

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

SUMMARY FOR:

Group CBT for Depression Learning Network
April 24, 2014, 10:00AM – 12:00PM

Location:

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

Facilitator:

Michael Villaescusa, L.C.SW., Psychiatric Social Worker II

Practice Lead:

Urmi Patel, Psy.D., Supervising Psychologist

Participants:

Li-Ting Chao, Long Beach Adult MHC
Tina Chung, South Bay MHC
Andreas DiMeo, ASOC Admin
George Eckart, MHSA Implementation & Outcomes
Lindsey Fitch-Torres, Edelman Westside MHC
Marcie Gibbs, Downtown MHC
Jane Kang, MHSA PEI Admin
Carey Kim, West Valley MHC
Linda Lee, Costal API Family MHC

Ivy Levin, Long Beach Adult MHC
Satoko Luce, Compton Family MHC
Gerald O'Day, Arcadia Mental Health
Urmi Patel, ASOC Admin
Frances Pavon-Lara, MHSA Implementation & Outcomes
Namita Sharan, ASOC Admin
Alex Silva, MHSA Implementation & Outcomes
Lucian Song, Long Beach API Family MHC
Michael Villaescusa, MHSA Implementation & Outcomes

I. Welcome and Introductions

Participants introduced themselves and briefly described their work roles.

II. Updates since previous PPLN

- Action item follow-up from previous meeting

Participants were informed the OMA Wiki website was updated with a new schedule of learning networks, outcome measures trainings, and that new webpages with archived learning network aggregate reports and learning network summaries were added to the Wiki.

III. Review of Reports

- Review of available reports
- What information is unexpected?
- 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 presented "A Closer Look" that compared countywide data entry trends from inception to now with data entry trends from the last 9 months to now. Participants shared hypotheses about the meaning of the data and reported the information presented was very helpful. Next, G. Eckart

presented an analysis of outcomes data showing the average OQ total score is above the clinical cut-off at pre-treatment and still above the cutoff at post treatment while the average PHQ-9 score is above the cutoff at pretreatment but moves below the cutoff at posttreatment. In subsequent discussion, participants hypothesized the OQ shows less change than the PHQ-9 because it assesses a broader spectrum of problems.

M. Villaescusa informed participants that certain reports (i.e., detailed/demographic) had some inaccurate information being populated (i.e., clients showing up in the wrong age group) by PEI OMA and that we hope to have it resolved by the next learning network.

In response to a participant's question, U. Patel clarified that entering PHQ-9 scores into the "AdoptEBP" website is only to be used while staff are going through the training. U. Patel went around the room and asked individual providers about their core vs. noncore services and certain codes that were being used extensively. An ongoing discussion ensued regarding provider justification for their use of certain noncore service codes.

IV. Presentation

- PHQ-9 Progress Tracking Form
Li-Ting Chao, Ph.D., Long Beach Mental Health-Adult Program

Participants received a copy of the PHQ-9 tracking form that Long Beach Mental Health-Adult Program uses. L. Chao reviewed how to use it, when to use it, and why it's been clinically useful. She reported that staff persons administer the PHQ-9 to clients each week as they wait for the group to start. Scores are plotted to track and monitor treatment progress. L. Chao stated noticing a reduction of PHQ-9 scores during the 2nd module of group treatment. Participants then had an opportunity to ask pertinent questions.

V. Open Forum

- Training Protocol & Training availability update
- Model Implementation & Sustainability
- Open question & discussion

Topics discussed included: experiences with starting new groups; barriers of open and closed groups; types of clients that may not be appropriate for group treatment; staff training requirements needed to provide group CBT for Major Depression; difficulty recruiting and retaining clients; outreach and engagement strategies such as changing the name of the group to something less stigmatizing; benefits of homogeneous groups as well as open/closed groups.

U. Patel stated group CBT champions will start consultation calls soon and the ratio of clinicians to champions is too high, which should be fixed. U. Patel then stated clinicians that do not go through all 16 weeks of training will not be able to facilitate groups.

VI. Next PPLN Meeting

- Future agenda items
- Location-Host Agency?
- Scheduling of date/time

TBA