

# COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

## Program Support Bureau-MHSA Implementation & Outcomes Division

### SUMMARY FOR:

Aggression Replacement Training (ART) Learning Network  
June 16, 2015

#### Location:

550 S. Vermont Ave  
2<sup>nd</sup> floor conference room  
Los Angeles, CA 90020

#### Facilitator:

Frances Pavon-Lara, MHSC II

#### Practice Lead:

Sermed Alkass, Psy.D., Clinical Psychologist II

#### Participants:

Sermed Alkass, DMH TAY  
Daniel Avila, CHCADA  
Jacqueline Camacho-Gutierrez, Hillside  
George Eckart, MHSA Implementation & Outcomes  
Frances Pavon-Lara, MHSA Implementation & Outcomes  
Karla M. Garcia-Cordova, SSG/Weber Community Center  
Janet Lester, San Gabriel Children's Center

Kyra Mendoza-James, Starview Community Services  
Victoria Otto, Penny Lane  
Frances Pavon-Lara, MHSA Implementation & Outcomes  
David Scott, Pacific Lodge Youth Services  
Ryan Cragg, The Whole Child  
Jessica Pena, Child and Family Guidance Center

#### I. Welcome and Introductions

*Participants briefly introduced themselves, and shared how long they've been delivering the practice at their agency.*

#### II. Updates from previous PPLN and Announcements

- Model Fidelity
- Trainings

*S. Alkass reported that the 3-year contract DMH has with CIBHS will expire by the end of the next FY. DMH will not renew the contract; therefore, ART trainings will not be available. S. Alkass stated that the demand for ART has declined and some agencies have dropped the practice. He also reported the department is looking into having another train-the-trainer model, to help sustain the practice.*

*S. Alkass went over the core vs. noncore services report and explained that the bulk of core services should be either group therapy or group rehabilitation services, based on the fact that the practice is a group modality. Participants reported it was very difficult to adhere to model fidelity of seeing the child in group three times per week, especially in school settings. Some providers reported it was difficult to get the client to participate in group three times per week.*



### III. Review of Reports

- Review of available reports
- How is data being shared with clinical staff and clients?
- How is data being utilized?
- What data/information may be helpful in future meetings?

*G. Eckart briefly mentioned PEI Outcomes will reformat countywide aggregate reports in the near future. The new format will abbreviate the data into two pages of visual illustrations (i.e., graphs, pie charts, tables, etc...).*

*G. Eckart stated that the information from the current aggregate report has not changed much from last report. G. Eckart highlighted one difference noticed, the maximum number of sessions rose from 472 to 558 since the beginning of the year. George went over some possible reasons for this increase such as clinicians/data entry staff counting and entering noncore sessions into PEI OMA. A discussion ensued regarding what kind of session(s) (core vs. noncore) should be entered into PEI OMA. A. Silva stated that the purpose of PEI OMA was to track the efficacy of a particular practice so what should be entered into PEI OMA is the number of sessions the clinician delivered the Evidence-Based Practice (EBP), not supportive services (i.e., medication management). Providers were still confused on how EBP session count interrelated with claiming and core vs. noncore services. A. Silva reported that core services don't always align with what needs to be counted as an EBP session. For example, DMH made "assessment" a core service across all EBPs, but not all EBPs consider assessment as part of their EBP protocol. In this example, providers can claim for the assessment to that particular EBP, but wouldn't necessarily count it as an EBP treatment session when entering the total number of EBP sessions into PEI OMA.*

### IV. Open Forum

- Provider recommended forum discussion topics:

*F. Pavon informed participants that attendance at ART learning network has decreased and we've had to remind providers to register several times. This prompts the questions, "are providers no longer interested in attending this learning network?" S. Alkass solicited feedback from the group to see if "sun-setting" the learning network should be considered. Many providers that have previously attended the learning network stated that the information they received from quarter to quarter regarding the practice as well as outcomes data hasn't changed. In some cases, providers thought that the ART administrative calls from the California Institute of Behavioral Health Solutions (CIBHS) have been more useful than information shared at the ART learning network. Participants shared their views of what they would find useful or informative at learning networks. Participants reported it would be interesting to know if other agencies have struggled with implementing the practice in school settings, to fidelity, to reluctant clients, and if they've overcome these issues. A. Silva stated that getting participants involved in the development of the agenda would be very important. He had solicited assistance from J. Camacho-Gutierrez from HillSides, who showed some interest and ideas for the next learning network. "Sun-setting" the ART learning network would be tabled for now until we could reformat the agenda to emphasize more practice specific items.*

### V. Next PPLN Meeting

- Future agenda items
- Scheduling of date/time