

**COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH**  
Program Support Bureau-MHSA Implementation & Outcomes Division

**SUMMARY FOR:**  
Child Parent Psychotherapy Learning Network  
November 26, 2012

**Location:**

LACDMH Headquarters  
550 South Vermont Avenue, 2<sup>nd</sup> floor conference room  
Los Angeles, CA 90020

**Facilitator:**

Keri Pesanti, Psy.D., Supervising Psychologist

**Participants:**

Lynda Aguilar, The Village Family Services  
Sandra Davis, Didi Hirsch CMHC  
Daisy Dsul, Para Los Ninos  
Sonia Garcia-Cristano, Hathaway Sycamores  
Ritch Greene, Child and Family Center  
Jenna Haeflinger, Los Angeles Child Guidance Clinic  
Salmira Jilanchi, The Guidance Center  
Marta Lear, Providence Community Services  
Traci Levi, Hollygrove EMQ Families First  
Seth Meyers, Fam. Comm. Partnership DMH  
Michi Okano, Pacific Asian Counseling Services  
Melissa Pace, Foothill Family Services

Jessica Pena, Child and Family Guidance Center  
Ellen Rogelberg, The Help Group  
Buffy Schroller, The Help Group Child and Family Ctr  
Adam Sternberg, Los Angeles Child Guidance Center  
Cynthia Thompson-Randle, Children's Institute International  
Brenda To, Hathaway-Sycamores Child and Family Svs  
Eugenia Hsu Tsao, UCLA TIES for Families  
Myrna Vargas, Hathaway-Sycamores  
Michael Villaescusa, MHSA Implementation/Outcomes  
Sherrie Yu, Didi Hirsch CMHC  
Graciela Zisman, The Guidance Center

I. Updates and Announcements

- Action item follow-up and announcement since previous meeting

*Updated on progress of data reporting; providers are projected to have access to select PEI OMA reports by the end of the year, depending on project resource allocation.*

II. Review of Reports

- Review of available reports
- How is data being shared with clinical staff and clients?
- How is the data being utilized?
- What data/information may be helpful in future meetings?

*New outcomes data reports were introduced and reviewed along with previously established reports.*

*Clarified information on several reports including: Core versus Non-Core, Unable to Collect, and Aggregate.*

*Participants shared that their clinicians like to use the TSCYC Profile form to discuss clinical concerns and changes with their clients because it creates a visual representation of their possible mental health status; the TSCYC profile form also helps clinicians understand more about their clients.*

*Participants shared that the Detailed Report given in the previous meeting helped identify and correct data entry errors; S. Meyers clarified BA level staff cannot get trained in CPP but can bill for case management as a core service and that he will find out if individual rehab is considered a core service and contact attendees with an answer; participants noticed the average age of clients in the practice is surprisingly high and J. Cornell stated that the high age may be due to clients not being entered into the PEI OMA when their age falls below the cut-off for all of the practice's PEI outcome measures.*

### III. Open Forum

- Provider driven questions and discussion
- Provider tips and strategies being utilized to integrate outcomes into clinical practice

*Participants shared how data is utilized at their agencies, including: review of individual items with clients; reviewing outcomes in supervision; using outcomes to provide clients feedback on treatment progress; adding measures as part of the clinical feedback loop that help identify major client concerns, treatment goals, progress in treatment, and supervision; a pilot with non-clinical staff administering measures and clinicians then reviewing the measures with the agency has increased rate of outcomes collection at an agency.*

*Participants shared interest in having more CPP trainings and discussed the possibility of their agencies collaborating to jointly pay for training expenses; participant reported their agency recently hosted a CPP training and enjoyed being trained in a small group; several participants shared that clinicians like CPP and that there are many clinicians who want to get trained; S. Meyers asked participants if there would be interest if CPP developed a train-the-trainer model, with caveat that no decision has been made about developing a train-the-trainer-model, and interest reported by nearly all attendees, S. Meyers suggested contacting the CPP developer directly to state interest in a train-the-trainer model; S. Meyers discussed the importance of clinicians in process of receiving CPP training to see clients in CPP and reviewed CPP expectation that clinicians will see 4 CPP clients during training period and will have at least 1 client complete EBP, defined as attending at least 11 sessions.*

### IV. Next PPLN Meeting

*Participants, when asked if meetings should be quarterly or every 6 months, requested they be quarterly*

*Please email proposed future agenda items to: [PEIOutcomes@dmh.lacounty.gov](mailto:PEIOutcomes@dmh.lacounty.gov)*

*Date/Time/location of next meeting TBD*