

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

SUMMARY FOR:

Child Parent Psychotherapy (CPP) Learning Network
June 2, 2015

Location:

550 S. Vermont Ave
2nd Floor conference room
Los Angeles, CA 90020

Facilitator:

Valerie Curtis, L.C.S.W., Training Coordinator

Practice Lead:

Allegra Klacsmann, Ph.D., Clinical Psychologist II

Participants:

Elaine Bagorio, Aviva CMHS
Brooke Balliett, Hollygrove
Jacqueline Camacho-Gutierrez, Hillside
Jamie Chaignat, Para Los Niños
Marcelita Chisholm, The Help Group
Giselle Collins, Didi Hirsch
Josh Cornel, MHSA Implementation & Outcomes
Sandra Davis, VIP
Noya Dkel, Children's Institute
George Eckart, MHSA Implementation & Outcomes
Rosalie Finer, PEI Administration
Lummy Galbusera, Alafia Mental Health Institute
Alejandra Gomez, Foothill Family Service
Mari Gregory, Star View Community Service
Jenna Haeflinger-Kurtz, LA Child Guidance
Juliet Johnson, Bienvenidos Children's Center

Patricia Lakatos, Children's Hospital Community MHC
Ivy Levin, MHSA Implementation & Outcomes
Kalani Makanui, Didi Hirsch MHS
Tiffani Miller, For the Child
Terry Nestel, Didi Hirsch MHS
Frances Pavon-Lara, MHSA Implementation & Outcomes
Jessica Pena, Child & Family Guidance Center
Katia Perez, CIP-CMHC
Ellen Rogelberg, The Help Group
Lara Sando, Providence Saint John's CFDC
Mercedes Serafini, Childnet Youth and Family Services
D'son Shefadi, Hathaway-Sycamore
Mariana Shpall, Hollygrove
Alex Silva, MHSA Implementation & Outcomes
Erica Stephenson, Vista Del Mar/FSSM
Stephanie Yu, PEI Administration

I. Welcome and Introductions

Participants briefly introduced themselves.

II. Review of Reports

V. Curtis provided a brief overview of the data reports enclosed in participants' packets. V. Curtis and A. Klacsmann highlighted the Core vs. Non-Core reports, urging providers to ensure the majority of their claiming is core. In response to a participant's question, A. Klacsmann confirmed assessment is considered a core service. Participants with further questions were encouraged to email A. Klacsmann directly. A. Silva noted the Detailed Report can be referenced to identify treatment cycles that may need to be closed.



G. Eckart announced the formatting of the Aggregate report will change in the upcoming months. He reviewed the aggregate data and presented outcome results from both the TSCYC and the YOQ, including subscales delineated by age group and gender. The Pre-post analysis indicates that CPP is a very effective practice among all those served. On average, 40-49 sessions evidenced the greatest pre-post symptom reduction. Typically, clients with longer treatment lengths had more severe diagnosis at intake (most notably PTSD for those averaging 40-49 sessions).

III. PEI Administration: Who is a PEI Client?

R. Finer and S. Yu provided clarification of the PEI target population and presented the following definition:

According to the Prevention and Early Intervention Plan for Los Angeles County (August 2009), PEI focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Specifically, early intervention services are directed towards individuals and families for whom a short-term (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health situation early in its manifestation. Early intervention services may avoid the need for more extensive mental health treatment, or prevent the mental health problem from becoming worse.

IV. Open Forum

- Administration of PEI Outcomes: When, what, and how to administer PEI outcomes
- Ordering Outcomes
- Training
- CPP Resources

V. Curtis announced the next TSCYC training will be held June 10th, 2015 and encouraged those interested to register. V. Curtis referenced the CPP optional data entry worksheets and specified the start of treatment is based on the first official EBP session and the end of treatment is the last EBP session. The 21 day window for administering measures was highlighted, noting scores will be accepted into PEI OMA when measures are administered 7 days prior and up to 14 days after the start of treatment and of end of treatment dates. A. Klacsmann encouraged administering update measures after 6 months.

V. PEI Panel

- A provider's perspective of CPP, case assignment, and outcome utilization

Panelists included:

Sandra Davis, VIP
Alejandra Gomez, Foothill Family Service
Patricia Lakatos, Children's Hospital Community MHC
Kalani Makanui, Didi Hirsch MHS

Panelists were asked the following questions about outcome collection and utilization at their agency.

1. How does your team make clinical decisions about which 0-5 cases/referrals are appropriate for CPP versus another type of EBP or treatment. Are there any specific questions you ask? What factors do you consider in your decision making process?

Panelists responded that they conduct thorough assessments prior to moving the clients to the PEI funding plan or to a particular EBP, review completed assessments when developing treatment plans, assess for trauma using the Infancy, Childhood & Relationship Enrichment (ICARE) Initial Assessment, collaborate with DCFS, administer the TSCYC and consult during team disposition meetings with CPP providers and leads.

Other providers reported they consider the goals and capacity of the client's caregivers to participate in treatment when evaluating if CPP is appropriate.

2. How does your team utilize outcome measure results to conceptualize CPP treatment or give feedback to caregivers?

Panelists noted that they review outcome measure results when creating treatment plans, review measure results in session with families, in monitoring progress in treatment, assessing if treatment goals were met and in post treatment planning.

3. How do you ensure staff submit the pre, mid, & post-treatment outcomes? Do you have any internal procedures in place to support (or review) outcome submission?

Panelists noted their electronic health records have alerts, they give reminders in supervision, they focus on the clinical utility of the data to encourage data acquisition, and their QA departments send out reminders.

VI. Next CPP LN Meeting

Date/time/location TBD