COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

Program Support Bureau-MHSA Implementation & Outcomes Division

SUMMARY FOR:

Crisis Oriented Recovery Services (CORS) Learning Network
March 7, 2016

Location:

LACDMH Headquarters
550 S. Vermont Ave, 10th 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:

Rosalie Finer, PEI Admin
Ani Harertyunyan, San Fernando MHC
Amber Keating, Child and Family Guidance Center
Diana Perez-Johnson, San Antonio Family Center
Celia Petersen, Downtown MH
Frances Pavon-Lara, MHSA Implementation & Outcomes
Alex Silva, MHSA Implementation & Outcomes
George Eckart, MHSA Implementation & Outcomes
Antonio Banuelos, Roybal FMHC

I. Welcome and Introductions

Participants introduced themselves. V. Curtis briefly reviewed the content of attendees data packets and agenda items.

II. Review of Reports

G. Eckart briefly reviewed the aggregate report for CORS and stated that the data didn't change that much since the last aggregate report. G. Eckart did a "Closer Look" on the aggregate report for CORS. Since the last time we generated an aggregate report for CORS (6 months ago) there was a 7% increase in the number of clients claimed to CORS and a 14% increase in the number of clients entered into PEI OMA. G. Eckart looked at how many people completed the treatment that had pre/post match pairs by outcome measure and compared it to a "moving average" trend. The information appeared to indicate a downward trend in the number of clients being entered into the system. It was more pronounced with the adult measure (OQ). Using historical data, he also looked at how long it was taking providers to enter data into PEI OMA. There appeared to be a 2 year window of time in which data was getting into the system. He reviewed pre/post differences for each subscale for all the required measures. He noted that clients starting above the clinical cut off prior to treatment were below the clinical cut off at the end of treatment. G. Eckart also looked at clients that did not complete the treatment but still had a pre/post match pair. These clients started above and

remained above the clinical cut off point. We noticed that their average pre score was much higher than those that completed the treatment. These clients average number of sessions before "dropping out" was 3-4 sessions. A. Silva asked attendees if the decrease in the use of CORS due to clinicians using other EBPs instead such as Individual CBT. Providers didn't think so; however, R. Finer from PEI Administration reported that during several of the PEI technical assistance site visits providers mentioned a decrease in the use of CORS because clinicians may feel that their clients require more than a 6 session EBP. A. Armenta stated that CORS trainers have noted a difference between social work externs and psychologist when it came to their willingness to do the practice. It was reported that psychologist tend to want to "dive-in deeper" which makes them want to do longer term treatment where as new social workers are more amenable to following a prescribed EBP that is highly focused on returning the client back to a previous level of stability.

III. Practice Discussion

- What promotes effective implementation of CORS at your clinic?
- How to effectively outreach to PEI clients?
- How to effectively maintain model fidelity in the clinic setting?

IV. Curtis began the discussion by asking providers what systems/policies/procedures have worked to promote effective implementation of CORS. Providers agreed that proper triage of clients is very important to effectively implement the practice. Being able to match clients with the appropriate EBP is very important as is matching the clinician with the EBP. Not all clinicians may be a good fit for providing CORS especially if they feel that longer term treatment is appropriate across the board for all clients. Participants reported a lower number of referrals for CORS which providers discussed could have something to do with being more conversant with the PEI population. Participants discussed that outreach will need to increase in order to get more appropriate PEI clients for CORS. Providers reported participating in resource fairs and outreaching to the nearby community, but to no avail. R. Finer reported the ability for providers to use CORS in other funding sources when appropriate. Providers asked about having more access to outcome data more readily. A. Silva reported that PEI Outcomes was developing a directly operated dashboard that would provide PEI outcome measures data on a regular basis for the purpose of analysis. V. Curtis and A. Armenta asked participants how they maintained model fidelity with higher caseloads. It was reported that seeing clients weekly was a challenge due to various reasons including but not limited to, children could only be seen after school; parents rigid word schedule; and of course clinician high caseload. A. Armenta asked providers if they noticed if certain ethnic backgrounds or cultures were better suited for CORS. Due to the high prevalence of Hispanic/Latino population living and receiving services in Los Angeles County there were no apparent ethnic differences in respect to efficacy of the model that stood out for providers. Antonio Banuelos from Roybal Family Mental Health Center reported that he had a document that helps clinicians walk through the steps for implementing CORS which he has found very helpful. A. Armenta agreed to get a copy of the document and send to other CORS providers as a resource.

A. Armenta announced upcoming CORS trainings in March, April and May of this year. Participants shared the ongoing need for CORS booster sessions and hope that they continue.

V. Next PPLN Meeting

TBD