OMA Newsletter

Outcome Measures Application

The DIG

As we shift into the new Fiscal Year and receive feedback on the implementation of Mental Health Services Act (MHSA) programs, there is a critical need for MHSA program outcome data and reports to be used at the Service Area level for local planning and quality improvement efforts. To meet that need, the Department, through the California Mental Health Services Authority, has funded the RAND Corporation to facilitate Service Area Outcome workgroups.

The goals of the workgroups include:

- Provide a forum for Service Area providers to learn from each other in terms of practices that improve data quality and improve the use of data to make systems as well as clinical decisions within a Service Area.
- Provide a forum for DMH administrative Service Area staff to develop their skills in utilizing reports to inform decision making at the local level.
- Strengthen Service Area capacity to formulate and conduct evaluations and to use appropriate data and analytic techniques to inform planning and resource allocations.
- Develop strategies to review outcome data across Prevention & Early Intervention (PEI), Full Service Partnership (FSP) and Field Capable Clinical Services (FCCS) programs and use the analysis to help inform Service Area level decision making.

Workgroups will be initiated in July 2012, with the frequency of meeting to be determined by the participants. To learn more about this opportunity, please contact Debbie Innes-Gomberg, Ph.D. at DIGomberg@dmh.lacounty.gov or at (213) 251-6817.

Debbie Innes-Gomberg, Ph.D.

District Chief, MHSA Implementation & Outcomes Division, Program Support Bureau, County of Los Angeles Department of Mental Health

Kara's Corner

I have been lucky enough to participate in some of the configuration meetings in preparation for DMH's transition to an electronic health record. I know the big question everyone is asking is what will happen to OMA and PEI OMA once DMH makes the transition. The truth is, at this point in time, I am not sure. We are trying to find ways to streamline data collection and incorporate outcomes with clinical documentation. I'm sure many of your agencies are attempting to do something similar. As soon as I have additional information about how the transition to electronic health records system will impact the future of OMA and PEI OMA, I will convey that information to you. Until you hear differently, data entry into OMA for FSP and FCCS, and entry into PEI OMA for PEI will remain the same.
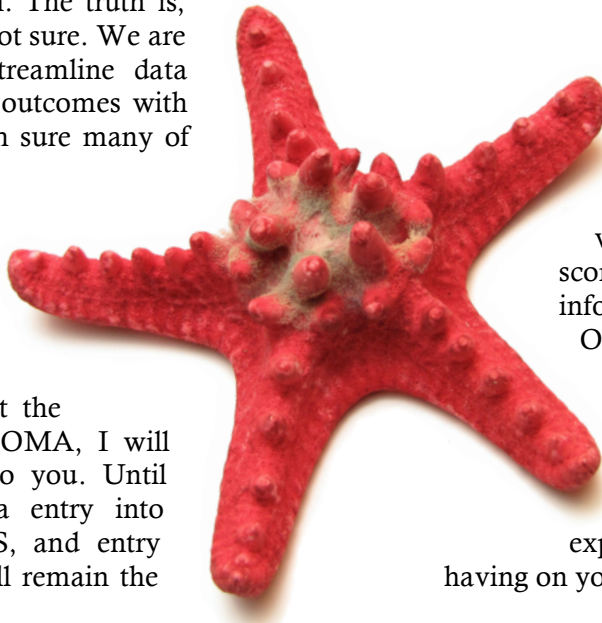
Highlighted in this issue are some of the reports that are passed out at our PEI Learning networks. One of the issues that have been raised in the learning networks is about outcomes compliance. All but two of the practices that enter data into PEI OMA have data entry rates lower than 50% when compared to the number of clients claimed to the practice. In addition, very few clients have scores at both the beginning and end of treatment. Because we have very few matched pre and post scores, it is difficult to provide information on change over time. Outcomes data collection is very important for MHSA programs as they help inform practice, provide valuable information about new services being implemented, and help to explain the impact the services are having on your communities.

Below you will find data for the five practices featured in the PEI Learning Networks so far. This data shows the percentage of clients that have been claimed to a PEI Practice vs. the number of clients with outcomes entered into PEI OMA. This chart also illustrates the low numbers of clients with outcomes scores entered at the start of treatment and the end of treatment for a particular questionnaire.

