

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

SUMMARY FOR:

Crisis Oriented Recovery Services (CORS) Learning Network
April 6, 2015

Location:

600 S. Commonwealth Ave
2nd floor conference room 113
Los Angeles, CA 90005

Facilitator:

Valerie Curtis, LCSW, Training Coordinator

Practice Lead:

Urmi Patel, Psy.D., Supervising Psychologist

Participants:

Lizette Alvarado, VIP-CMHC
Valerie Curtis, 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, EHR
Melissa Pace, Foothill Family Service

Urmi Patel, DMH- ASOC
Frances Pavon-Lara, MHSA Implementation & Outcomes
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. Facilitator, V. Curtis, solicited agenda items from participants.

II. Review of Reports

- Review of available reports
- How is data being utilized?
- What data/information may be helpful in future meetings?

G. Eckart briefly encouraged participants to review the Aggregate data report and to contact him with any specific questions.

In his presentation entitled "A Closer Look", G. Eckart briefly reviewed Completion and Drop-Out Rates for CORS and noted that percentages have remained stable over the past year as compared to data collected from inception through February 2014. G. Eckart also reported on completion percentages among matched pairs for each of the Top 15 diagnoses in the practice along with review of the percent of pre-post improvement for the top eleven Dx. In general, completion percentages and percent improvement tended to be higher for less severe diagnoses than for those suffering with more



severe and persistent disorders. Participants noted their own observations of CORS treatment being more effective with PEI clients presenting with mild to moderate symptoms. On Average, six sessions continue to evidence the greatest reduction in pre-post symptoms on the YOQ-SR and OQ 45.2.

U. Patel reviewed the core vs. non-core claiming and reminded providers that crisis intervention claiming with code H2011 is not considered a core intervention to the model. She encouraged providers to review their claiming.

III. New and Additional CORS Training Opportunities

U. Patel reported there are currently two trainings for CORS scheduled each month for the next year and a half. Furthermore, U. Patel reported DMH is now implementing optional CORS booster trainings. There are two booster trainings scheduled for each month and they are three hours long with 8-10 clinicians in each training. U. Patel stated the booster trainings are an opportunity to ask CORS trainers specific case questions, and to present cases to get assistance with treatment planning. Clinicians are eligible to attend more than once. She encouraged those interested to formally register.

V. Open Forum

V. Curtis prompted discussion about treating suicidality considering CORS is a short-term, 6-week model. V. Curtis noted the importance of providing continuous assessment during treatment to determine if the modality is an appropriate intervention for client's presenting problems and symptom severity. U. Patel and V. Curtis also discussed the clinical utility of outcome measures, noting outcome measures can assist with progress monitoring.

VI. Next PPLN Meeting

TBD