

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

SUMMARY FOR:

Crisis Oriented Recovery Services (CORS) Learning Network
October 9, 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

Participants:

Cynthia Abramovitz, Long Beach MHC
Carla Avalos, San Fernando MHC
Antonio Banuelos, Roybal Family MHS
Man-Ching Cheung, Antelope Valley MHC
Muriel Cormier, Children's System of Care
Joshua Cornell, MHSA Implementation & Outcomes
Renee de Vicq, Long Beach MHC
Dina Dutton, San Fernando MHC
George Eckart, MHSA Implementation & Outcomes
Marcie Gibbs, Downtown MHC
Christina Gracia, American Indian Counseling Center
Mingxun Huang, Coastal API Family MHC

Satoko Luce, Compton Family MHC
Urmi Patel, Adult Systems of Care
Diana Perez-Johnson, San Antonio MHC
Elizabeth Powers, American Indian Counseling Center
Alex Silva, MHSA Implementation & Outcomes
Steven Starkman, Augustus Hawkins
Ana Suarez, SA 7 Administration
Kara Taguchi, MHSA Implementation & Outcomes
Michael Villaescusa, MHSA Implementation & Outcomes
Scott Wallach, SA 6 Specialized Foster Care Administration
Edward Washington, PEI Administration

- I. Updates and Announcements
 - Action item follow-up and announcement since previous meeting
- II. PEI Practice Learning Network
 - Purpose of PPLN
- 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 would you or your clinical supervisors want to share during clinical supervision? And how would you approach this subject in supervision?

George Eckart described changes in data from the previous to current aggregate report and per participant request, showed how the provider level Unable to Collect Report is used to track unable to collect reasons. The definition of "drop out" was clarified as the therapist indicating in the PEI OMA disposition section that the client did not complete the treatment. Per participant request to define session count, Kara Taguchi stated that the session count entered in PEI OMA should be the number of CORS therapy sessions the client received.

IV. Soliciting Feedback

- What is needed to create procedural and systemic support for CORS within an agency?
- How do you decide if a client is an appropriate candidate for CORS?
- What supports (technical, administrative, clinical) are needed to enhance and maintain fidelity for CORS? Part II: We would like your recommendations regarding future trainings (which are being planned now). For instance, are there specific curriculum and/or a specific type of follow-up or on-going support that could increase the effectiveness of the training?
- How do you decide a client has reached their goals and a case, in which CORS has been provided, is ready to be closed?

Participants shared strategies used at their agencies to determine if clients are appropriate for PEI CORS including triage assessment, extending the initial assessment period to a second meeting to further assess appropriateness for the EBP, case review among supervisors and during clinical supervision, and discussing the importance of commitment to Tx with the client at the start of therapy. Ana Suarez stated the importance of using the Time Line to determine client appropriateness for CORS, that CORS Tx can be considered completed in 1 to 5 weeks if the client's crisis was resolved during that time period and reiterated CORS Tx should last no longer than 6 consecutive weeks unless a second crisis occurs during the Tx, in which case Tx can extend a couple of sessions. Several participants shared they would like further training in CORS, perhaps booster trainings or supervision by a person who has "mastered" the treatment. Urmi Patel stated that DMH is planning to provide supplemental CORS trainings, likely to begin in 2014, and further training information is forthcoming.

III. Open Forum

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

Per participant request, Urmi Patel stated that the EBP claimed at intake should be determined by the EBP the client is most likely going to begin. Participants discussed strategies used to reduce PEI clinician caseloads. Participants discussed difficulty ensuring MDs use of correct billings codes for clients enrolled in PEI and shared strategies used at some clinics to address this concern including reminder sheets in the client's chart or on the chart's cover. A participant asked if it is an ethical violation to place anything on the cover of a client's chart and Alex Silva will follow-up with QA and provide an answer to the participants.

IV. Next PPLN Meeting

Date/Time/location of next meeting TBD