

OMA Newsletter Outcome Measures Application

The DIG

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Establishing Expectations for Your Program

Greetings! In my last column I wrote about the relevance of outcome data and asked three questions about the use of data in your program: using data to improve service quality, using data as a tool in clinical supervision, and what it might take to create a shared understanding and appreciation of outcome data across your organization. As supervisors and managers, when data becomes more relevant in your programs, you will want to create expectations or goals related to some of those outcomes. If you have not done so, consider the following:

- 1. Select a particular program (FSP, FCCS, PEI) and ask your staff what the most important outcomes are.
- 2. Look at your data and determine how your program is doing on that outcome.
- 3. Given your current program and resources, how are you doing relative to your goal for that outcome?
- 4. What might help your program achieve that goal?

As an example, let's say that your FSP program wants to increase the number of clients who are employed or volunteering. Currently only 7% of your clients fall into that category, yet your program thinks it should be as high as 15%. What steps might your program take to achieve that? What training and support might your program need for your workforce? How might your program operate differently?

These are the sorts of program improvements, as well as improvement to the lives of our clients, that can be initiated and supported through the use of outcome data.



I hope everyone had a great holiday season and enjoyed spending extra time with loved ones. Since the holidays, MHSA Implementation and Outcomes has been extremely busy with the roll out of version 3.4 for the Outcome Measures Application (OMA) for Full Service Partnership (FSP)/ Field Capable Clinical Services Prevention (FCCS), Early Intervention (PEI) Practice Service Networks, Area Regional Data Workgroups, and planning major revisions to FSP/ FCCS OMA and to PEI OMA.

OMA 3.4 was released on January 29, 2013. This was our first significant release in a number of years. The hope is that this release will allow users FCCS client data, to see duplicate baselines prevent from being created, and help providers input disenrollment/ re-establishment Key Event Changes in a cleaner way,

therefore improving data quality. In a later article of this newsletter, you will find links to videos that show some of the features of 3.4 and some of the issues that came up after the We release. realize 3.4 represents big changes in the way some Key Event Changes are created but hope that in the end this will yield more valid data.

The Chief Information Office Bureau and MHSA Implementation and Outcomes Division are planning major changes to FSP/FCCS OMA, to be released in the late summer or early fall, that include a revision in the data collection forms and significant changes to the data collection system. We hope to incorporate feedback previously received from users and are seeking input on other improvements you would like to see. There will be opportunities to participate in a couple of focus groups to

aid in our planning. We hope you will participate and let your voice be heard.

Regional Data workgroups have been formed, primarily focused on PEI data, in Service Areas 4 and 8. We have also scheduled the next guarter of PEI Practice Learning Networks. In addition, we continue to offer a drop-in Outcomes lab every other Monday, where you can work one on one with my team to resolve data challenges and clean up. Whether it's the focus groups, lab, training, the data workgroups, or practice networks, we hope you will take advantage of the opportunities to work together to resolve data issues. Collecting valid data is not easy, but we are here to try and help you gather more meaningful data to use to evaluate and improve your programs.

OMA Version 3.4 Released

DMH has rolled out the latest version of the Outcome Measures Application, version 3.4. We had a few minor problems with the original release on January 29, 2013: some staff codes were missing, FCCS client demographic information was wrong in some locations, and we had some problems with Update Type labels. None of these problems affected the actual data users entered. Minor upgrades were made to resolve those problems.

There are new features in both FSP and FCCS, including revised Wizards for creating assessments and the ability to use the same IS Episode to capture multiple baselines. Now all users can look at the full history of FCCS assessments on any client, which is a feature that will help both FSP and FCCS users.

If you haven't had a chance to take a tour of the new features, there are "movies" for both FCCS

and FSP that show you how it all works. Check them out at the OMA 3.4 page, or by following the links below.

WebEx Player Version of the FSP Demo

https://dmh.webex.com/dmh/k2/e.php?AT=RINF&r ecordingID=48068507

WebEx Player Version of the FCCS Demo

https://dmh.webex.com/dmh/k2/e.php?AT=RINF&r ecordingID=64622572

For more information, including Windows Media playable versions of those two trainings, come to the OMA 3.4 page at

http://dmhoma.pbworks.com/w/page/62830998/ OMA%203_4

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Data Tip: Looking at FCCS Data

One of the biggest problems ALL users in the original OMA experienced was that they couldn't look at data recorded by other providers for FCCS clients. If you have a client who's a transfer and you're working in FCCS, it'd be nice to know what outcomes were reported by previous providers. If you're in FSP or in FCCS it would be nice to be able to identify who entered the data on a given client. In 3.4 you can find their Reporting Unit and User ID.

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	Client Prog	rams Group			
					Now available in OMA 3

Clicking on one of the FCCS Tabs will let you look at or edit the records that have been created.

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Make sure that you check out the FCCS assessments on your transfer clients...and remember to use these tabs when you are working with older FCCS clients.

