

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

Program Support Bureau-MHSA Implementation & Outcomes Division

SUMMARY FOR: Crisis Oriented Recovery Services (CORS) Learning Network November 16, 2015

Location:

LACDMH Headquarters
550 S. Vermont Ave, 2nd floor conference room
Los Angeles, CA 90020

Facilitator:

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

Practice Lead:

Adriana Armenta, M.S.W., Psychiatric Social Worker I

Participants:

Dawn Beechner, Rio Hondo
Jacqueline Camacho-Gutierrez, Hillside
Josh Cornell, MHSA Implementation & Outcomes
Rosalie Finer, PEI Admin
Ani Harertyunyan, San Fernando MHC
Amber Keating, Child and Family Guidance Center
Ivy Levin, MHSA Implementation & Outcomes
Tiffany Liu, Coastal API FMHC
Melissa Pace, Foothill Family Services

Frances Pavon-Lara, MHSA Implementation & Outcomes
Sarah Savage, PEI Admin
Alex Silva, MHSA Implementation & Outcomes
Adam Sternberg, LA Child Guidance
Evelyn Santana, LBCAP
Stacy Tang, LA Child Guidance
Vanya Vilchis, Rio Hondo
Stephanie Yu, PEI Admin

I. Welcome and Introductions

Participants introduced themselves. A. Armenta was introduced as the acting CORS Practice Lead. V. Curtis briefly described the purpose of PEI Practice Learning Networks and reviewed the agenda.

II. Review of Reports

I. Levin reviewed data packet reports and their utility. Reports reviewed included Core vs Non-Core, Demographics, Detailed, Compliance Stats, Questionnaire Stats, and Unable to Collect (UCL). I. Levin also presented a document entitled PEI Outcomes Reports that included, 1) brief descriptions of PEI Reports providers can request from DMH's MHSA Implementation and Outcomes Division and 2) a glossary of terms used in the reports.

Following the presentation, a participant asked what compliance rate agencies should try to achieve. A. Silva answered that compliance rates for CORS are generally good and encouraged participants to focus on improving collection of outcome measure matched pairs, and, I. Levin added that UCL reports can help agencies develop data driven strategies to improve matched pair collection rates as the report identifies the most common reasons outcome measure scores are not being collected. Many participants shared having difficulty collecting pre/post outcomes within the 21-day window and,



in response, a few participants shared strategies their agencies have implemented that have helped increase collection of matched pairs, including: 1) administering post measures any time within the 7-day period prior to the last session, because, many clients don't attend the last session for various reasons, 2) having a second therapist administer measures to parents while the primary therapist administers measures to the client, 3) administering measures at the second to last session and using the last session as a sort of celebration of the client's completing treatment and going over pre/post scores at that last session.

III. Soliciting Feedback

- Practice related comments
- Finding appropriate PEI clients
- Success stories related to PEI clients
- Successfully implementing CORS in an agency with adults and children

Participants shared strategies for increasing referrals of clients appropriate for CORS including: 1) giving all clinical staff persons and phone screeners information about CORS' purpose, structure, target population, 2) supervisors looking through initial assessments of new clients to find those who may be appropriate for CORS, 3) for clients who may be a good fit for CORS but are concerned that the treatment duration may be too short to help them, providing psychoeducation on CORS effectiveness and encouragement to at least begin the treatment to find out if it helps.

V. Curtis presented a case vignette and had participants discuss reasons why the client in the vignette may or may not be appropriate for CORS as well as what to assess further to help determine the client's appropriateness.

A. Armenta announced CORS booster sessions were started but, due to low attendance, several were subsequently cancelled. Some participants stated not knowing about the booster sessions. Participants who had attended the booster sessions reported finding them helpful because, with the attendance so low, they were able to receive more individual attention than at initial trainings.

IV. Next PPLN Meeting

TBD