

Outcome Measures Application (OMA) Users' Group
 COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
 MHSA IMPLEMENTATION & OUTCOMES DIVISION

March 21, 2012 Meeting Minutes

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<p><u>In Person:</u> Kara Taguchi, MHSA Implementation John Flynn, DMH MHSA Implementation Mychi Hoang, DMH MHSA Implementation Robin Ramirez, DMH MHSA Implementation Richard Hoskins, DMH MHSA Implementation Miguel Juarez, DMH MHSA Implementation Odre Miller, DMH MHSA Implementation Michael Villaescusa, DMH MHSA Implementation Keri Pesanti, DMH MHSA Implementation Dawn Meggerson, DMH MHSA Implementation Joshua Cornell, DMH MHSA Implementation George Eckart, DMH MHSA Implementation Omar Vasquez, DMH CIOB Raquel Roller, DMH ASOC Urmi Patel, DMH ASOC Carol Sagusti, DMH OA Mary Camacho Fuentes, DMH West Central MH Tigran Majarian, AADAP Monica Marquez, Saint John's June Yip, APCTC Jennifer Hai, APCTC Amy Mkrteyan, APCTC Christine Tat, APCT</p>	<p><u>Via Webinar:</u> Maria Jimenez, PUSD Christine Le, DMH Lorena Rodriguez, CFGC Kelli Johnese, St. Anne's Veronica Gamboa, Stars Inc. April Tucker, Pacific Clinics Sherrie Yu, Didi Hirsch Henry Espinoza, Hathaway-Sycamores Kimberly Salinas, CHLA Michelle Pintor, OTTP Barbara Filkins, WRMA Wendy Fleicus, Pacific Clinics Steven Shool, CHCADA Josie Deslate, Telecare Angela Banuelos, Scharp Brenda To, Hathaway-Sycamores Marijes Linsangan, Children's Institute Kelly Colantuono, MHALA Gerica Caballero, Children's Institute Manny Flores, SFVCMHC Salvador Reza, CHLA</p>
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Agenda Item #	Description	Discussion	Action
2	Review of Minutes and Action Items from 1/25/12 Meeting	<ul style="list-style-type: none"> No comments 	<ul style="list-style-type: none"> Corrections should be addressed with Mychi: mhoang@dmh.lacounty.gov
3	OMA Issues and Updates	a. PEI Error Corrections	

		<ul style="list-style-type: none"> • We have been working on allowing PEI OMA users a lot of control over their corrections. DMH programmers will resume work on this when priority projects are finished. • PEI error correction requests are similar to FSP/FCCS requests but a lot simpler because we just wipe everything out and you start over. • Forms for the PEI Data Change/Deletion Requests can be accessed via the PEI Wiki webpage and faxed to John Flynn. <p>b. IS Outage</p> <ul style="list-style-type: none"> • The IS was taken offline because we were changing some of the code to account for HIPAA rules. This was not supposed to affect the OMA but some users experienced a problem. • When the IS shut down, user accounts were set to “Inactive” as part of the process. Because of that, some users were unable to add or edit existing records associated with the IS because users were labeled as inactive. • This problem should be resolved by the end of today day and all users should have the ability to add/edit their OMA records. 	
4	<p>Survey Results and Analysis</p>	<p>a. FSP Electronic Survey Results</p> <ul style="list-style-type: none"> • We had 168 surveys entered by the survey deadline and a total of 171 as of today. • Dr. Hoskins highlighted some key questions. <ul style="list-style-type: none"> ○ Question: What do you envision for the Advanced FSP Training? ○ Answer: We may have 2-3 different categories in terms of who we are trying to capture (administrative, clinical staff, and/or data entry staff). We'd like to assist with clinical utility in how to utilize reports to evaluate flow. Hopefully we can help bring more relevance to it and make it more important to clinicians. ○ Question: Is there an easier way to run FSP reports? ○ Answer: We will look into adding a Legal Entity parameter with multiple provider selection in Internet Reports. • We encourage those who have not had training in the last couple of years to get retrained because the processes are still changing. 	<ul style="list-style-type: none"> • Answers to the survey will be posted on the Wiki. • Robin will look into the Legal Entity parameter.

