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OMA Newsletter

Outcome Measures Application

The DIG

With the experience of implementing the array of services that comprise the Community Services and Supports Plan of the Mental Health Services Act, including 7 years' experience with Full Service Partnership (FSP) programs and our emerging adoption of evidence-based practices associated with Prevention and Early Intervention (PEI), our system is gaining an understanding of interventions and evidence-based practices that are effective for specific populations of individuals seeking services in the public mental health system.

As we begin to act on the knowledge base we have gained, we must do so by incorporating outcome data into our decision-making process, whether it be at the level of intervening with a client, at the level of making programmatic decisions, or at the system level. Outcome data should serve as important feedback that informs our actions because it enhances our understanding of our clientele and helps our clients better understand and document their progress.

It is up to each of us to make data collection as relevant as possible to each person associated with its collection and use. It is also up to each of us to use outcome data for the purposes of quality improvement. I urge you, in whatever your role is in the public mental health system, to consider ways in which you can make outcome data as relevant as possible so we can improve the lives of the clients and families that we serve.

Debbie Innes-Gomberg, Ph.D.

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

WELLNESS • RECOVERY • RESILIENCE

Kara's Corner

On a number of occasions in the last few weeks I have been reminded of how much movement we've made as a Department, a mental health system, and in the provision of mental health services related to outcomes. When we started on this journey in 2006, I never thought I'd see the day where people would be willing to collect outcomes in order to see how their clients were doing and how to alter the course of treatment if outcomes were not looking good. Sure, we always strived for this, but honestly I wasn't sure it would come to fruition. Over the years with FSP, FCCS, and now PEI, the emphasis on the data has definitely grown. Saying a program is working is no longer good enough; you must demonstrate how clients are better off because of services received. It may not be good enough to collect data only at the beginning and the end of treatment, it's also important to measure progress along the way to affect more change and give clinicians the chance to change the course of treatment.

Lately, I have heard amazing stories of how data is being collected and used across the counties. There are many voices explaining how important outcomes are and how rewarding it can be to measure the change that happens during treatment. Families are able to see changes that might be too subtle to recognize, and clinical teams are able to see something positive has changed in the lives of their clients while in treatment. Providers have shared strategies of how to streamline data collection. Gathering outcomes is woven into programs and supervision so it is not viewed as an additional meaningless task or a DMH mandate. As a Department, we are more mindful about what we ask providers to collect and ensure the data yielded will be useful and analyzed. I hope providers continue to share and describe their journeys related to evaluation to help inform future decisions around outcomes. As we move forward toward health care reform and thinking about how we will measure whether our clients are improving and better off because of treatment, I hope many of you will come to the table to share your stories of success and challenges in measuring progress. This information will help us decide as a system how to collect the most valuable data in the most concise, valid, reliable, cost effective way that will show the greatest level of meaningful change in the people we serve. No problem, right? Hopefully you understand how important your voice is as we continue in this outcomes journey. So much has changed over the last seven years that I can't wait to see where we will be in 2020.

OMA Focus Groups for FSP/FCCS Version 4.0

Last month the MHSA team held its first Focus Group dedicated to OMA 4.0 development for FSP and FCCS outcomes. Our DMH developers instructed us to "forget what you know" about OMA, and talk about how to make the next version of the Outcome Measures Application work better for our users. We know that some big changes are coming in any case: DMH has been working to reduce and simplify the forms for quite some time now, and at the same time the Department is working towards its own electronic clinical record (called "IBHIS") which will radically change the way DMH thinks about medical information.

Our Focus Group included eight representatives from agencies, some of whom had a lot to tell us about other outcomes systems, and some of whom had particular ideas about the sorts of outcomes and reports we could collect. Some of our key discussion included the following:

- Focusing on "Disposition" or "Discontinuation Reason" as an important Outcomes detail
- Allowing users more power in terms of making changes to records in order to replace the current "Data Change / Deletion Request" system
- Reports on important compliance issues like missing 3M's and KEC's
- The importance of (general) Health in Outcomes, and the increasing focus on it by SAMHSA and the Federal Government
- The idea of integrating the Authorization process with OMA
- More graphical displays: dashboards for clinics or clients, and the use of literal "red lights" for problems

One important rule to keep in mind: none of the ideas under discussion are guaranteed to be part of OMA 4.0. We will be working on a list of features and prioritizing those changes to get the most out of our development process.

