OMA Newsletter

OUTCOME MEASURES APPLICATION

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There are a number of statewide initiatives underway to establish and utilize outcomes to communicate the results of MHSA, to enhance accountability, and to support quality improvement. These statewide efforts include:

- FSP Priority Indicators Reports- Funded through the Mental Health Services Oversight and Accountability Commission (MHSOAC). The goals of this project are to create common FSP outcome indicators across counties and encourage counties to evaluate their own programs (which we do in LA!). The four FSP indicators that were selected are:
    - Emergency Events and/or Hospital Stays
    - Residential or Living Arrangement Status
    - Legal Events and/or Incarcerations
    - Discharge Values and Length of Service

- FSP cost and cost offset evaluations at the statewide and county levels. In LA County the cost of our FSP programs was tremendously offset by the impact FSP programs had in reducing psychiatric hospitalizations, incarcerations, emergency department use and Skilled Nursing Facility use. An analysis involving clients enrolled in adult FSP programs in Fiscal Year 2009/10 yielded a cost offset of 262%.
- The California Institute for Mental Health has a contract with the MHSOAC to synthesize and evaluate county Innovation projects.
- In the next year, the Department of Health Care Services will implement a statewide approach to collecting and analyzing outcome data for children receiving mental health services funded through Early Periodic Screening, Diagnosis and Treatment (EPSDT).

These statewide efforts bring counties closer to describing the impact of the services we provide to our clients. They also help counties create the will to use information and outcome data to improve the lives of the clients receiving services.

Debbie Innes-Gomberg, Ph.D.
District Chief, MHSA Implementation & Outcomes Division, Program Support Bureau, County of Los Angeles, Department of Mental Health
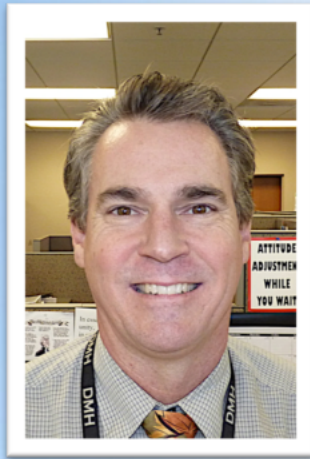
Kara's Corner

It is with great sadness that I let all of you know our MHSA Implementation and Outcomes family lost one of our own last week. Dr. Richard Hoskins passed away peacefully on July 23rd after a hard fought, two-year battle with cancer. Despite walking with him every step of the way as he battled his illness, we discovered one is never really prepared to say good-bye to a dear friend.

Many of you have come to know Richard over the years from outcomes training for FSP, FCCS, or PEI on the YOQ/OQ or PTSD-RI. You will remember his passion for training and how eloquently he taught, careful to keep his audience engaged with jokes and giving real life examples to illustrate important points. You may have rolled your eyes as he talked passionately about "data for dollars" and why outcomes are important. (Don't worry; I'm sure we have all done it at some point too.) If you worked with him on deletion change requests or data issues, you will recall his patience as he walked you through step by step, or his pleasant demeanor even if he was walking you through something for the 10th time. And if you expressed how sorry you were for asking too many questions over the phone, he may have told you, "We'd rather have you ask 100 questions than to fix one problem."

Richard was a great friend and colleague, like a brother in every sense of the word. We cared about each other, we supported each other, we disagreed, we learned from one another, and we joked and laughed often. His positive, upbeat attitude was a joy to be around. His approach to facing his illness was a daily lesson in grace for all of us. He came to work during much of his treatment, never complaining even when it was obvious he was in pain. Richard battled the spread of cancer head on, taking on any new trial that was offered to him to buy him more time with his family. Day after day, he inspired all of us to push ourselves harder and cherish things that mattered most. We laughed, we cried, and we celebrated every success and felt each set back in the last two years. We were able to say good-bye to him, see him one last time, tell him how much we love and appreciate him. Our hearts are heavy as we try to start facing life without his physical presence. We definitely are feeling his absence. We will carry on doing the work he was passionate about. He loved data and training, using data to help make sense of complicated systems, to help others gather information about clients, and using the information to effect change. We have witnessed the impact he has had on teaching others and how this, in turn, sets change in motion for our greater system.

If you would like to learn more about Richard, you can read about him in the April 2012 issue of the OMA Newsletter.

FSP/FCCS OMA Version 3.4.2

On June 19th, 2013, DMH rolled out a new revision to the Outcome Measures Application (OMA) to address problems we identified in the system after the rollout of OMA 3.4 in January 2013. This new version, OMA 3.4.2, addresses the following specific problems:

- Users were unable to edit discontinuation KECs that were created before 1/30/2013.
- Some FCCS users were unable to create baselines when OMA mistakenly created two programs, which users could not see or fix.
- Users were getting incorrect or misleading error messages. For example, when creating a 3M on a discontinued client.
- Users were not able to enter outcomes for clients with more than 100 episodes.

While we believe we have cleaned up the problems resulting from these errors, the new version of the system is still bringing up new issues for some users. Specifically, some users are now seeing a message that references "Errors in Partnership" or "Partnership Errors."

These messages are a result of more intensive error checking. The rules are the same, but the system is now catching problems that slipped through in previous versions of OMA. The two partnership errors we see most often are:

1. Partnership errors that occur when the Program Effective Date and the Partnership Date are different. If you see this error, compare the two dates. If they are different, submit a Data Change Deletion Request (DCDR) and we will track and fix the problem.

