

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

Program Support Bureau-MHSA Implementation & Outcomes Division

SUMMARY FOR:

Individual Cognitive Behavioral Therapy (Ind CBT) Learning Network
September 1, 2015

Location:

600 S. Commonwealth Ave
2nd floor Conference Room 113
Los Angeles, CA 90005

Facilitator:

Josh Cornell, Psy.D, Clinical Psychologist II

Practice Lead:

Urmi Patel, Psy.D., Supervising Psychologist

Participants:

Lizette Alvarado, VIP-CMHC
Josh Cornell, MHSA Implementation & Outcomes
George Eckart, MHSA Implementation & Outcomes
Lina Hasdale, AICC
Amber Keating, Child and Family Guidance Center
Ivy Levin, MHSA Implementation & Outcomes
Daniel O'Connell, Kedren CMHC
Michael Olsen, EHRS
Melissa Pace, Foothill Family Service

Urmi Patel, DMH- ASOC
Katia Perez, VIP-CMHC
Diana Perez-Johnson, San Antonio MHC
Ellen Rogelberg, The Help Group CFC
Alex Silva, MHSA Implementation & Outcomes
Angel Towler, D'Veal Family & Youth Services
Tiffany Walton, Rio Hondo MHC

I. Welcome and Introductions

Participants briefly introduced themselves.

II. Review of Reports

- Aggregate reports
- Individual provider reports

G. Eckart presented, "A Closer Look" and provided the disclaimer that since Ind CBT is a newly approved EBP and there is not a lot of data yet. G. Eckart briefly referenced the first page of the Countywide Aggregate report and encouraged agencies that were not on the approved list to provide Ind CBT, to contact PEI Administration (MHSAPEI@dmh.lacounty.gov) to request approval.

G. Eckart reported the countywide compliance rate is 55.86%, and the Top 5 diagnosis by focus of treatment for Ind CBT clients entered into the OMA, noting the diagnoses tend to match the focus of treatment the clients are enrolled in. Table 6 presented the average length of treatment was between 27-32 weeks, and between 15-19 sessions.



G. Eckart also reported a 30% pre-post improvement among matched pairs for the OQ-45 measure, 48.8% for the GAD-7, and 45.45% for PHQ-9v. Analysis for the PTSD-RI was not included as the sample size was too small. He also presented the treatment completion percentages by diagnosis.

J. Cornell presented on the clinical utility of the OQ series' critical items.

III. Updates

J. Cornell announced the recent update to PEI OMA enables user to correct PEI OMA data entry errors by deleting treatment cycles and then re-entering the data instead of submitting a Data Correction Deletion Request form (DCDR).

U. Patel announced the introduction of Ind CBT champions beginning late December or early January 2016.

A. Silva announced DMH will change the required specific outcome measure for several PEI EBPs from the UCLA PTSD-RI for DSM-IV to the UCLA PTSD-RI for DSM-5 with clients ages 7-18 and the PCL-5 with clients ages 19 and older. The Change is likely to occur in the next few months. Announcements will go out once the changes are finalized.

IV. Open Forum

U. Patel and A. Silva clarified that EBPs can be used under all funding sources, and urged providers to be mindful when selecting the PEI funding source to ensure to clients meet the appropriate criteria.

U. Patel encouraged providers to use the Cognitive Therapy Rating Scale (CTRS) to support fidelity of the practice.

Participants discussed strategies to increase data acquisition and matched pairs by having an "Outcomes Champion" for each agency. They discussed other strategies for successful treatment including engaging clients in pre-treatment to orient them to the structure of Ind CBT, building motivation for treatment, and using outcome measures and other methods to monitor progress periodically.

V. Next PPLN Meeting

TBD