We hope to have more of these discussions in the near future with other groups of interested stakeholders, and we'd like to thank the folks who took the time to come and talk to us: Vilma Enriquez-Haas (Didi Hirsch), Laura Villa (Harbor View CSC), Christina Kohfield (Children's Institute), Kelly Colantuono (MHALA), Kristen Jones (SSG/OTTP), Honey Dardashti (The Help Group), Dunia S. Mayorga (Children's Institute), and Alexis Lomeli (Hathaway-Sycamores).

MHSA Annual Update

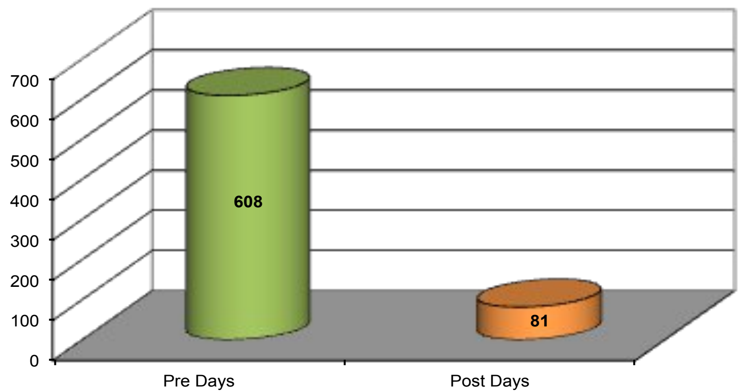
The Mental Health Services Act (MHSA) Annual Update is required by WIC Section 5847, Subdivision (b) to report to local stakeholders and the Mental Health Commission on the progress of implementing MHSA programs. It is a mechanism for a county to change previously approved MHSA plans to notify the public about programs that were eliminated, consolidated, or restored. The MHSA Annual Update for Fiscal Year (FY) 2013-14 reported on the achievements and highlights for FY 2011-12 as well as upcoming significant changes for FY 2013-14 for all Los Angeles County MHSA programs. Below are some of the FSP outcomes for clients served in FY 2011-12 that were highlighted in the MHSA Annual Update.

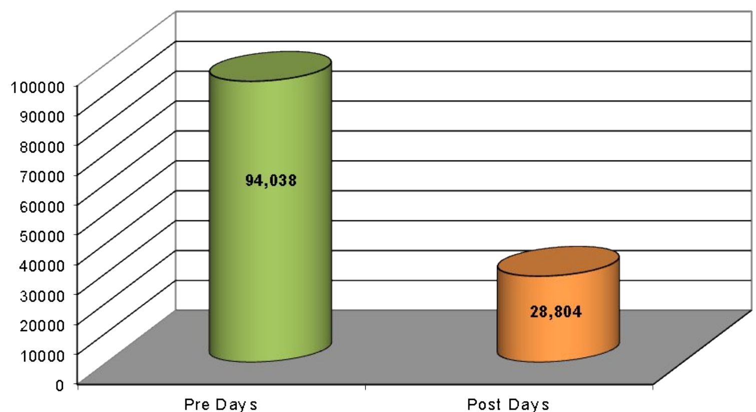
To see more MHSA outcomes, click here: http://file.lacounty.gov/dmh/cms1_191091.pdf

Pre Days = the 12 months prior to enrollment where data for the client is collected

