurrence of post-traumatic stress disorder symptoms during the month prior to the assessment. The Child/Adolescent Version is appropriate for clients age 6-20. The Adult Short-form is appropriate for clients age 21+.

Possible Total PTSD Severity Scores range from 0-68; and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

Reliable Change Index

When comparing Pre and Post scores, it is very helpful to know whether the change reported represents the real effects of the treatment or errors in the system of measurement. The Reliability of Change Index (RCI) is a statistical way of helping to insure that the change recorded between pre and post assessments exceeds that which would be expected on the basis of measurement error alone. The RCI has been calculated using the Jacobson and Truax (1991) method and indicates when change exceeds that which would be expected on the basis of error at the $p < .05$ probability level. For a more in-Depth discussion of Reliability of Change see Jacobson, N. S., & Truax, P. (1991). Clinical Significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19. Also see Wise, E. A. (2004). Methods for analyzing psychotherapy outcomes: A review of clinical significance, reliable change, and recommendations for future directions. *Journal of Personality Assessment*, 82(1), 50-59.

The number and percent of clients experiencing positive change, no change and negative change are recorded in table 7. Healthful change in each of the measures cited here means that scores have decreased in value from pre to post test administrations (i.e. recorded a negative change on the RCI). To help avoid confusion, healthful reliable change is presented as positive while unhealthy reliable change is presented as negative change.