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
April 6, 2016

Location:

550 S. Vermont Ave
9th floor Conference Room
Los Angeles, CA 90020

Facilitator:

Ivy Levin, L.C.S.W., Psychiatric Social Worker II

Practice Lead:

Urmi Patel, Psy.D., Mental Health Clinical Program Manager I

Participants:

Giselle Collins, Didi Hirsch MHS
George Eckart, MHSA Implementation & Outcomes
Edwin Pouzeaud, ASOC Administration
Gina Leggio, Optimist Youth Homes
Kristin Howard, Los Angeles Child Guidance Clinic
Alex Silva, MHSA Implementation & Outcomes
Melissa Pace, Foothill Family Services
Harry Um, Edelman MHS

I. Welcome and Introductions

Participants briefly introduced themselves.

II. Review of Reports

- Aggregate reports
- Individual provider reports

I. Levin walked attendees through the reports in their packets (i.e., Core vs. Noncore; Unable to collect; Detailed; Questionnaire; and Compliance reports). She reviewed and explained the usefulness of each report. She asked participants if they had any questions regarding their data and encouraged them to speak to her or any PEI team member present to clarify or answer any questions they may have. A. Silva informed participants that due to a recent crash in our servers we don't have access to our training environment which has impacted data entry training for PEI, FSP, and FCCS. Subsequently, PEI data entry training needed to be cancelled last week. He reported that we would notify PEI providers once this problem has been resolved so we can resume training.

While going over the Core vs. Noncore services report U. Patel informed attendees that group procedure codes could be used and claimed to Ind. CBT. In addition, she reported that clinicians that go through the 16 week Ind. CBT training and get certified by the Academy of Cognitive Behavioral

Therapy can use the Muñez Model for Group CBT for Major Depression, but if they do they would have to claim to Group CBT.

G. Eckart briefly went over the aggregate report and highlighted pages 9-12 in the report which looked at pre-post changes in the outcomes being used for Ind. CBT. He reported positive pre-post change for all outcome measures ranging from 34%-54%. These outcomes support the efficacy of Ind. CBT in Los Angeles County.

III. Future of the Ind. CBT Learning Network

U. Patel provided attendees with an update about Ind. CBT training. She stated that they are currently rolling out Cohort 15 & 16 out of 24 and that Clinical Champion training would be rolled out this month. She reported that there are approximately 100 clinicians per cohort. At the end of this DMH countywide training she reported that the Academy of CBT would like to host a reception in which trainees can meet their consultant's in-person and be able to network with other providers.

U. Patel reminded participants that we've discussed the possibility of "sun-setting" this learning network in previous meetings due to various reasons which include but are not limited to reduction in PEI clientele; ability to sustain the practice with less oversight; having other forums to discuss the practice and training; and a decrease in learning network attendance. It was stated that this would be our last Ind. CBT learning network meeting. U. Patel stated that providers would continue to contact her when they had any practice related issues and provided an email address (Indcbt@dmh.lacounty.gov). A. Silva reported that PEI Outcomes would continue to support providers in any and all matters related to PEI outcomes. He informed attendees again of our email address (PEIOutcomes@dmh.lacounty.gov) and of our project website (www.dmhoma.pbworks.com) where they can find our PEI Outcomes Report Request Form. A. Silva asked providers to be cognizant of the amount of data and type of reports they request. He asked attendees to hone in on the question needing to be answered by the report at that point in time to reduce the quantity of unnecessary reports needing to be generated. In addition, for reports that have Protected Health Information (PHI), although they are sent out via secured email, providers should still be careful in requesting and receiving these reports.