Focus of Treatment	PEI EBP	# of Clients Claimed in FY 11-12	# of Clients Entered into PEI OMA	Percentage of (# entered) div by (# claimed)	# of Treatment Cycles in PEI OMA	# Tx Cycles w/ Completed EBP (Yes)	# Tx Cycles with ≥ 1 Pre/Post Match
Depression	Group Cognitive Behavioral Therapy of Major Depression	403	63	15.63%	63	1	0
Disruptive Behavior Disorders	Aggression Replacement Training (ART)	2102	791	40.72%	803	96	76
	Aggression Replacement Training – Skill Streaming (ART)		65		65	0	0
Parenting and Family Difficulties	Incredible Years (IY)	662	334	50.45%	335	117	97
Trauma	Child Parent Psychotherapy (CPP)	1321	275	20.82%	276	29	9
	Seeking Safety (SS)	7835	2038	26.01%	2070	176	96

PEI OMA data as of 6/12/12
IS Claiming data as of 6/4/12

Living Arrangement Calculator

What's the most confusing part of the OMA? No question, it's the Living Arrangements section of the FSP Baseline. The toughest part of the Living Arrangements section is calculating the days a person is in each living arrangement.

Our Excel Wizard, Dr. Richard Hoskins, has come up with a useful and elegant solution for the clinician or administrator who is trying to make sense of the Living Arrangements section: The new Living Arrangement Calculator. Open this spreadsheet in Excel, and you have a specialized calculation tool to make filling in the Baseline a

breeze. Enter your Partnership Date, and it tells you the range of dates for which you need to provide Living Arrangements. Fill in the sheet with those Living Arrangements, and it calculates the number of days. "I invented this," claims Dr. Hoskins, "because I was tired of having to take my shoes and socks off to do complex calculations having to do with dates."

You can find the Living Arrangement Calculator on the DMH OMA wiki. Look for it on the Sidebar Menu on the right side of the screen, right below the Date Calculator link.

	A	B	C	D	F
1	**Total Number of Days Listed**				
2	**0**				
3	Put **Partnership Date** Here ➡	8/17/1997			
4	You should **BEGIN** the 365 day **Living Arrangement** Count on	8/17/1996			
5	You should **END** the 365 day **Living Arrangement** Count on	8/16/1997			
6	GENERAL LIVING ARRANGEMENT		Enter dates only In these 2 columns		
7			Begin ⬇	End ⬇	
8	With adult family members other than parents (non foster care)	ALL			0
9	LIVING ARRANGEMENT				
10	In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage	ALL			0
11	With one or both Biological / Adoptive Parents	ALL			0
12	D-Rate Foster Home (non-relative)	Child / TAY			0
13	D-Rate Foster Home (relative)	Child / TAY			0
14	Foster Home (with non-relatives)	Child / TAY			0
15	Foster Home (with relatives)	Child / TAY			0
16	Single Room Occupancy (SRO) (must hold lease)	TAY / Adult / O Adult			0
17	Kin-Guardian Assist Program	Child / TAY			0
18	Therapeutic Foster Home	Child / TAY			0
19	SHELTER / HOMELESS				
20	Emergency Shelter	ALL			0

Date Calculator

🗅 Living_Arrangement_Calculator.xls

🗅 OMA_MONTH_CALCULATIONv2.xls

Find it on the Sidebar Menu at www.dmhoma.pbworks.com

365

Learning Network Reports

While clinicians may utilize outcome measures data to inform their treatment planning with each of their clients, reports using data in PEI OMA can be used to analyze performance at multiple levels: provider site, legal entity, EBP, countywide, service area, or Focus of Treatment. The data provide information such as where services are being most utilized and by whom, and changes in outcomes scores over time. A vision of the MHSA Implementation & Outcomes Division is to support the success of PEI Learning Networks (LNs) through data analysis and reports. The PEI LNs provide DMH contract agencies and directly operated providers a forum to utilize the various levels of analysis to discuss, provide feedback, interpret, and recommend actions regarding the provision of mental health services and client care.

Listed here are examples of the reports that are discussed in the Learning Networks. We highly recommend that you participate in these LNs.

PEI OMA Countywide Demographics of Active Clients by Practice Report provides information on the focus of treatment, EBP, number of clients, gender, age, and ethnicity.

