



# OMA Newsletter

## Outcome Measures Application

### Fall 2016 - Issue 17



#### The DIG



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#### The Little Hoover Commission

On September 8, 2016 the Little Hoover Commission (LHC) published its latest report, *Promises Still to Keep: A Second Look at the Mental Health Services Act*. The follow-up LHC report highlighted 3 LA County MHSAs programs as well as LA County's development and use of the Outcome Measures Application. The Commission was equally impressed with our OMA Newsletters as well as the County Behavioral Health Directors' Association's (CBHDA) Measurements, Outcomes and Quality Assessments (MOQA) project that focuses on the statewide reporting of FSP outcomes, along with other commonly collected outcomes across counties, recommending "immediate" building on the work of MOQA.

The next phase of the MOQA project will be for counties to collectively document and report on outcomes for common programs. This will not only provide an overview of commonly implemented MHSAs programs and associated outcomes outside of FSP, it will also aid in county-to-county learning and potentially create more consistency across counties.

Perhaps the most central message in the LHC's report was the immediate need for state leadership of the MHSAs that includes ensuring accountability, outcomes and the promotion of successful practices. I believe that the best way to do that is to be a champion that carries a vision of what is possible and expected as a result of MHSAs funding. This not only applies to state leadership but also to county leadership of programs. Leaders at the county or provider level must set standards for ongoing work, engage in collaborative problem solving to remove implementation barriers and measure the impact or outcomes of each program. In essence, they have to become an implementation champion. I challenge us all to do that in our work!



WELLNESS RECOVERY RESILIENCE





## Kara's Corner



This month, we find ourselves in the middle of a flurry of activity planning for our next MHSA 3-year plan which will include changes to our Community Services and Supports (CSS) and our Prevention Early Intervention (PEI) plans. Over the next three years DMH is looking to simplify how services are funded and contracted. There are multiple funding buckets associated with our MHSA CSS plan including, Full Service Partnerships, Field Capable Clinical Services, Urgent Care Centers, Wellness Centers, Family Support Services and Respite services for families of FSP child clients, navigation, enriched residential, and IMD step down. Each age group is taking a look at their CSS funded work plans and meeting with interested Systems Leadership Team (SLT) members and stakeholders to plan for consolidating their work plans. They are looking to align services more closely to levels of care and identify an array of services that would be available at each level. As each component of the CSS plan is revised, appropriate outcomes and benchmarks will be decided upon to show effectiveness of programs and facilitate a discussion of continuous quality improvement. Hopefully, the resulting plan will create a more fluid system and increased capacity for Full Service Partnership.

DMH will also be making revisions to our MHSA PEI plan in order to create more seamless reporting to the state to comply with new PEI regulations. While nothing will really change with how early intervention PEI services are currently delivered using Evidence Based Practices, this planning process might yield some opportunities to address some service gaps and needs in order to serve our communities better. Any new services implemented in the revised PEI plan will have outcome identified to measure effectiveness of services based on goals of the program.

Our team will continue to work hard to keep you updated on changes to MHSA programs as they relate to outcomes. As mentioned in Debbie's article, and highlighted in the feature of the Little Hoover Commission's second report on MHSA, outcomes are absolutely needed to demonstrate the effects of all of your hard work and dedication. Our clients' lives are improving through the services provided through the Mental Health Services Act, and with your help, we are dedicated to demonstrating the impact on our communities.



# OMA NEWSLETTER



## Prevention and Early Intervention (PEI)

MHSA Implementation and Outcomes Division will collaboratively host an Interpersonal Psychotherapy (IPT) Learning Network with Dr. Keri Pesanti, the practice lead for IPT, in December 2016. This new learning network will be comprised of four modules that will be held over the course of a year focused equally on IPT outcomes data and practice related issues. The goal of this new format is to assist IPT providers with understanding and using outcome data reports in calculating provider level statistics; understanding the clinical utility of measures; setting benchmarks; and creating continuous quality improvement projects.

