

# COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

## Program Support Bureau-MHSA Implementation & Outcomes Division

### SUMMARY FOR:

Aggression Replacement Training (ART) Learning Network  
January 29<sup>th</sup>, 2015

#### Location:

550 S. Vermont Ave  
2<sup>nd</sup> floor conference room  
Los Angeles, CA 90020

#### Facilitator:

Dr. Alejandro Silva, Psy.D., Supervising Psychologist

#### Practice Lead:

Sermed Alkass, Psy.D., Clinical Psychologist II

#### Participants:

David Barclay, Phoenix House Academy, LVT  
Ryan Cragg, The Whole Child  
George Eckart, MHSA Implementation & Outcomes  
Kristen Jones, SSG/OTTP  
Hilary Kornbluth, SSG/OTTP  
Ivy Levin, MHSA Implementation & Outcomes  
Kyra Mendoza-James, Starview Community Services

Victoria Otto, Penny Lane  
Frances Pavon-Lara, MHSA Implementation & Outcomes  
Jessica Pena, Child and Family Guidance Center  
Jeffrey Schmidt, Penny Lane  
Wayne Stemmler, Hillside  
Stephanie Yu, MHSA PEI Admin  
David Zableckis, CIFHS

#### I. Welcome and Introductions

*Participants briefly introduced themselves. A. Silva solicited agenda items from participants. The questions presented were addressed in the Open Forum.*

#### II. Updates from previous PPLN and Announcements

- Model Fidelity
- Trainings

*A. Silva announced the launch of the General Learning Network will be late March/early April 2015. He outlined the 3 module sessions including the objective and focus of each and encouraged providers to RSVP once the announcement is released.*

*S. Alkass noted the ART FAQs was emailed recently which identifies adherence criteria. He encouraged providers to email him with any conflicting information for him to seek resolution with the developer directly. S. Alkass highlighted the following adherence details from the developer: Group should take place 3x/wk, two modules should not be covered in one day (only one module covered per each 24hr period), S. Alkass will follow-up regarding the required/recommended implementation order of the ART modules. Provider recommended beginning with Skillstreaming.*



*A provider requested a listing of other DMH approved EBPs which also target aggression and A. Silva referred him to review the EBP matrix to identify other therapeutic modalities approved by the department.*

*S. Alkass addressed a number of training-related items:*

*-He distributed the PEI ART Training Inquiry Form and requested providers complete and return them to indicate their interest in upcoming training opportunities. DMH is unsure about future ART trainings.*

*-He specified training has to be for PEI providers only, and in cohorts with every spot filled (24 spots for an initial training, 6 spots for “train the trainer” training).*

*-A provider inquired about ART booster/refresher training for those already trained, S. Alkass responded that there is currently no “refresher training” available. S. Alkass stated he plans to contact the ART developer to see if such training exists. In the meantime, he suggested existing providers might be able to audit the original training course.*

*-A provider inquired about the “train the trainer” model and S. Alkass detailed the training requirements also noted this information can be also be found in the FAQ guide. He also noted DMH will pay for the “train-the-trainer” trainings; excluding travel expenses.*

*-S. Alkass encouraged the “train-the-trainer” model among providers.*

### III. Review of Reports

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

*G. Eckart briefly compared the current ART aggregate report data with data from the last ART LN aggregate report, highlighting Table 1 which indicates the number of clients claimed to the practice decreased from 4,548 to 4,261 as a result of changing the “claimed to the practice” criteria from 1 core service to 2 or more core services. The data acquisition rate also increased as a result.*

*G. Eckart presented “A Closer Look,” which described the included Compliance Stats Report by provider. He encouraged participants to compare their agency’s stats to the aggregate report.*

*G. Eckart also indicated there was a glitch in the original detailed report and a new detailed report was included in the participant’s packets instead. Though it looks a little different, almost all of the same information is included. Table 6 of service delivery data was mentioned as the maximum range of sessions jumped from 272 to 427 since the last learning network. The rate of OMA data entry was reviewed in 6 month intervals and lag of roughly 1-1 ½ years was observed.*

*G. Eckhart also requested information on the providers Tx settings. The providers indicated the following information:*

*SSG-School-based*

*Penny Lane- Combination of outpatient and residential*

*Phoenix- Residential*

*Hillsides- Residential School-based*

*A. Silva indicated that the number of OQs received for this practice increased from 7 at the last learning network to 10. He reiterated that the OQ is a measure for clients ages 19+ and therefore should not be administered for ART given the Tx is for children and youth up to age 17. He clarified*

*that the YOQ, YOQ-SR and ECBI are measures that should be administered based on the client's date of birth at the time they were first administered, i.e. it isn't necessary to change the post outcome measure if the client's age changes during the course of Tx.*

*S. Alkass reviewed the core vs. non-core service reports and stated there is elevated billing in collateral and individual services. He reminded providers to be mindful that their claiming and practice is model adherent as ART is a group modality. He encouraged providers to review their claiming.*

*A. Silva announced the exceptions reports are available by request for those interested.*

*S. Alkass reinforced his goal, and the goal of the LN, is to support providers in delivering the practice.*

#### IV. Open Forum

- Provider recommended forum discussion topics:
  - Peace 4Kids for ages 8-12
  - Training completion within the protocol timeframe
  - Other suggestions

*S. Alkass stated Peace 4Kids is not currently approved under the LAC–DMH PEI Plan. Participants discussed their interest in the practice and the level of demand for it. Learning net participants noted “pros” and “cons” of implementing this practice. Pros noted included serving youth between 8-12 years of age. The “cons” noted were schools could potentially be resistant to releasing students from class. Participants discussed potential strategies to implement the practice in school settings. S. Alkass will follow-up with request to add Peace 4Kids to the PEI Plan.*

*S. Alkass encouraged participants to notify him and/or PEI Administration prior to expiration of the one year to complete required ART training protocols. Requests will be reviewed on a case-by-case basis. Participants noted one barrier to certification was the requirement of providing all three modules of the treatment. Some participants stated this has been difficult if they only work with children eligible for the Skillstreaming module based on their age.*

#### V. Next PPLN Meeting

- Future agenda items
- Scheduling of date/time

*A. Silva encouraged participants to email topics of conversation for the next LN.  
Date/time of the next ART LN TBA.*