

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

SUMMARY FOR:
Group CBT for Major Depression Learning Network
August 13, 2013

Location:

695 S. Vermont Ave, 15th floor
Large Conference Room
Los Angeles, CA 90005

Facilitator:

Michael Villasceusa, LCSW, PSW II

Participants:

Dawn Beechner, Rio Hondo
Alison Benden, Hollywood MHC
Marlene Chavez, Palmdale MHC
Anne Choe, Long Beach API Family MHC
Joshua Cornell, MHSA Implementation & Outcomes
Renee de Vicq, Long Beach Adult MHS
George Eckart, MHSA Implementation & Outcomes
Rosalie Finer, ASOC Admin
Marcie Gibbs, Downtown MHC
Lee Gomberg, Long Beach Adult MH

Geraldine Gomez, Long Beach Adult MH
Linda Lee, Coastal API Family MHC
Nuri Merino-Jacquez, Arcadia MHC
Gerald O'Day, Arcadia MHC
Urmi Patel, ASOC Administration
Alex Silva, MHSA Implementation & Outcomes
Lucien Song, Edelman Westside MHC
Stephanie Spector, MHSA PEI Admin
Toya Swan, West LA Admin

Agenda Minutes:

I. Welcome and Introductions

M. Villaescusa asked participants currently implementing Group CBT to think about what question they would most want answered if, hypothetically, the agency was considering implementing the practice for the first time. Questions and any responses are included in the Open Forum section of the summary.

II. Updates since previous PPLN

- Action item follow-up from previous meeting

The MHSA Implementation & Outcomes staff persons present reported: The PEI OMA "Pre" and "Post" outcome measure administration window has been changed, respectively, they can be administered on the date the first/last session, up to 7 days prior to the first/last session, and up to 14 days after the first/last session; DMH has created enlarged versions of the OQ Series measures and to order them email a PEI Outcomes Order Form, available on the OMA Wiki, to PEIoutcomes@dmh.lacounty.gov; permission to scan completed OQ series measures into electronic record has been granted by their publisher, OQ Measures.

III. Review of Reports

- Update on progress of data reporting
- Review of available reports
- What information is unexpected?
- How is data currently being utilized in your clinics?
- What data/information may be helpful in future meetings?

- Hot tips or new strategies that are being utilized to integrate outcomes into clinical practice

G. Eckart described changes in data from the aggregate report shown at the last Group CBT Learning Network to this one, presented a PowerPoint that showed OQ Total scores and Subscale Score trends for the practice are similar. G Eckart also described the utility of some of the individual reports participants received. U. Patel mentioned several agencies' Core Ancillary Services Reports showed high billing to Ind CBT and asked if the trend is due to clients being seen in individual therapy when they miss groups more often than is allowed by the model (2 weeks) and participants suggested it likely being due to clients being seen in Ind Tx billed to Group CBT while they wait for the next group to start. In order to maintain model fidelity, U. Patel encouraged providers to have clients seen in a different practice, such as Ind CBT for depression, while waiting for Groups to re-start instead of doing individual sessions of Group CBT or, to have the client continue Ind CBT instead of being moved to Group CBT if the client has shown improvement in Ind CBT.

IV. Open Forum

- Training Update
- Open question & discussion

Questions discussed from M. Villaescusa's prompt at the start of the LN included: how to select appropriate clients; how to recruit clients; how to do relapse prevention; strategies for lessening the time from initial assessment to first group if the agency only has closed groups, with suggestions including consider open groups, start the client in Ind CBT until group re-starts, create an open Group CBT orientation group; what is considered "completed Tx; how to address low compliance with Tx; what adjunct services are authorized; can administration and scoring outcomes be billed with answer of no; what are reasons to choose Group CBT over other PEI funded adult treatments for depression with responses including, works well for people who tend to think concretely, people who would benefit from increased social interaction, and ability to see people in group allows providers to increase capacity.

V. Next PPLN Meeting

Date/location TBD.