PEI OMA List of Clients with Service Summary by Legal Entity Detailed Report (below) is based on data entered into PEI OMA and is designed to be a caseload report for a particular site. Information includes clients' statuses (active/inactive), clients' first and last names, client ID, focus of treatment, PEI Practice, DSM Code at intake, agency staff code, first date of session, completion of outcomes data both pre and post, and some end of treatment information.

0000- Sample PEI Primary Language Distinct Client Count Report

All Data Run 5/9/2012

11-12 Q1
0000-Sample

EBP	Plan Name	Primary Language	Number of Client
4N-Seeking Safety	PEI_Children	01-English	43
		02-Spanish	48
		98-Unknown/not reported	1
	PEI_TAY	01-English	27
		02-Spanish	19
		27-Cambodian	1

11-12 Q2
0000-Sample

EBP	Plan Name	Primary Language	Number of Client
4N-Seeking Safety	PEI_Children	01-English	46
		02-Spanish	56
	PEI_TAY	01-English	33
		02-Spanish	20
		27-Cambodian	1

11-12 Q3
0000-Sample

EBP	Plan Name	Primary Language	Number of Client
4N-Seeking Safety	PEI_Children	01-English	66
		02-Spanish	89
	PEI_TAY	01-English	37

PEI Primary Language Distinct Client Count Report (above) provides information on a quarterly and annual basis on the number of clients claimed to PEI for a specific Evidence-Based Practice (EBP) by PEI IS Plan and Primary Language.

EBP Expenditure by PEI Plan Report sums up claims made to a PEI IS Plan in a fiscal year broken down by month and EBP for each provider site within a legal entity.

Core Services Report is based on claiming data to PEI IS Plans. This report provides information regarding the core units of service and cost by practice for a provider site and legal entity. It reflects percentages of units of service and indicates the procedure codes that the provider site has claimed to the PEI Plan for a particular EBP.

For more information, email:
PEIOutcomes@dmh.lacounty.gov

County of Los Angeles - Department of Mental Health
PEI OUTCOMES
List of Clients with Service Summary By Legal Entity
Detailed Report

Legal Entity: SAMPLE
Provider Name: SAMPLE

Status	Last Name	First Name	Client ID	Focus of Treatment		Practice	DSM Code Intake	Staff Code	First Session Date	Number of Required Pre(s)	Required Pre(s) Entered	All Required Pre(s) Entered? Yes/No	Required Pre(s) Missing	Required Pre(s) w/Scores	Required Pre(s) Unable To Collect	% of Required Pre(s) Unable To Collect	Last Session Date	EBP Completed? Yes/No or N/A	Required Post(s)	Post(s) Entered	All Required Post(s) Entered? Yes/No or N/A	Required Missing Post(s)	Collected Post(s) w/Scores	Post(s) Unable To Collect	% of Post(s) Unable To Collect
Active																									
Inactive																									

This confidential information is provided to you in accord with applicable Welfare and Institutions Code Section. Duplication of this information for further disclosure is prohibited without the prior written consent of the patient/authorized representat

Data Entry Tip: Use the TAB Key

Experienced Data Entry workers know something that you might not: the MOUSE is your ENEMY!

If you're doing a lot of data entry, remember that every time you take your hands off the keyboard to grab the mouse you're slowing down and you're crunching all those nerves inside your wrist…the famous "carpal tunnel." Too much of that, and you're in for "Carpal Tunnel Syndrome." Ouch!

Here are some easy tricks you can use in the OMA, the PEI OMA, and in a lot of other places to keep your hands on the keyboard and to keep you moving right along. Most of these tricks work with ANY web-based program, online form, or fillable PDF.

The Tab key is king! When you hit Tab you will jump from one line or field to the next. For really quick data entry you should type, then hit Tab to jump, then type, and Tab and type and Tab and so on. The last thing the programmers/designers do on a webpage or form is to create the "Tab Order," and if you use it you will zip through data entry.

Do you need to go backwards? Hold down Shift and hit Tab. Shift-Tab takes you backwards through Tab Order.

Other handy Hotkeys that work for OMA, PEI OMA, and most other programs:

Space Bar – Checks and un-checks boxes when you land on a true/false or yes/no question

Arrow Keys – Moves you between choices in a "Select One" field (a.k.a., "Radio Buttons")

Enter Key – If you land on a button ("Save," for example), the Enter key will activate it

Staff Feature - Ken Sholders, DMH CSOC

What is your role in DMH's Children's System of Care? I am a Health Program Analyst II and I do a lot of special, last-minute projects.