<p>5</p>	<p>PEI Updates</p>	<p>a. PEI Needs Assessment Report</p> <ul style="list-style-type: none"> • We sent out an email asking Providers what their training needs are and we received information from 41 Providers. <p>b. PEI Outcomes Training Follow-up</p> <ul style="list-style-type: none"> • Future trainings are determined by the needs of Providers and the number of those already trained. • Some measures will be on-going while others will be scheduled as needed. Check the PEI Wiki webpage for training dates. <ul style="list-style-type: none"> ○ Question: Who do I contact to get the Adult version of the UCLA PTSD-RI? ○ Answer: Email PEIOutcomes@dmh.lacounty.gov to request a copy. ○ Question: Are we required to enter data into OMA for PEARLS? ○ Answer: Yes, the data for PEARLS will be entered into PEI OMA. Collect your data for PEARLS as soon as you're trained on the measure and hold the data until we get the practice added into PEI OMA. <p>c. Process of Selecting Outcomes</p> <ul style="list-style-type: none"> • We first look at what measures are being used to assess progress for a practice. • We then work with age group leads to research on what other measures might be available, taking several factors into consideration. • We take a practical approach and vet it through different groups (age groups, our units, and PEI Admin). • We are currently working on selecting outcomes for some practices for Older Adult and TAY programs. <p>d. Update on BASIS-24</p> <ul style="list-style-type: none"> • We are currently working on the security updates for the web scoring application before we can move forward with user agreements, obtaining the measure, distributing, and scheduling trainings. 	
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		<p>e. PEI Outcome Data Entry</p> <ul style="list-style-type: none"> • At our last meeting, we talked about entering PEI data into OMA by February 1st and have on-going trainings to help Providers enter PEI data into OMA. • While data entry has picked up a lot since December, we are not quite where we need it to be. The last count had about 120 different provider sites entering data into PEI OMA but there's over 100 Legal Entities doing PEI; most agencies have more than one provider site doing PEI so we're way behind. • We have just under 3,000 clients that have been entered into PEI OMA but last year we served about 40,000 clients in PEI. • PEI OMA has been up pretty much all Fiscal Year so we will conduct more analysis on how many clients have been claimed to PEI and to which practices to get a closer estimate of how much we should have in PEI OMA. <ul style="list-style-type: none"> ○ Question: Any suggestions on collecting outcomes from parents/care providers if the client is school-based? Clinicians are having a difficult time collecting outcomes from parents. A lot of the times when parents do collect outcomes, it falls outside of the 14-day window period and is not accepted into PEI OMA. ○ Answer: For the OQ/YOQ and PTSD-RI measures, you can administer over the phone. Same is true for the ECBI and SESBI. It all depends on the practice and the measure. If the OMA info cannot be collected in the window, you should report that you were Unable to Collect the measure and specify why. ○ Question: Regarding PEI OMA, if a clinician has an EBP open for a client and they start a new EBP within the 14-day grace period, can they copy the YOQs or do they need to start a new one for this client? ○ Answer: We expect you to measure people at the start and at the end of treatment. Other intervening variables may have come in and corrupt what's actually going on. If it's within seven days, the clinician can sit with the parents to review the answer to ensure nothing has changed so that the parents don't have to circle everything again. You are ensuring that the data is correct at the start of whatever service the client is receiving. 	
6	Resources For Our Users	<p>a. Table of Common Changes Providers Can Make On Their Own</p> <ul style="list-style-type: none"> • We are creating a guide so that the user can know which changes they can make on their own without having to submit a Data Change/Deletion Request. 	<ul style="list-style-type: none"> • John will produce the table.

		<ul style="list-style-type: none"> • This table will be in the next newsletter that is published every other month on the months that we don't meet. <p>b. PEI FAQs on OMA Wiki</p> <ul style="list-style-type: none"> • FAQs include questions related to data entry into PEI OMA, PEI Outcomes (relating to: administration, training, and distribution), and questions specific to outcome measures. • This is a living document and updated regularly to include questions from training and the PEI Outcomes mailbox. • All the questions on the list are transcribed verbatim, as received from Providers. • We recommend all PEI OMA users to review the FAQs that are available on the Wiki. 	
7	Open Forum	<p>a. Other User Issues and Concerns</p> <ul style="list-style-type: none"> ○ Question: The person in our agency does not have access to the IS, yet. Who do we talk to so that we can start doing our OMA data entry? ○ Answer: Go to the front page of the Wiki and click on "How do I Logon to OMA?" on the front page. That will give you details on how to apply for access. If you have problems with passwords, call the Help Desk. ○ Question: Regarding the FCCS OMA, when will the upgrades occur? ○ Answer: Version 3.4 for FSP and FCCS OMA is projected to test in mid-May and a release in the beginning of June. ○ Question: When we submit a Data Change/Deletion Request form and do not get a SharePoint ID, who do we contact? ○ Answer: If you've submitted a request and have not received a confirmation email from Mychi Hoang within three days of sending, give her a call or email her because she may not have received your request(s). Her contact information is on the Key Staff Roster posted on the Wiki. ○ Question: What will the upgrades be for FCCS? ○ Answer: We've taken into consideration all the suggestions made by people. We are trying to push for an Update Tickler and all the other things people have asked for but it will not be in the next release. 	