In the upcoming year, we will also be launching outcome measures trainings via webinar for the UCLA PTSD-RI-5, PCL-5, OQ Series (YOQ, YOQ-SR, and OQ), PHQ-9, and GAD-7. We will be alternating between offering these trainings in-person and via webinar throughout the year. Please check our project website at [www.dmhoma.pbworks.com](http://www.dmhoma.pbworks.com) in December for a schedule of the 2017 outcome measures trainings. In addition, we are developing abbreviated aggregate reports for each EBP being implemented countywide and anticipate releasing them sometime in the spring. Once completed, these aggregate reports will be posted on our project website and distributed to PEI practice leads and age leads. We will also be developing PEI provider level aggregate reports that can provide PEI outcomes data for all the PEI EBPs being delivered by a particular provider site. We hope that these reports will assist providers in understanding the progress of their PEI programs. **For more information or to register for the IPT learning network please go to [www.dmhoma.pbworks.com](http://www.dmhoma.pbworks.com).**

Should you have any questions please feel free to contact us at

[PEIOutcomes@dmh.lacounty.gov](mailto:PEIOutcomes@dmh.lacounty.gov)

## Contact Us

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## INTENSIVE FIELD CAPABLE CLINICAL SERVICES (IFCCS)

### **IFCCS Program Description:**

Intensive Field Capable Clinical Services (IFCCS) is a field based program developed in direct response to the State’s expansion of services available to Katie A. Subclass members who have intensive mental health needs that are best met in a home-like setting. The goal of these services is to provide a coordinated child and family team approach to service delivery by engaging and assessing children and their families’ strengths and underlying needs to minimize psychiatric hospitalizations, placement disruptions, out-of-home placements and involvement with the juvenile justice system. Target Population are children and youth ages birth to 21 years old, residents of Los Angeles County and Katie A. subclass members.

Enrollment in IFCCS is not slot-based but is centrally tracked and monitored by DMH CSOC Administration. IFCCS providers respond with a face-to-face visit within 24 hours of referral receipt. IFCCS includes, but is not limited to Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Community Outreach Services,

(COS) bio-psychosocial assessments, individual and family treatment, specialized assessment and treatment intervention for co-occurring disorders 24/7 mental health crisis interventions, client supportive services, medication support and Child and Family Team (CFT) meetings

### **IFCCS OMA Outcomes:**

Intensive Field Capable Clinical Services programs will be responsible for following the Full Service Partnership (FSP) Outcome protocol for each child served under the program including filling out FSP Baselines, KECs, 3Ms and entering into OMA. IFCCS outcomes will be sent directly to state with FSP outcomes. Effective on/or after 7/1/2016, all clients (or after 6/20/16 the pilot providers) receiving IFCCS services will have their IFCCS outcomes reported using the FSP forms and follow the FSP data collection protocol.

### **OMA Tips IFCCS program (Q & A):**

Q. How do we determine the partnership date in IFCCS OMA ?

A. The IFCCS partnership date is the date a client gets enrolled in IFCCS program.

Q. What is the procedure of transferring a client to IFCCS from another program?

A. If a client transfers to IFCCS from the FSP program, the transferring agency should discontinue the client from the current program by entering a discontinuation KEC. The receiving agency will enter a KEC to re-establish client in IFCCS program and continue entering IFCCS outcome measures. If a client transfers to IFCCS from the FCCS program, the current agency should discontinue the client from the FCCS program by entering a Termination Update. The receiving IFCCS agency will open a new FSP Baseline and continue entering outcome measures.

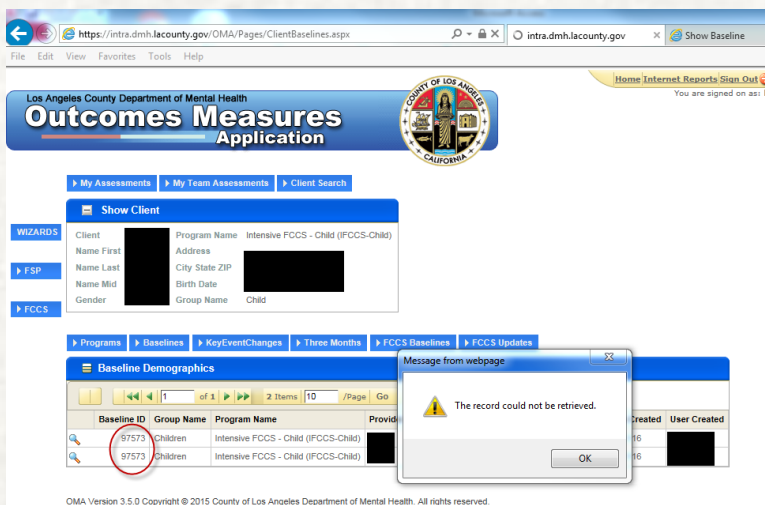




## Recent OMA Issues

The Implementation and Outcomes division has been notified that some of our contracted providers are experiencing difficulties finding some NPI numbers in the drop down box when they try to add a new FCCS or FSP Baseline. Some of their NPI numbers are not populating. It is an error occurring on DMH side. DMH CIOB is aware of this issue and they are presently working to resolve this problem. Meanwhile, it is suggested that providers use an alternate NPI number (e.g. immediate supervisor’s NPI number) to enter outcome measures into OMA until the issue gets fixed. NPI number is a field that can be edited later.