What do you enjoy most about working with OMA? I like that you can use OMA to really look at the various aspects of a program and how it is functioning or not functioning.

What are some of your favorite hobbies? I like to go hiking and I enjoy design.

What are five things you can't live without? 1) My boyfriend, Casey, 2) My dog, Dolce, 3) Chocolate, 4) The Implementation Division, and 5) Law & Order - Special Victims Unit.

Tell us three random facts about yourself. 1) I love architecture and design, 2) I hate data, and 3) I have been working at DMH for 15 years.

If you had one super power, what would it be and why? To be invisible because of all the things you could do and hear, and get away with. LOL!

Reminders
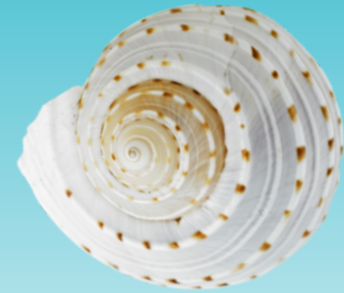
Staff Information Change

If there is a change in staff at your agency who submits OMA Data Change/Deletion Requests (DCDRs) to the Implementation & Outcomes Division, please call or email Mychi Hoang: mhoang@dmh.lacounty.gov so that we can note and update the change in our database to ensure proper communication. If a DCDR has been submitted and if there are changes in staff information (telephone number or extension, email address, etc.) or updates to the request, please notify us so that we can update that information, too.

DCDR Forms

Always use the most up-to-date OMA DCDR forms (FSP/FCCS OMA Version 7 dated 11/19/10 and PEI OMA Version 1) that are available on the OMA Wiki. If you are sending in a form for PEI OMA, make sure it reads PEI OMA at the top of the form. If you do not receive a confirmation email with a SharePoint ID, contact Mychi Hoang at (213) 251-6819 to ask about it because there is a chance that it was not received through our fax.

Contact Us:

FSP: FSPOutcomes@dmh.lacounty.gov

FCCS: FCCSOutcomes@dmh.lacounty.gov

PEI: PEIOutcomes@dmh.lacounty.gov

DMH Parking

We understand that the different buildings at DMH headquarters can be confusing, especially when it comes to parking. Because of that, we have designed a very useful parking map with the different DMH buildings labeled, in addition to costs associated with the nearby parking lots. Print it out from the OMA Wiki and bring it with you the next time you visit our facilities! Visit: http://dmhoma.pbworks.com

PARKING for DMH Offices in the Vermont / Wilshire Area

← = Entrance To Parking Lot

Parking Lots
#1 – 523 South Shatto: FREE for DMH Visitors
#2 – SW Corner of Wilshire & Vermont: Meters (up to 10 Hours)
#3 – 695 S. Vermont: $14 All Day
#4 & #5 – SW and NW Corners of Commonwealth and 6th:
$8 for All Day Parking
#6 – 600 South Commonwealth (Superior Court Bldg.)
$16 for All Day Parking

PLEASE NOTE: DMH does not VALIDATE for ANY parking lots...parking is FREE at 523 Shatto (#1), but allow walking time!

Version 3.0, 6/8/2012, J. Flynn

Coming Up…

OMA Forms and Hands-On Trainings are offered to all OMA users. We recommend that you get trained or retrained if you have not attended one of these trainings in the last two years because the system continually changes. Check the OMA Wiki for more information and a schedule of trainings: http://dmhoma.pbworks.com

OMA Users' Group is for our providers. Take advantage of this opportunity to dialogue with DMH folks. Next meeting: Monday, July 30, 2012 from 1:30 – 3:00 p.m. at 695 S. Vermont Ave, 15th Floor Glass Conference Room, L.A., 90005. To participate via WebEx, email John Flynn: jflynn@dmh.lacounty.gov

OMA Lab is open to all OMA users who would like some one-on-one time with the Data team to tackle some of your pending DCDRs. The lab is open every other Monday from 10am – Noon. Next OMA lab:

July 16, 2012. Please RSVP with John Flynn: jflynn@dmh.lacounty.gov