

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
November 4, 2014

Location:

600 S. Commonwealth Ave.
Los Angeles, CA 90005
9th Floor Conf Rm 907B

Facilitator:

Joshua Cornell, Psy.D.

Practice Lead for Seeking Safety:

Urmi N. Patel, Psy.D., ASOC Administration

Participants:

Urmi Patel, ICBT Practice Lead
Staci Atkins, West Central MHC
Carla Avalos, SFMHC
Cynthia Cassil, DMH/DHS Collaboration
Abby Chappell, Edelman MHC
Starlight Garcia, SFCP Vermont
Lee Gomberg, LBMH Adult
Tracy Hartstone-Caltabiano, SCVMHC
Veronica Lazar-Beglarian, West Valley MHC
Michael Villaescusa, Arcadia MHC
Ivy Levin, LBMH Adult
Jyung Kyung Park, APCTC

Lucian Song, Long Beach API Family MHC
Joyce Toledo, Helpline Youth Counseling
Bridget Womelduff, Childnet
Karla Benitez, Roybal Family MHC
Melissa Pace, Foothill Family Services
Adam Sternberg, LA Child Guidance
Joshua Cornell, MHSA Implementation and Outcomes
George Eckart, MHSA Implementation and Outcomes
Alex Silva, MHSA Implementation and Outcomes
M. Frances Pavon-Lara, MHSA Implementation and Outcomes
Kara Taguchi, MHSA Implementation and Outcomes
Andreas DiMeo, ASOC Admin
Namita Sharan, ASOC Admin

I. Welcome and Introductions

- Providers were asked to introduce themselves and to inform us if this was their first Learning Network.

II. PEI Practice Learning Network Overview

Staff reviewed the purpose and structure of the learning network. In addition, providers were asked what they would like to get out of the learning network. Providers went around the table and asked questions related to the implementation of Ind CBT including but not limited to training protocols, claiming, and other procedural questions.

III. Practice

Dr. Patel reported that DMH will eventually train 2,000 clinicians countywide in Cognitive Behavioral Therapy (CBT). The 9 month Harbor UCLA trainings will only be offered to DMH Interns, not other clinical staff. Dr. Patel went over the new training protocols including 16 week consultation calls, audio recording and adherence forms that would

need to be completed in order to be approved by DMH to provide Ind CBT to our PEI and CSS (FSP, FCCS, and Wellness) clients age 18 and older. She reported those who pass the DMH Ind CBT training protocol can apply for certification (which is not required by DMH to provide the EBP) and the approximate \$400 fee to get certified by the Academy of Cognitive Therapy (ACT) will be reduced to \$100 for LACDMH. DMH will also be training 100 CBT trained staff from DO and Legal Entity Providers as Clinical Champions of Ind CBT. The Clinical Champions will need to be certified in order to participate in the training. Their certification fee will be paid by the Department.. Unlicensed clinicians will be granted a provisional status for CBT certification from ACT until they get licensed. DMH has also asked providers to complete pre and post Quality Assurance Surveys during their training period and only for the three clients they will be using for training purposes to evaluate the training program. Dr. Patel reported that clinicians who pass the Ind CBT training program can provide the Munoz's Group CBT for Depression manualized therapy after reviewing the trainers manual available online. They will need to follow the manual program entirely to claim this EBP. Otherwise clinicians can provide CBT principles in group format to address depression, anxiety, or trauma after completing the Ind CBT training program. DMH has no current plans to host additional Group CBT for Depression trainings at this time. A discussion ensued regarding the use of outcomes outside of PEI. Staff reported that the use of outcome measures outside of PEI (i.e. for FSP, FCCS, or Wellness clients receiving Ind CBT) would be clinically appropriate, however only PEI EBP outcomes data are to be entered into PEIOMA.

Subsequently, the topic of high caseloads and not being able to provide CBT to fidelity was discussed. The provider that brought this up reported that she wasn't claiming it to PEI, but to another funding source. Dr. Patel reported that some of the client materials for CBT are available in other languages such as Cantonese, Mandarin, Korean, Spanish, and Japanese.

A question related to core services were asked and someone wanted to know where they could find the document that had that information. Staff informed providers that they would follow-up with PEI Administration and with their permission forward the latest version of the PEI Core Services and Practice Table.

IV. Reports

Dr. Eckart went over the Ind CBT countywide aggregate report and discussed some recent finding that may have contaminated our data. We discovered that certain providers were entering TF-CBT treatment cycles as Ind CBT under the focus of trauma. There was a significant number of treatment cycles that had outcome measures for clients that were under the age of 18 which is not the target population for Ind CBT. Dr. Eckart informed everyone that we would need to rerun our data once we've cleaned it up and create an updated aggregate report that would be more reflective of how the practice is doing countywide. Staff informed providers that the PEI team was running a modified version of the detailed report due to inaccuracies in our database which needs to be fixed. In addition, we informed providers that the exception report included in this round of the learning network would need to be requested in the future by emailing PEIOutcomes@dmh.lacounty.gov.

V. Next PPLN Meeting

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

Date/Time/location of next meeting TBD