

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

Program Support Bureau-MHSA Implementation & Outcomes Division

SUMMARY FOR:

Crisis Oriented Recovery Services (CORS) Learning Network
July 20, 2015

Location:

550 S. Vermont Ave
2nd floor conference
Los Angeles, CA 90020

Facilitator:

Valerie Curtis, LCSW, Training Coordinator

Practice Lead:

Urmi Patel, Psy.D., Supervising Psychologist

Participants:

Lizette Alvarado, VIP
Dawn Beechner, Rio Hondo
Michelle Bilotta-Smith, Amanecer
Jacqueline Camacho-Gutierrez, Hillside
Josh Cornell, MHSA Implementation & Outcomes
Valerie Curtis, MHSA Implementation & Outcomes
Shatori Dearman, TCCSC
George Eckart, MHSA Implementation & Outcomes
Rosalie Finer, PEI Admin

Stephen Grace, Tessie Cleveland
Jane Kang, PEI Admin
Thuan Lam, SFMHC
Ivy Levin, MHSA Implementation & Outcomes
Urmi Patel, Adult Systems of Care
Frances Pavon-Lara, MHSA Implementation & Outcomes
Katia Perez, VIP
Alex Silva, MHSA Implementation & Outcomes
Toya Swan, DMH WLA Admin

I. Welcome and Introductions

Participants briefly introduced themselves and 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?

V. Curtis briefly described reports in provider data packets and during review, U. Patel stated she noticed less billing to CORS lately among individual providers and asked participants if they are aware of decrease and possible causes. Potential reasons given included new CORS providers needing to ramp up their program, and not being able to claim to the specific EBP for clients in IBHIS. U. Patel also noted VIP's reports suggest high utilization of CORS with an increase in clients seen over the last year and asked participant from agency to share reasons. Participant stated not being sure of the reason, though perhaps it is due to having a steady referral stream from forensic treatment program and doing a good job of selecting clients that are appropriate for CORS during first contact and initial assessment.



G. Eckart briefly reviewed Aggregate data report, with most of the time focused on tables 1 and 7. G. Eckart then presented PowerPoint slides that showed trends in CORS outcomes collection from the date PEI OMA was enabled for CORS data entry, which showed an initial spike in data collection and then a decline in collection of outcome measures over the last couple of years. Participants offered potential reasons, mostly related to a steady decrease in using CORS with clients over the last couple of years: avoiding the complication that often occurs of having to change EBPs after learning during the course of treatment that the client has a chronic stressor, not mentioned during assessment, which is the more appropriate focus of attention; tending to prefer other practices, Ind CBT, in particular because it allowed for more sessions; clients similarly prefer to participate in a model that allows for more sessions; and clients tending to drop out of CORS early on. V. Curtis acknowledged that CORS can be challenging to implement because it does require clinicians to develop skills that are very different from the skills usually developed during graduate school but to keep in mind that, if CORS can be mastered, the clinician may feel a more immediate sense of success and the agency would be able to see more clients.

III. Soliciting feedback

- PEI Administration
- What additional reports would be helpful to 1 day CORS training?
- How do you decide which cases are appropriate for CORS?
- Benefits of Learning Networks

R. Finer and J. Kang provided clarification of the PEI target population and presented the following definition:

According to the Prevention and Early Intervention Plan for Los Angeles County (August 2009), PEI focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Specifically, early intervention services are directed towards individuals and families for whom a short-term (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health situation early in its manifestation. Early intervention services may avoid the need for more extensive mental health treatment, or prevent the mental health problem from becoming worse.

IV. Open Forum

Upcoming Trainings, U. Patel announced a Booster Training is scheduled for 8/6/2015 and an Initial Training is scheduled for 8/28/2015. In response to participant inquiry, U. Patel stated the booster training is not reimbursable because it is not required. Also, there are still slots open for the next round of Ind CBT trainings and to contact U. Patel if interested.

Q & A: Participant asked if CORS is approved for parents of child clients using Medi-Cal expansion dollars and U. Patel stated CORS is approved. Participant asked if a crisis occurs during treatment in a PEI funded EBP other than CORS, can that treatment be put on hold to address the crisis using CORS. U. Patel responded by encouraging participant to consider if the client is PEI appropriate, if another treatment has to be halted to address a crisis, and to use other funding sources if client is not appropriate for PEI and then as an aside, reminded participants that if another crisis occurs while in CORS, the treatment can be extended up to 2 sessions, unless crisis is related client being at risk for suicide, which would require a higher level of service than PEI. Participant asked if CGF/Medi-Cal can

be billed during assessment and then billing to PEI when treatment starts. U. Patel encouraged billing to PEI from the start of assessment if PEI looks like it may be the appropriate funding source.

U. Patel offered strategies for increasing the number of CORS clients including having CORS trained therapists do initial intakes to expedite referral to CORS for appropriate clients and outreach to unaccompanied minors.

A. Silva announced upgrade to PEI OMA, providers can delete cycles instead of having to submit a DCDR. He also mentioned a bug found in MAP, described it, stated it will be fixed by tomorrow, and encouraged participants to contact him if the problem persists past tomorrow.

V. Next PPLN Meeting

CORS LN

Monday, November 16, 2015

550 S. Vermont Ave

Second floor conference room

Los Angeles, CA 90020