

OMA

Outcome Measures Application

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Effective service delivery is contingent upon good communication strategies between the Department and its provider network.

As the field of public mental health moves toward an emphasis on service and fiscal accountability, the outcomes of our services become increasingly important. It is my hope that the outcomes we collect will be used to support and inform every level of our workforce from front office and clerical staff to our Executive Directors and executive managers. We have much to learn about how to provide the most effective services and supports, in the most efficient ways, to diverse populations at various stages of recovery and resiliency. It is my hope that our outcomes inform these efforts and improve the lives of the clients and families we serve and the communities that they are a part of.



Just as we use data to inform and improve our practices, the "data" or feedback we receive from OMA users helps the MHSA Implementation Unit improve the OMA, both in terms of its functionality and ease of use. We welcome your comments and feedback on how the OMA can best meet your needs.

Finally, thanks so much to the following agencies: Child and Family Guidance Center, Coastal API Mental Health Center, Didi Hirsch, Five Acres, Long Beach Child and Adolescent Program, Long Beach Mental Health, Providence Community Services, and St. John's Child and Family, that served as pilot programs for our PEI OMA. We greatly appreciate your willingness to help us make the process of outcomes data collection and reporting in the OMA a seamless part of service delivery!



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OUTCOME MEASURES APPLICATION

Kara's Corner

The OMA team has been very busy in recent months. Since launching the PEI Outcomes Pilot in May, we have trained over 1,200 people in how to administer, score and interpret the different questionnaires used for PEI Outcome data collection. The PEI OMA team also tirelessly worked on planning, developing, building, and testing a web-based computer application used by contracted and directly operated programs to report PEI outcomes to DMH. This combined group of Implementation team members and staff from our Chief Information Office Bureau came together to create a data reporting system that we hope will make data collection easy and clean, and will yield useful information. The PEI OMA team was recently honored for all their efforts as nominees for DMH Employees of the Year in the area of Innovation. PEI OMA went live on July 15th. By the beginning of September, we had trained almost 200 people on how to enter data into PEI OMA. As of October 12th there were just shy of 1,000 questionnaires in the application entered by 43 different provider sites.

Later this month, we will launch trainings for a new PEI questionnaire, the Behavior and Symptom Identification Scale (BASIS-24®). This is used as the specific outcome measure for Crisis Oriented Recovery Services (CORS), and Early Detection and Intervention to Prevent Psychosis (EDIPP). The PEI OMA team has come back together to work on the next phase of development including giving providers rights to correct data errors made in PEI OMA. We are also feverishly working on our first reports for PEI Outcomes to enable providers to use the data to inform clinical practice.

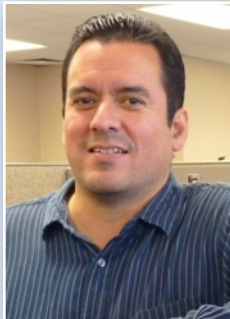
Also coming very soon are reports that focus on Employment for our Full Service Partnership Program. The first report released will focus on current employment of enrolled partners. Keep your eye out for an OMA Chat announcing when they are released. There are a number of changes planned including enhancements and bug fixes to the FSP/FCCS OMA. Our hope is these changes will make data entry easier to increase the volume of valid outcome data collected in OMA.



PEI OMA Team (Front row) Mark Cheng, Kara Taguchi, Sylvia Liu, Robert Rivera, Ilda Aharonian, and Cecilia Bolanos. (Back row) Richard Hoskins, Robert Byrd, William Griffin, Odre Miller, and Omar Vasquez.

Staff Feature - Miguel Juarez

What is your role in the Implementation Unit? I assist OMA users with technical issues and make requested changes to data in the database. I also do OMA clean-up on the most complicated cases such as clients with duplicate baseline issues.



What is your favorite thing about working with OMA?

My favorite thing about working with OMA is that I'm able to clean-up outcomes with the most intricate issues and capture the "true story" for each case I handle.

Tell us a little about your family. I'm the proud father of three sons and twin girls.

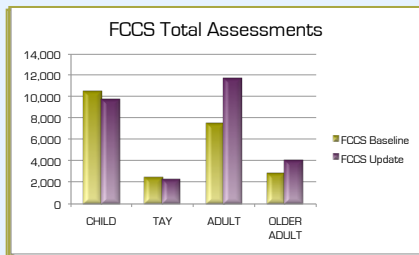
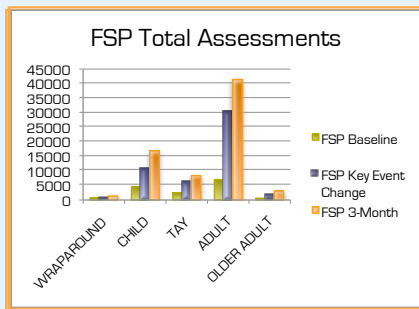
What are some of your hobbies? Traveling, watching my favorite LA teams: Lakers, Dodgers and The Trojans.

I also enjoy studying architecture, history and watching classic movies. I listen to jazz, blues, classic rock, and classical music. Designing outdoor living spaces, spending long weekends in the central coast, and making day trips to Laguna Beach are other things I enjoy doing very much.

Tell us five random things about yourself.

- I'm a native Angelino and attended the University of Southern California, graduating with a degree in Public Administration.
- As a youth, I spent my summers in Guadalajara and Mexico City.
- I grew up in the Westlake and Silver Lake neighborhoods of Los Angeles.
- I've worked for Los Angeles County for 20 years.
- My favorite music group is Radiohead.