A few users have reported noticing that in the Baseline, KEC, and 3-Month demographics view, there are multiple rows for the identical assessment IDs. When they try to click on any of them to edit or view the records, an error is displayed as seen in this screen shot. CIOB is still researching the issue though it seems tied to the presence of multiple episodes with the same clinical episode ID showing up in a reference table the application uses. We have a few HEAT tickets on file related to this issue and will notify users when the issue is resolved. Unfortunately, if you encounter this situation, you won’t be able to view and edit these assessments until the issue is resolved on our end. If you experience this problem, call the Helpdesk at (213) 351-1335.



## OMA Tips

### Assisted Outpatient Treatment (AOT) and Integrated Mobile Health Team (IMHT) FSP Programs

If a client moves between IMHT, AOT, Adult and Older Adult FSP programs, a KEC should be entered to transfer a client from one program to another by following the FSP transfer protocol. Prior to entering the KEC program transfer, all approvals/authorizations should be completed. If the program transfer also includes transferring to another provider site, the agency should ensure all of the data is current before transferring to another provider.

### Misdemeanor Incompetent to Stand Trial (MIST)

Some AOT FSP slots have been made available to MIST clients. If a MIST client is enrolled in AOT FSP, the agency should fill out the FSP forms, check off AOT-LA-FSP as the client’s program and follow the FSP protocol for data collection.

## Reminders

**OMA LAB** is open to all OMA users who would like one-on-one assistance with the Data team to work on some data entry issues or pending DCDRs. We are open every other Monday, 10am-Noon. Please RSVP at: [FSPOutcomes@dmh.lacounty.gov](mailto:FSPOutcomes@dmh.lacounty.gov) or [FCCSOutcomes@dmh.lacounty.gov](mailto:FCCSOutcomes@dmh.lacounty.gov)

If there are any changes in your agency’s staff roster for OMA , please email the updated information to: [FSPOutcomes@dmh.lacounty.gov](mailto:FSPOutcomes@dmh.lacounty.gov) or [FCCSOutcomes@dmh.lacounty.gov](mailto:FCCSOutcomes@dmh.lacounty.gov)

We will note and update the changes in our Provider Roster on OMA Project Website to ensure proper communication.

**OMA Users’ Group** meeting is offered to our providers on a quarterly basis. Please take advantage of this opportunity to dialogue with DMH folks about OMA issues. To participate via Webinar or in-person email to: [AMeymaryan@dmh.lacounty.gov](mailto:AMeymaryan@dmh.lacounty.gov)




**Staff Feature:  
Tatyana Dozortsev**



**What is your role in the Children's Systems of Care Bureau? I**

work as an Administrative Assistant III in the Children's Systems of Care Bureau. I am providing support to our providers with the Outcome Measures Application (OMA) and responsible for reviewing, analyzing and identifying problem areas in collecting and submitting of outcomes data. I also assist our providers in resolving OMA issues for clients who are transferred from other providers or clients who are still open with other programs.

**What do you find most fulfilling about your job?** OMA is a vital data tool for demonstrating the efficacy of MHSA programs and it is critical that the most accurate OMA data is collected and reported to the California Department of Health Care Services. The most fulfilling part of my job is helping providers to resolve issues related to the incorrect outcome measure data entries. Remember: data is where reports start!



**How do you spend your time on your days off? What are some of your hobbies?** I enjoy traveling and exploring new places. I love taking photographs (tons!) I really enjoy hanging out with my friends and family and having parties together. My daughter is taking art classes now, so I am looking forward to start drawing too.

**What are five things you can't live without?** 1) My family – my joy and my worries. 2) My friends. 3) A sense of humor- how to live without it? 4) Ice-cream !! - guilty , I can have it at 2.00 am. 5) Shopping ...

**What do you value most in people, what character traits?** Confidence and honesty.

**What might be an interesting fact(s) you would like to share about yourself?** I have been working at DMH for 15 years. I have a lot of plants and candles in my house (more than I should).

