

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

Program Support Bureau-MHSA Implementation & Outcomes Division

SUMMARY FOR:

Crisis Oriented Recovery Services (CORS) Learning Network
December 10, 2014

Location:

600 S. Commonwealth Avenue
2nd floor conference room
Los Angeles, CA 90005

Facilitator:

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

Practice Lead:

Urmi Patel, Psy.D., Supervising Psychologist

Participants:

Cynthia Abramowitz, Long Beach MHC
Lizette Alvarado, VIP-CMHC
Jacqueline Anthony, Alafia Mental Health Institute
Maria Avila, Dignity Health
Blanca Codina, Roybal Family MHC
Renee de Vicq, Long Beach MHC
Andreas DiMeo, DMH-ASOC
George Eckart, MHSA Implementation & Outcomes
Bruce Gaines, San Fernando MHC
Tamiaka Gonder, Shields for Families
Christina Gracia, American Indian Counseling Center
Cynthia Hibbard, Starview Community Services
Amber Keating, Child and Family Guidance Center
Sally Michael, SPIRITT Family Services
Melissa Pace, Foothill Family Services

Urmi Patel, DMH-ASOC
M. Frances Pavon-Lara, MHSA Implementation & Outcomes
Perla Pelayo, SPIRITT Family Services
Jessica Pena, Child and Family Guidance Center
Katia Perez, VIP-CMHC
Keri Pesanti, PEI Administration
Rachel Proulx, Foothill Family Services
Lisa Schumacker, Didi Hirschi
Namita Sharan, DMH-ASOC
Alex Silva, MHSA Implementation & Outcomes
Kara Taguchi, MHSA Implementation & Outcomes
Angel Towler, D'Veal Family & Youth Services
Vania Vilchis Schauf, Rio Hondo MHC
Stephanie Yu, PEI Administration
Dorwin Suarez, Bayfront Youth & Family Services

I. Welcome and Introductions

Attendees briefly introduced themselves.

II. 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 went over some of the countywide aggregate report for CORS and described the utility of the individual provider reports included in participants' packets. G. Eckart described changes in the aggregate report such as the addition of "clients still in treatment" in Table 1 of the report. In addition, he informed participants that clients claimed to the practice was based on CORS being selected as the EBP in a PEI Plan and having ≥ 2 core services claimed to the practice starting from July 1, 2011. K. Taguchi mentioned that this was a data driven decision that impacted compliance metrics. In most cases, this change has increased provider's compliance rates approximately 15 to 20%. G. Eckart illustrated the compliance stats report and went over the various data points involved

in generating a providers compliance rate. He informed participants that they could compare their compliance rate with the countywide compliance rate as a benchmark. He then went over the modified version of the detailed Report which shows active and inactive client treatment cycles in PEI OMA. The older version has more data elements, but is not currently available due to problems in our system. Once the problem is corrected we'll be able to generate the older version. U. Patel informed providers to look at their core vs. noncore services ratio and to be cognizant that the delivery of core services should outweigh noncore services.

K. Pesanti, from PEI Administration informed providers to be aware of the PEI target population when delivering PEI services. She reported that at the last CORS learning Network, Attention Deficit Hyperactivity Disorder (ADHD) was the third most frequently reported DSM-IV Diagnosis. She reported that ADHD, for the most part, is not a typical diagnosis for someone receiving PEI services which are meant for individuals that would benefit from short-term treatment, has mild to moderate symptoms or impairment and for those that relatively low intensity interventions will yield measurable improvement very early in the manifestations of their symptoms. K. Pesanti reported that she wants providers to be mindful of this when providing PEI services.

George continued presenting on the data and reported that since 2/28/13 until 11/21/14 CORS providers have tripled the amount of data entered into PEI OMA. He then looked at the number of clients completing, dropping out, and still in treatment for CORS at various points in time. He reported that the percentage of clients completing treatment has increased.

V. Curtis, asked participants how these data reports are being used at their agencies? Providers were vocal and gave examples of how these reports have been useful (e.g. Cleaning up their data, and informing clinicians of the good work they've been doing).

III. New and Additional CORS Training Opportunities

U. Patel reported that since January 2014, there have been 18 trainings and approximately 700 clinicians trained in CORS. She informed participants of an additional 18 CORS trainings being offered in 2015. In addition, she reported that there will be optional CORS booster trainings being offered several times a month starting in February 2015 that will include case conceptualization of real cases. These booster trainings will be offered at DMH headquarters, will be approximately 3 hrs. in length, and be composed of 8 to 10 clinicians per training. The training schedule will be distributed at the next PEI Quarterly Meeting this Friday, 12/12/14.

IV. Soliciting Feedback

- Recommendations for developing curriculum and supports for CORS trainings

Participants provided their recommendations that included but were not limited to the following: adding new vignettes to the training protocol; having supervisors attend trainings; having booster trainings readily available; etc... U. Patel thanked everyone for their feedback and suggestions.

V. Open Forum

- General Learning Network

A.Silva informed participants of the launch of a General Learning Network (GLN) being released sometime at the end of February 2015. He reported that the first module of the GLN will focus on participants understanding outcome measures data reports and their utility. The first module will be comprised of three sessions. The first two sessions will be provided via webinar and will focus on the specific individual reports that MHSa Implementation and Outcomes Division generates for our

current learning networks. The third session will be a “live” session that will focus on providers analyzing their own data reports. The target audience for the GLN will be providers that implement a PEI practice that don’t have an ongoing learning network (i.e., DTQI, IPT, FFT, MST, etc...). However, anyone interested in getting a booster or learning more about our reports can participate. More information will be provided at the beginning of the new year.

VI. Next PPLN Meeting

TBD