Post Days = the period of client's enrollment in FSP program

Note: Data is annualized based on 12 months of enrollment





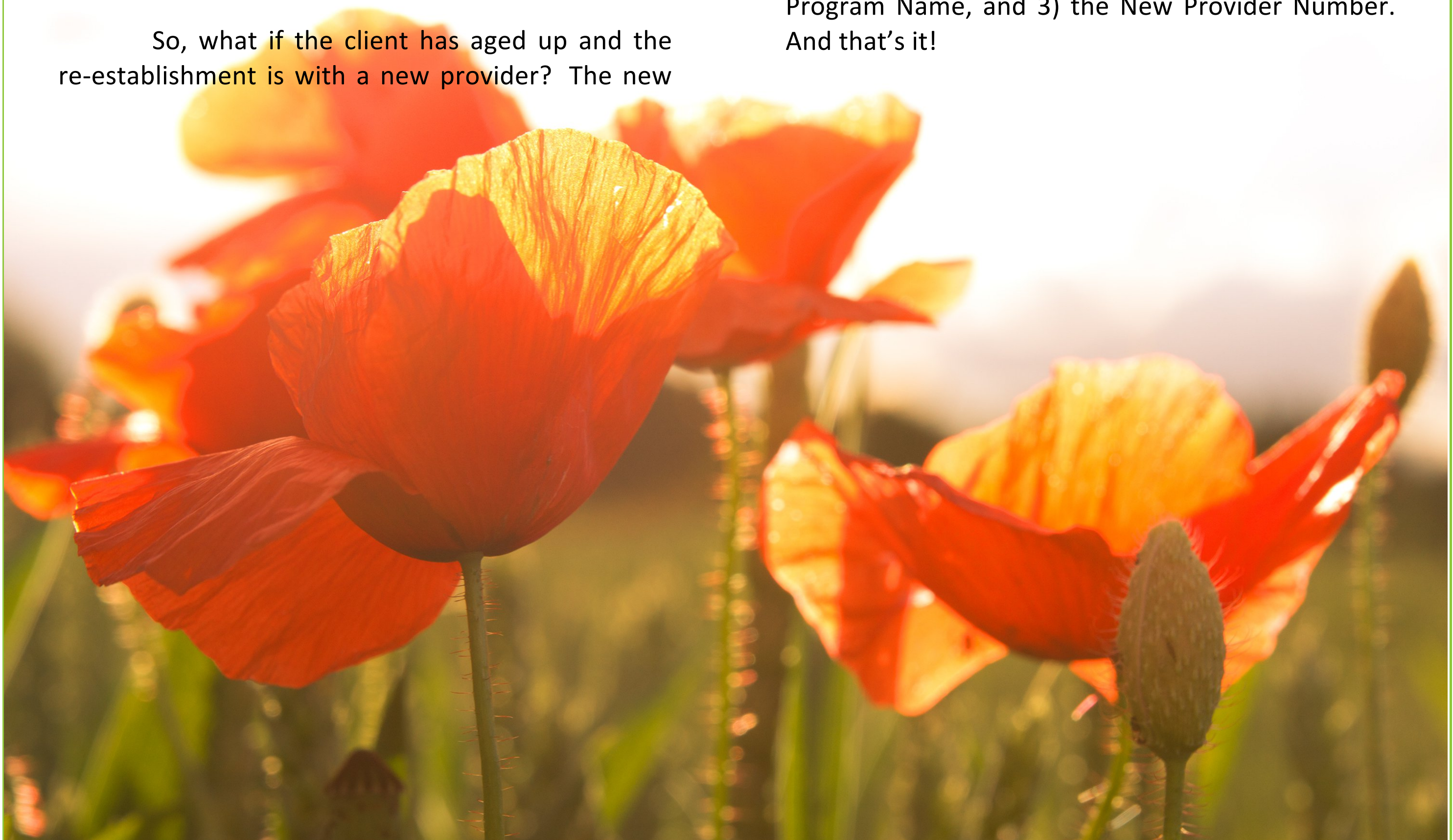
Data Tip for FCCS Outcomes

FCCS data should only be collected from one provider site at a time. If two providers are collaborating to provide a client with FCCS services (e.g., one provides mental health services and the other housing resources), then only one provider should report the outcomes reflecting both services. Clients should not be receiving separate uncoordinated FCCS services at the same time.

FSP OMA Version 3.4 KEC Discontinuation/Re-establishment Assessment

When a client is authorized for re-establishment of FSP services and the client has aged up, the provider must first determine if a new baseline or a KEC for re-establishment of FSP services is needed. If the disenrollment (Inactive Date) was less than 365 days from the first billing of the new provider, a baseline already exists in OMA and a new one is not needed. All the new provider would need to do is generate a Re-establishment KEC.

So, what if the client has aged up and the re-establishment is with a new provider? The new provider will create a Re-establishment KEC and then select the appropriate FSP program. For example: the client was in FSP Child and is now authorized for FSP TAY services. You would select FSP TAY for the Re-establishment KEC. After you have made your selection, click on “Is Complete” at the bottom of the screen to complete the assessment. The user will see that three KECs were created to reflect the re-establishment. These KECs are for: 1) the re-establishment, 2) the New Program Name, and 3) the New Provider Number. And that’s it!