However, doing multiple baselines against a single episode will be in the next release. Details of the upgrades will be posted after the release so that you know what changes were made.

- **Question:** Is there a search function so that users can check to see if a FSP baseline was already established so that it's not duplicated?
- **Answer:** There already is that capability. In OMA, you can do a search for a client. If the client is in FSP, the user can view everything for the client. In the next version of OMA, we hope that the Discontinuation Validation will help stop the problem of duplicating baselines.
- **Question:** We were under the impression that until we were ready to request disenrollment for a client, we needed to continue to do 3M OMAs even if we weren't in touch with the client. Is this correct because we have run into cases where we request disenrollment but we were told that we were missing 3Ms but we were not because the client went MIA. So then we enter 3Ms but they are full of answers that are unknown. Then they go beyond the disenrollment request date, so now we are being told to request deletion of the OMAs that go beyond the date of request. Can we get clarification?
- **Answer:** If the client goes missing and you have no way to obtain the 3M information, you don't have to create a 3M for that. Where the age groups may ask you some questions is if you are missing a lot of 3Ms. If you are consistent with your 3Ms and are missing one at the end, it's not a big deal, especially if the client is MIA. If you are missing one or two a year, then it can be a problem. It is important for you to communicate to the age groups that are asking about missing 3Ms. Just let them know that the client is missing so that they can note it. There has to be something entered, like a progress note. If you are requesting disenrollment and the age group sends you a list of missing 3Ms, that doesn't necessarily mean you have to enter all of them if there is a legitimate reason why they were not entered. You just have to let them know why they were not entered. Note: if the disenrollment date is on or after the very first date of the 3M window, you are still responsible for entering in the 3M.
- **Question:** If we have not heard back from your team in regards to our error request after we've received the SharePoint ID, and it's been a few months, what do we do?
- **Answer:** Give us a call or email us and we'll track the status for you. We also have an OMA lab every other Monday where we can help you get those taken care of. Next lab is April 2, 2012. Contact John Flynn if you are attending the lab so that we can pull all of your requests that are

		<p>pending and research them before the lab. We are working on setting up some labs on Fridays. We can also arrange something in our unit outside of the lab time to accommodate users. You can access all of our staff contact information on the Key Staff Roster that is posted in the sidebar on the Wiki.</p> <ul style="list-style-type: none"> ○ Question: How about FCCS clients who have been discharged and then a new episode is opened but we didn't enter the FCCS OMA on the first episode? This is a function that we are able to do in FSP, select a discharge episode. Will that possibly be another fix? ○ Answer: Yes, the Retro Assessment is in the next FSP fix. Call Miguel Juarez because we may have figured out a way to approach this before the next fix. ○ Question: Would it be helpful to bring the paper trail of OMAs to the OMA Lab? ○ Answer: Yes. ○ Question: I have a problem with the PTSD-RI scoring where it tells me that I am out of range. ○ Answer: We did have an error in PEI OMA where we didn't have the proper range for the PTSD-RI but it has been fixed. If you have problems, contact us. 	<ul style="list-style-type: none"> • Omar will double check on the Retro Assessment fix for the next FSP upgrade.
8	Next Meeting	<ul style="list-style-type: none"> • Tuesday, May 22, 2012 from 1:30pm – 3:00pm, Location: 695 South Vermont Ave., 15th Floor Glass Conference Room or via WebEx. 	<ul style="list-style-type: none"> • Email John Flynn at iflynn@dmh.lacounty.gov if you would like to participate via WebEx.