A New Way to See Data

How do you know when someone has changed during the course of treatment? It is an important but complicated auestion, especially in light of today's interest in outcomes. Clinicians and researchers have attempted to quantify change in a number of ways that usually involve some kind of statistical analysis. For those less mathematically inclined, I would like to introduce...the Reliability of Change Index (RCI). The RCI is a method of assessing client change using the difference in score from pre to post measurement. It tells you how likely it is that the

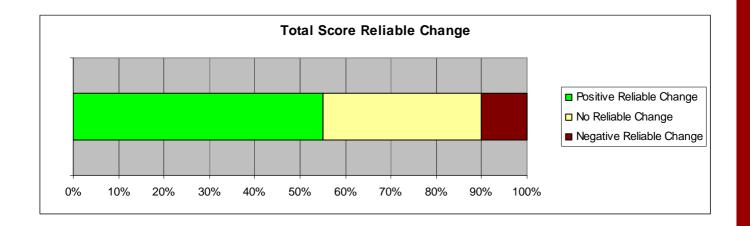
difference represents real change in a client versus a "chance" score change.

Reliable Change (RC) is about whether people changed enough to suggest that the change is unlikely to be due to simple measurement unreliability. The index part of it is the statistical way of finding out how much reliable change has occurred and in which direction (i.e., positive or negative change).

Consider the hypothetical graph below. In this example, 55% of those studied were reported to have experienced positive reliable change. The area shows the green percentage of those who reported а reduction in measured symptoms from pre to post-test scores that exceed clinical and statistical significance, takina into account the reliability of the measure. The Yellow indicates that 35% did not experience significant change, at least, at a level that could be reliably measured. The red indicates

that 10% experienced negative reliable change. In other words, they performed worse on the post-test as compared to the pre-test. Interesting isn't it? This kind of analysis can enhance understanding our of the effectiveness of treatment as compared to simply percent highlighting the change between pre and posttest scores. This is only the beginning!







Staff Feature: Alejandro Silva

How did you get started with DMH and make your way to the MHSA Implementation & Outcomes Division? | started working for DMH approximately 13 years ago. I began as a waivered psychologist at MacLaren Children's Center in El Monte. I provided individual and group therapy to the older boys ages 15-19 and shortly after I went to work for Sector 1 of the AB3632 Unit where I conducted psycho-social assessments for children in special education. I was with the AB3632 Unit close to 12 years until I transferred to the Office of Integrated Care/HWLA. I served as a liaison for community partners

and Legal Entities that were implementing the Mental Health Integration Program (MHIP). I was also the practice lead for MHIP. As of December 24, 2012, I was promoted to the role of Supervising Psychologist in the Implementation MHSA ጲ Outcomes Division where I supervise the PEI Outcomes team.

Tell us a little about your family. By the way, how are you sleeping at night? I'm originally from New York and came out to L.A. in August of 1994. I have a 28 year old sister who has recently finished her Doctorate in Clinical Psychology and currently resides in Florida. My mother passed away in 1988 from Leukemia. father My remarried in 2006 and lives in Georgia. I'm married with a 17 month old baby boy named Logan Alexander Silva.

Being that you're from NY, in your opinion, who in LA has the best NY pizza? I haven't had too much luck in finding a comparable NY style slice of pizza, but if I to choose it would probably be Rocco's Pizzeria in Culver City. What is a New York minute in California?about 20 minutes.

What are some of your favorite hobbies/interests? Golf, tennis, watching movies, and unfortunately eating excessively.

List five things you can't live without? My son, golf, my car, annual golf trip with the fellas back home (NY), and passion for golf.

Tell us three random facts about yourself. I've had two hole-in-ones; I have a single digit handicap; and I played Pebble Beach on 2/17/13.

What's the story behind your lava lamp? I am a proud owner of a Lava lamp which was given to me as a gift from a former boss when I worked for the City of Los Angeles Housing Department as a Management Analyst. My boss at the time had her own lava which Т would lamp occasionally admire from afar until she gave me one of my own.

Anything else you'd like to share? I like golf.

Current FSP Duplicate Baselines

Duplicate Baseline Reasons		Number	Percent
Baseline created less than 365 days after previous baseli	ne was discontinued	206	50.37%
Baseline has same partnership date as previous baseline	3	1	0.24%
Previous baseline never discontinued		111	27.14%
Multiple reasons (any combination of the above three re	91 409	22.25% 100.00%	
Total Duplicate Baselines (as of 2/11/13)			
Duplicate Baseline			
	baseline was disc	ess than 365 days aft ontinued	ter previous
22.25%	baseline was disco		
	baseline was disco	partnership date as	
50.37%	baseline was disco Baseline has same baseline Previous baseline	partnership date as	previous



Contact Us

FSP:

FSPOutcomes@dmh.lacounty.gov

FCCSOutcomes@dmh.lacounty.gov

PEI:

PEIOutcomes@dmh.lacounty.gov

OMA Forms and Hands-On Trainings are available to all OMA users. We recommend getting 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: <u>http://dmhoma.pbworks.com</u>

OMA Users' Group is for our providers. Take advantage of this opportunity to dialogue with DMH folks about OMA issues. Next meeting: Monday, March 11, 2013 from 1:30 – 3:00 p.m. at 695 S. Vermont Ave, 15th Floor Glass Conference Room, L.A., 90005. To participate via Webinar, email John Flynn: <u>jflynn@dmh.lacounty.gov</u>

OMA Lab is open to all OMA users who want one-onone assistance from the Data team to tackle some of your pending DCDRs. The lab is open every other Monday from 10am – Noon. Next OMA lab: March 11, 2013. Space is limited so please RSVP with John Flynn: jflynn@dmh.lacounty.gov

PEI Outcomes Questionnaire and Data Entry Trainings are available to all PEI providers. Training schedules are posted on the wiki at:

http://dmhoma.pbworks.com/w/page/36104184/PEI% 20Outcomes#Training