

OMA Basics

May 29, 2009

Overview

The **Outcomes Measures Application (OMA)** was developed in response to the **Mental Health Services Act**. The State of California has their own Outcomes collection computer system, but the Los Angeles County DMH decided to institute its own “OMA” which collects both the State data and a range of other information which DMH workers deemed important. The original, core components of the MHSA Outcomes effort are often referred to as the “State Mandated” questions. DMH reports the data to the state by uploading assessment information on a weekly basis.

DMH collects these Outcomes through our **OMA computer program**, but most of the data is first recorded on OMA Forms which are then entered into the OMA by clerical workers at the various provider agencies. DMH is happy to support any model: some providers (for example)

have clinicians doing direct data input from their notes. The majority of our agencies use the more traditional model of clinicians filling out forms and clerical staff entering data. We thus have parallel training tracks: a “Forms” or “Paper and Pencil” class for clinicians and administrators, and a “Hands On” class for administrative and clerical workers.

Support for the users of the OMA computer application is provided by DMH’s CIOB Help Desk backed up by a team of Application Developers from CIOB working with policy and customer service experts from the MHSA Implementation Unit.

The OMA is not only used by Full Service Partnership programs, though. Shortly after we started collecting data, the **Specialized Foster Care (SFC)** program also decided to use the OMA. Foster Care is not directly concerned with reporting their outcomes to the legislature (as is the case with FSP). SFC is collecting outcomes to satisfy the court order in the “Katie A.” Lawsuit. In essence, SFC is using outcomes to prove that the County is providing adequate mental health services to young people in Foster Care. There are two different streams of outcomes being collected: FSP and SFC. Since they are being collected for different audiences, they are essentially separate streams of data. If a client goes from Specialized Foster Care to FSP (or vice-versa), the whole process of collecting outcomes starts fresh.



Who is authorized to fill out these assessments? The Baseline requires a great deal of clinical skill and experience, so it really should be filled out by a licensed clinician. The KEC and 3M tend to emphasize more straightforward details and can often be filled out by a case manager or other worker with a staff code.

BASELINE ASSESSMENT

- Partnership Date is key: it is the first day you provide services (not Outreach and Engagement) on or after the date you receive authorization. This almost always coincides with the day the episode is opened and the first service is provided.
- Clients only need ONE Baseline, as long as they remain in the FSP program without a break of more than 365 days.
- Clients do not need a new Baseline if they move from provider to provider, or if they “age up” (example: they go from Child to TAY, or TAY to Adult).
- Clients DO need a new Baseline if they switch from FSP to SFC or vice-versa, since Full Service Partnership is collecting outcomes for the legislature, and Foster Care is collecting them for the courts.
- Users cannot edit Baselines that were not created at their agency.
- Baselines should be completed by the clinician within 30 days of the establishment of Partnership.

KEY EVENT CHANGE

- Key Event Changes can be done any time there is a major change in the client’s life: a job, a new living situation, a change in schooling.
- Users do not need to fill in the **whole** KEC, only the section that applies to the change in the client’s life (see exception, below).
- If the client is transferring in to or out of your agency, you must do a whole KEC.
- If they are transferring OUT, you need to do a KEC to RELEASE their outcomes so the new agency can file KEC’s and 3M’s.
- If they are transferring IN and you find you cannot file KEC’s and 3M’s, please check with that first agency as they need to file a KEC to release the client.
- You must file a KEC for EACH housing change: a hospital visit is two KEC’s: start of visit and discharge.
- You can use the same form for two aspects of the same Key Event (example: client is arrested (Legal) and jailed (Living Arrangement), but make sure the clerical staff know you’re doing this. Staff tend to get used to seeing just ONE section of the KEC filled in.

THREE MONTH ASSESSMENT

- You must fill out the entire 3M.
- The 3M is based on the Partnership Date, whether your agency did the Baseline or not. For transfer clients you need to look up that original Baseline to get that date.
- If your Partnership Date is January 2nd, then you have a 3M due on April 2, July 2, Oct. 2, Jan. 2, and so on.
- You have a 45 day window around the due date to complete the 3M: 15 days before the due date to 30 days after. This deadline applies to the CLINICAN who is filling out the assessment, not the data entry person entering it into the computer.
- The State is strict about the 3M deadline and will reject 3M's with assessment dates outside of the 45 day window.
- The clinics that are successful with 3M's tend to be the ones where a staff member has been put in charge of a calendar of 3M due dates.
- FOR ALL ASSESSMENTS (Baseline, KEC and 3M): the State and County are becoming increasingly focused on timely and accurate data delivery.

Reports

OMA Reports have been in development for some time now, and as of June 2009 many are being tested for wider distribution and use. Reports will be implemented later in this year.

The History and Future of the OMA

OMA is currently in Version 3.01. A major upgrade was implemented in April 2009 to fix a number of issues and deliver major improvements in the user interface. The system has been very stable and successful, although minor fixes are planned and minor database problems still occur.

The next three challenges include the inclusion of CAMINAR data, the rollout of OMA Reports, and the implementation of a new set of Outcomes reporting: FCCS Outcomes. The collection of outcomes for the Field Capable Clinical Services program has already begun on paper, and this summer a section devoted to FCCS will be added to the OMA computer program. Although this is a separate effort and very different from OMA for FSP and SFC, it will have some impact on those programs when clients move from FCCS to those programs (or vice versa).