

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

SUMMARY FOR:
Group CBT for Major Depression Learning Network
December 11, 2012

Location:

Los Angeles County Court Building
600 South Commonwealth Ave, 6th floor conference room A
Los Angeles, CA 90005

Facilitator:

Michael Villascusa, LCSW, PSW II

Participants:

Helen Chang, Coastal API Family MHC
Li-Ting Chao, Long Beach MHS – Adult Clinic
Anne Choe, Long Beach API Family MHC
Josh Cornell, MHSA Implementation & Outcomes
George Eckart, MHSA Implementation & Outcomes
Rosalie Finer, ASOC
Lee Gomberg, Long Beach MHS – Adult Clinic

Vilma Enriquez-Hass, Didi Hirsch
Linda Lee, Coastal API Family MHC
Nuri Merino-Jacques, Arcadia MHC
Urmi Patel, ASOC
Carolyn Quinn, SSG OAP
Alex Silva, DMH
Burton Steifel, Arcadia MHC

Agenda Minutes:

I. Updates and Announcements

- Action item follow-up and announcement since previous meeting

Updated on progress of data reporting; OQ measures now available in the County's 13 threshold language with OMA Wiki having information on how to order the new language versions; CORS Learning Network for directly operated providers will be coming in March 2013.

II. Review of Reports

- Review of available reports
- How is data being shared with clinical staff and clients?
- How is the data being utilized?
- What data/information may be helpful in future meetings?

Participants stated that reports from previous meeting helped them identify cases in PEI OMA still open that should be closed; reported sharing data given at previous learning network with clinicians and managers at their clinic was useful, that clients find it helpful to review their PHQ-9 scores to identify progress in Tx and that sharing scores with clients increases Tx buy-in.

Previously established reports were reviewed: participant stated that the detailed report they received shows clients open they believe to be closed and M. Villaescusa suggested participant email PEI outcomes mailbox to further assist with their concern; in discussing core vs non-core services report U. Patel pointed out some agencies billing Group CBT to code H2015 and to crisis

code and that code H2015 should not be used since Group CBT is a therapy and to be mindful of model fidelity and client appropriateness is using the crisis code; U. Patel went over requirement that Group CBT providers be licensed or waived; in reviewing detailed report it was clarified that both the PHQ-9 and OQ 45.2 need to be administered, not one or the other; in reviewing average Tx length section of aggregate report the participants discussed model fidelity concerns if clients are in Tx more than 18 weeks and when there are long gaps in clients' Tx with providers encouraged to speak with their Group CBT trainer.

III. Open Forum

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

Participants asked about strategies agencies employ to recruit group members and increase retention, participants shared: use of careful screening process; closed groups have fewer clients drop out than open groups; having an orientation meeting that goes over the importance consistent attendance and commitment to Tx; recruiting group members from other groups at agency and by asking clinicians to refer clients they believe would be appropriate; and starting split gender groups.

Participants presented ideas on features to add to future versions of PEI OMA including ability to compare clients in EBPs who receive psych meds with clients who do not receive psych meds; expanding the current outcome measure Pre and Post time restrictions to perhaps 2 weeks before the last session; special parameter for clients with gaps in Tx due to having to wait for a module to re-cycle before they can complete the EBP. Participants were encouraged by PEI Outcomes Staff to explore any question of interest using their collected data without having to wait for changes in PEI OMA, especially since upgrades to PEI OMA often take a long time due to limited DMH resources.

Participants suggested having treatment focus learning networks in the future, e.g. depression, anxiety, trauma.

U. Patel announced that there may be an adherence rater Group CBT training module that would allow those trained to provide the supervision and case consultation for Group CBT; to expand practice agencies may have one group facilitator trained in the Group CBT model who is paired with a clinician trained in the Individual CBT model.

IV. Next PPLN Meeting

Participants, when asked if meetings should be quarterly or every 6 months requested they be every 6 months.

Please email proposed future agenda items to: PEIOutcomes@dmh.lacounty.gov

Date/Time/location of next meeting TBD