OUTCOME MEASURES APPLICATION



Total Assessments

The charts above illustrate total assessments for Full-Service Partnership (FSP) and Field Capable Clinical Services (FCCS) recorded in OMA from inception through October 14, 2011.

Current Big OMA Issues

What are the big issues we're working on with users right now? If you've worked on OMA for any amount of time, you know that we're always working on the next version...the next improvement...the next issue! Here's a list of the top concerns we're looking at for each of the "OMA's"...

FSP: In the past several months the OMA team has been focusing on the Discontinuation Validation. This is an upgrade to the current version of the OMA that is designed to cut back on problems like duplicate baselines, errors on discontinuations and re-establishments, and so forth. Our OMA Development team closely analyzed all the steps involved in starting or discontinuing a client at a provider: this is the first step in creating the new program code that will help keep our OMA data clean in the future. We have other related projects we would like to get completed and pushed out with the same release, therefore, we don't have an estimated release date yet. As soon as we know more, we will report out at the OMA User Group meeting and via OMA Chat.

FCCS: There are two major issues we hear about from users: one is the "Retro Assessment" and the other is the use of a single episode for multiple sets of FCCS outcomes. "Retro Assessment" describes a situation in which a provider enters their data late—after another provider. For example, Provider A collects outcomes but doesn't enter them on time. The client gets FCCS or FSP Services at Provider B, and that second provider enters all their outcomes on time. Provider A finally gets around to entering their data and finds that they are not able to.

In the second "same episode" problem, a client goes through FCCS at an agency using one

episode and then is moved into a new program at that same agency using the same episode. Finally, they are moved back into FCCS under that same episode at that same agency. The user will not be able to use that episode for the second set of FCCS outcomes. In effect, they can't enter that second set of outcomes at all.

Both situations are problems with the software, and so we are looking to redesign the software to provide solutions in a future release. Still, users can avoid many problems by entering data in a timely manner. For the "Retro Assessment" we are able to help if you contact John Flynn or one of the other OMA support team members. For the situation of multiple FCCS sessions on a single episode, we're asking that you hold the data until we can solve the problem in a future release.

PEI: The biggest issue with PEI at this time is increasing the volume of data in the PEI Application. Many clients are being served in Evidence Based Practices (EBP) funded through PEI. We encourage providers to communicate any barriers they are experiencing to getting their data entered into PEI OMA or submitted to CiMH (for Triple P, MAP, and TF-CBT only). If you want to report any issues or concerns about PEI, please send an email to PEI Outcomes at: PEIOutcomes@dmh.lacounty.gov

When entering data into PEI OMA it is important to ALWAYS double check two things:

- Make sure that you are starting your client up in the correct Reporting Unit, Focus of Treatment, and Evidence-Based Practice.
- **DOUBLE CHECK** the Date of First Session to make sure it's correct. Once you hit "Save" on that screen, it cannot be changed.

If you make either of these mistakes, you're going to have to hold your data until we release the next version of PEI OMA. More details about the release should be announced at our next Users' Group meeting.

TOTAL ASSESSMENTS THROUGH 10/14/11

PROGRAM	WRAPAROUND FSP	CHILD	TAY	ADULT	OLDER ADULT	TOTAL
FCCS Baseline	–	10,530	2,383	7,440	2,826	23,179
FCCS Update	–	9,716	2,227	11,733	4,024	27,700
FSP Baseline	751	4,568	2,492	7,022	617	15,450
FSP Key Event Change	880	10,842	6,174	30,154	1,911	49,961
FSP 3-Month	1,377	16,883	8,385	41,410	3,108	71,163

OUTCOME MEASURES APPLICATION



Tips for data cleaning in preparation for Employment Reports

- 1) Review your employment history on the baseline. Employment history (including unemployment) must total up to 52 weeks or greater.
- 2) Review your "Current Employment" on the baseline to ensure you have indicated the client's employment status at the start of FSP. If the client is unemployed at the start of FSP, make sure you respond "yes" to the question "Is the client unemployed at this time?"
- 3) Ensure there is no conflicting employment information. If you indicated hours under one of the employment categories for current employment, your response to the question "Is the client unemployed at this time?" must be "no". If you indicated no hours for all employment categories for current employment, make sure you respond "yes" to the question "Is the client unemployed at this time?"
- 4) When reporting an employment change in a KEC, make sure that you indicate all employment and the date of change. For example, upon enrollment the client had a paper route. I indicated five hours a week of "Other gainful employment" as the client's current employment on the baseline. Five months into FSP, the client also adds a job as a part time file clerk for 20 hours a week. I file a KEC for the employment change indicating 20 hours for competitive employment and associated hourly wage, and also indicate five hours next to "other gainful employment" and associated hourly wage. The date the employment change became effective must be indicated for the change to be recorded properly.

If you take the time to review your employment information to ensure that you are following these data tips, once the employment reports are released, the data will more accurately reflect the hard work your FSP teams are dedicating toward creating employment opportunities for clients.

OMA Training is offered to all OMA users. It's a good idea to get trained or retrained if you have not attended one in the last 2 years because the system continually changes. Check the OMA Wiki for more info: <http://dmhoma.pbworks.com>

OMA Users Group is for our providers! Take advantage of this opportunity to dialogue with DMH folks to get your questions answered. Next meeting: November 16, 2011 at 10:30am. 695 South Vermont Avenue, 15th Floor, Los Angeles, 90005

COGNOS LAB doubles as an OMA walk-in lab. Open to all OMA users who would like some one-on-one time with the Data team to tackle some data entry issues. Every other Monday, 10am-Noon. Next lab: November 7, 2011