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

SUMMARY FOR:
Aggression Replacement Training Learning Network
October 31, 2012, 10:00AM – 12:00PM

Location:
DMH Headquarters
550 S Vermont Ave 2nd floor conference room
Los Angeles, CA 90020

Facilitator:
Michael Villaescusa, LCSW, Psychiatric Social Worker II

Participants:

Sermed Alkass, DMH TAY Division
Shiva Berjis, Penny Lane Centers
Liz Carley, OTTP
Josh Cornell, DMH MHSA Implementation& Outcomes
Vicky Kwan, Pacific Clinics
Casey Meinster, Hillsides
Nydia Mershani, SSG, Weber Community Center

Jessica Pena Santillan, Child and Family Guidance Center
Keri Pesanti, DMH MHSA Implementation & Outcomes
Debbie Purpos, Penny Lance Centers
Jeffrey Schmidt, Penny Lane Centers Karina Shokot-Fadai, Penny Lane Centers
Alison Tarczynski, Penny Lane Centers
Joo Yoon, DMH TAY Division

I.   Updates since previous PPLN
- Action item follow-up from previous meeting
- Hot tips or new strategies that are being utilized to integrate outcomes into clinical practice

   Previous action items: agencies requested more site specific data, Michael Villaescusa reported that new site specific data reports are included in the data packets that were distributed at this Learning Network.

   Requested agenda items to discuss. Issues/concerns were collected and addressed throughout the meeting. Tips and strategies were also discussed throughout the meeting. Please see sections II and III for more details.

II.   Review of Reports
- Update on progress of data reporting
- 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?

   M. Villaescusa reported that DMH is working on the next versions of PEI OMA that would allow agencies to review their own data.

   Reviewed reports included: Unique Client Count by Primary Language, Countywide Demographic, Detailed by LE, Core vs Non-core Services; Expenditures by PEI Plan, Matched Pairs, Unable to Collect (UCS), and Countywide Aggregate Practice Outcomes Dashboard

Discussion topics that emerged from review included: defining what is considered core versus non-core services with DMH staff reviewing list of ART core services; determining if client is appropriate for PEI funded services; and considerations to fidelity to the ART model when providing services; specific dilemmas participants reported is when they have clients who need treatment while no longer having alternative funding sources for clients who fall out of PEI population parameters, especially in residential Tx settings; participants were encouraged to let their Service Area administrations know of this concern. Participants also reported finding the UCS report particularly helpful.

III.   Open Forum

Agencies shared how data is being shared with clinical staff and clients including: Continuous Quality Improvement staff create outcomes reports with graphs for staff; discussing outcomes data in clinical supervision and clinicians tend to have varying levels of interest in using outcomes in their clinical work; having an EBP Quality Assurance coordinator at each site who is responsible for ensuring clinicians complete measures with clients and in providing supervisors reports on clinician progress in collecting outcomes; client interest in and ability to understand outcome measure data varies, mostly depending on clt developmental age and motivation for treatment with general measures being more difficult to understand than the specific measures; sharing outcomes w/ clts tends to occur less in ART than in other practices due to the nature of the Tx; residential Tx providers reported ECBI/SESBI data often compromised because staff providing daily care and teachers haven't known clt long enough to complete a valid measure; outcomes tend to be less of a priority for clinicians since so much of their energy is still going into learning how to implement the practice.

How to increase collection of post treatment measures, especially when date of last face-to-face contact is differently than the last data of billing to EBP, with clarification that determining last data of Treatment in EBP to record in PEI OMA is a clinical determination based on when the last Treatment services in the EBP were provided rather than last billing to EBP, which may or may not be the last date that services core to the model were provided.

IV.   Next PPLN Meeting

Discussed interval between Learning Networks with participants stating desire to continue meeting every 3 months.

Time/location TBD