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

SUMMARY FOR:
Crisis Oriented Recovery Services (CORS) Learning Network
July 10, 2013

Location:
LACDMH Headquarters
550 South Vermont Avenue, 2nd floor conference room
Los Angeles, CA 90020

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

Practice Lead:
Urmi Patel, Psy.D., Supervising Psychologist

Participants:

Cynthia Abramovitz, Long Beach MHC	Satoko Luce, Compton Family MHC
Carla Avalos, San Fernando MHC	Urmi Patel, Adult Systems of Care
Antonio Banuelos, Roybal Family MHS	Diana Perez-Johnson, San Antonio MHC
Man-Ching Cheung, Antelope Valley MHC	Elizabeth Powers, American Indian Counseling Center
Muriel Cormier, Children's System of Care	Alex Silva, MHSA Implementation & Outcomes
Joshua Cornell, MHSA Implementation & Outcomes	Steven Starkman, Augustus Hawkins
Renee de Vicq, Long Beach MHC	Ana Suarez, SA 7 Administration
Dina Dutton, San Fernando MHC	Kara Taguchi, MHSA Implementation & Outcomes
George Eckart, MHSA Implementation & Outcomes	Michael Villaescusa, MHSA Implementation & Outcomes
Marcie Gibbs, Downtown MHC	Scott Wallach, SA 6 Specialized Foster Care Administration
Christina Gracia, American Indian Counseling Center	Edward Washington, PEI Administration
Mingxun Huang, Coastal API Family MHC	

I. Welcome and Introductions

Participants introduced themselves and briefly described their roles in their agencies.

II. PEI Practice Learning Network
- Purpose of PEI Provider Learning Network (PPLN)

V. Russell described the purpose of the PPLNs.

III. Review of Reports
- Explanation of future reports/data availability (Aggregate Data)
- How can the reports/data inform clinical practice?
    a. What specific information, from a report, might be helpful in treatment planning: i.e. diagnosis, developing treatment goals, etc.?
    b. What information is unexpected?
    c. What information would you or your clinical supervisors want to share during clinical supervision? And how would you approach this subject in supervision?

G. Eckart described the CORS Aggregate Report tables and showed and how the Aggregate Report and individual provider reports complement each other.

A. Suarez noted the Aggregate Report showed a high CORS dropout rate, and hypothesized it may be due to clinicians thinking treatment is not complete unless the client receives the full 6 six weeks of treatment. A. Suarez clarified, completion is not determined by its duration; if the client's crisis resolves in less than six weeks treatment can be considered completed; she also emphasized that, in most cases treatment should last no longer than 6 weeks with the caveat that treatment could last a maximum eight weeks if the client experiences a distinct new crisis during the course of treatment. A. Suarez noted some provider level Core Services reports showed a higher percent of services billed to play therapy than talk therapy and stated that play therapy is not part of the CORS model so typically there should not be a reason to bill play therapy. A. Suarez and U. Patel noted that several provider level Core Services Reports showed high percentage of billing to meds services and then stated that, because CORS is intended for clients who need a relatively low level of care, to consider whether CORS is an appropriate treatment if meds are needed; and, if a client begins meds services near the start of CORS it is hard to know which service caused change and encouraged participants consider meds referral after treatment in CORS is finished.

IV.   Soliciting Feedback
- What would you like to get out of the PPLN?
    a.   Are there specific items you would like added to the reports?
- Frequency of meetings: Quarterly, duration of 2 hours
- Location-host agency?
- Soliciting a Data Champion from the agency sites
- Structure of PPLN meetings

Section IV agenda items were not addressed due to time limits.

V.   Open Forum

Participants shared ways in which their agencies have adapted to the requirements for CORS and PEI funded treatment in general, topics included: implementing CORS while the majority of clients at the agency do not fit the model's population parameters; shifting client funding to continue meds services after treatment in a PEI practice ends; would CORS be an appropriate treatment for clients having their first psychotic episode, U. Patel responded to the question by encouraging participants to consider if a person who is displaying psychotic symptoms is appropriate for PEI, a funding source intended for clients who would likely benefit from lower levels of service. U. Patel reminded participants that new clients should not be automatically billed to PEI funded CORS.

A Silva announced PEI OMA v1.3 is going live today and among several changes are expanded Pre and Post outcome measure administration windows; pre/post measures can be administered up to 7 days prior to the date of the first/last EBP session, on the date of the first/last session, and up 14 days after the first/last session.

U. Patel announced new CORS trainings are forthcoming, dates TBD, and that providers will be notified when dates are set. If new copies of CORS training materials are needed, contact U. Patel (upatel@dmh.lacounty.gov).

A. Suarez announced DMH is considering the addition of ongoing CORS consultation calls.

VI.   Next PPLN Meeting
- Future agenda items
- Next CORS Learning Network:
    October 9, 2013, 2–4PM
    550 S. Vermont Ave, 2nd floor conference room, Los Angeles, CA 90020