Staff Feature: Mirza Fonseca

What do you do in CIOB?

I am an Information Systems Analyst II in the Solutions Development Section in Application Development of the Chief Information Office Bureau (CIOB). I have been working on the OMA application since September 2006. In November 2010, I became the lead analyst over the OMA application. A major part of my assignments involve the OMA application in one form or another. I troubleshoot OMA HEAT tickets as well as other applications. I work in defining and analyzing requirements and business functions. I also prepare technical systems documents such as workflow diagrams and some in-house documents like the OMA Issues Pending List. I research and troubleshoot OMA issues to resolve application errors and I assist in the development of test scenarios, test scripts, and test the functionality of the system.

Can you describe how you handle OMA HEAT tickets when they are called in?

Tickets are first called in to the Help Desk. The Help Desk will then reassign the OMA tickets to Application Development. I start by acknowledging the ticket and then read the call description for the ticket. How I handle (troubleshoot) the ticket depends on what the issue is that is being reported and/or if there is more than one ticket called in for the same issue. I then determine if the issue is a system or user error. If the issue is a user error, it can sometimes require the user to submit a DCDR to John Flynn. If the issue is a system error, it may require additional research, for example: going into the database and researching the data further and working with the developer or the Database Administrator. When the issue has been resolved, I notify the user and close the ticket with a resolved status.

Since you work so much with OMA users in solving their problems with the application, what advice would you give to help them make their jobs easier?

I know with this last release of version 3.4, we put in place a lot of validations into the OMA application. Some advice I would give to users is to first read the error message and see if it's something that you can easily go back to and retrace in the application. If it cannot be retraced, you should call in a HEAT ticket. If the issue is related to a date field, does the error message read that the date entered cannot be prior to or after another date? Go back and check all the dates entered. Were they entered correctly? Do all the dates fit? Do they make sense? When trying to solve the problem, think of the data that's being entered and the data that exists in the application as part of a puzzle; all the pieces have to fit.

If you were to hit the lottery jackpot, what would you do?

One of the things I would do is donate to various charities.

PEI OMA Update

The first part of the "Phase 2" update of the PEI OMA was released on May 1, 2013. The update entailed additional foci, practices, and questionnaires added, as well as corrections to the existing PEI OMA. The following lists the updates that took effect on 5/1/13:

Practices Added:
Dialectical Behavioral Therapy (DBT)
Families OverComing Under Stress (FOCUS)
Individual Cognitive Behavioral Therapy (CBT) – Anxiety
Individual Cognitive Behavioral Therapy (CBT) – Depression
Individual Cognitive Behavioral Therapy (CBT) – Trauma
Problem Solving Therapy (PST)
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
Promoting Alternative THinking Strategies (PATHS)

Questionnaires Added:
Difficulties in Emotional Regulation Scale (DERS)
McMaster Family Assessment Device (FAD)
Generalized Anxiety Disorder-7 (GAD-7)

Focus Added:
Emotional Dysregulation Difficulties

Corrections:
Remove BASIS-24 for all practices
Remove PTSD-RI for Prolonged Exposure (PE)
Change subscale label for PTSD-RI scales to PTSD Severity Score/Total Score
Change minimum score to 0 for PHQ-9 in MHIP

Contact Us

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Announcement

Since October 2011, we have been publishing the OMA newsletter on a bi-monthly basis to provide our OMA users with features of interest to assist in the reporting of data in the OMA application and to keep our readers informed of the latest on OMA. In every issue, we try to include data entry tips and insightful information about the data being collected so that it functions as a resource for your program.

We will continue to publish this newsletter but it will now be a quarterly publication, with the next issue coming in July 2013. We hope you have found this newsletter useful and an enjoyable read. If you have any comments or suggestions for our newsletter, we would be happy to hear from you. Please send your thoughts to Mychi Hoang: mhoang@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: http://dmhoma.pbworks.com

OMA Users' Group is for our providers. Take advantage of this opportunity to dialogue with DMH folks about OMA issues. Next meeting: Wednesday, May 15, 2013 from 10:00 – 11:30 a.m. at 695 S. Vermont Ave, 15th Floor Glass Conference Room, L.A., 90005. To participate via Webinar, email John Flynn: jflynn@dmh.lacounty.gov

OMA Lab is open to all OMA users who want one-on-one 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: May 6, 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