2. Partnership errors that occur when there is something is wrong with the KEC to disenroll or re-establish a client. Check the Baseline(s) and the KEC(s) to see if you can spot any problems. If you are unable to see a problem, contact Miguel Juarez or John Flynn for more assistance.

You can find instructions to change or delete records on the OMA Wiki's DCDR page.

PEI OMA Phase II

On July 10, 2013, the PEI Outcome Measure Application (PEI OMA) Version 1.3 was released. This release is part of the PEI OMA Phase II project, which encompasses various system and practice specific updates to the PEI OMA.

PEI OMA Version 1.3 includes the following changes:

PEI OMA - System Changes
- Expanded the 14 day window to 21 days for Pre Questionnaires - Pre Questionnaire administration date can precede Date of First Session by no more than 7 days
- Expanded the 14 day window to 21 days for Post Questionnaires - Post Questionnaire administration date can precede Date of Last Session by no more than 7 days
- Expanded the Provider List page from first 10 providers to all associated providers
- Minor cosmetic changes to the active client view screens

PEI OMA – Practice Specific Changes
- Removed the Early Detection and Intervention for Prevention of Psychosis (EDIPP) Practice
- Changed specific questionnaire requirements for the Caring for Our Families (CFOF) Practice. For clients with Date of First session on or after 12/01/12, the specific questionnaire required for CFOF is now ECBI/SESBI. General questionnaires remain unchanged.
- Changed specific questionnaire requirement for the Loving Intervention Family Enrichment (LIFE) Practice. For

clients with Date of First session on or after 12/01/12, the specific questionnaire required for LIFE is now ECBI/SESBI. General questionnaires remain unchanged.
- Changed "Unable to Collect" reasons for the Mental Health Integration Program (MHIP) Practice:
    - Added: "Therapist did not administer tool"
    - Added: "Client in crisis"
    - Removed: "Admin date exceeds range"
    - Removed: "Administered wrong forms"
- Mental Health Integration Program (MHIP) specific questionnaires are now assigned by focus of treatment:
    - PHQ-9 is the specific questionnaire for MHIP with focus of treatment – Depression
    - GAD-7 is the specific questionnaire for MHIP with focus of treatment – Anxiety
    - PCL-C is the specific questionnaire for MHIP with focus of treatment – Trauma
- Added confirmation message for Mental Health Integration Program (MHIP). A confirmation message will appear prior to closing a MHIP treatment cycle when EBP Completed = Yes
- Added new Disposition "Change in focus of Treatment" for Mental Health Integration Program (MHIP) when EBP Completed = No

Data Tip:
Things you Can and Cannot Edit in PEI OMA

The PEI OMA has a number of items that you can edit...and a number that you cannot. As many users have discovered, there are some errors they cannot fix themselves. Here's a handy list to remind you of what you can—and can't—fix yourself.

Things you CANNOT edit:

- Date of Intake
- Date of First Session
- Date of Last Session
- If you put a client in the wrong Focus and/or EBP, you can't edit or delete that record.
- If you put a client in the wrong Reporting Unit, you can't edit or delete that record.
- If you enter the WRONG CLIENT in the system, you won't be able to delete that record.
- If you create an Update where you meant to create a Post Assessment, you won't be able to change that Update to a Post.
- On End of Treatment, you can't edit whether or not the client Completed the EBP.

Things you CAN edit:

- You can always edit the Diagnosis. You may need to do this during treatment if the clinician changes their diagnosis.
- You can also edit Clinician (aka Staff Code). In fact, if the clinician does change during the course of the EBP, you should edit the Clinician.
- You can edit scores in assessments.
- On End of Treatment, you can edit everything but Date of Last Session and whether or not the client Completed the EBP.

And here's one that is always a little confusing:

If you have already entered and saved scores on an assessment, you can edit those scores but you cannot change the assessment to "Unable to Collect." However, if you have an assessment that is marked "Unable to Collect," you can uncheck that box and enter scores.

If you find that you have errors that you can't fix, please refer to the page on Fixing Mistakes in PEI Data Entry in the PEI Outcomes page in OMA Wiki.

You will find a form to fax in to instruct our team on what records need correction. At this point, our only option is to delete that client's set of outcomes for that specific Focus and EBP. You will need to re-enter the assessments associated with that client in that Focus and EBP.

Staff Feature: Michael Villaescusa

What is your role with PEI OMA in the Implementation & Outcomes Division? I work as part of the PEI team focusing on matters related to questionnaires and outcome data. I assist with the coordination of outcome measure trainings and train on select outcome measures. I coordinate, support, and facilitate PEI Practice Learning Networks. Additionally, I assist with data collection of CIMH supported practices involving the DMH Directly Operated Clinics.

What interested you in pursuing a career in mental health? I remember checking out a book sometime in high school at a public library titled, "RET: Handbook of Rational Emotive Therapy" by Dr. Albert Ellis. I was blown away by his approach to analyzing and conceptualizing emotions and behavior. I believed back then, and still believe now, that support and appropriate mental health intervention can make a difference in a person's life and well-being. What an amazing career we have!

What do you enjoy most about working at DMH/with the providers? Just like our therapies, things are straightforward and pragmatic. And the truth is, I really love the people I work with and the opportunity to make a positive impact in people's lives. Corny, I know.

Would you like to tell us a little about your family? I am recently married. My wife and I just celebrated our 1st anniversary a couple of months ago. We have a little 13-inch, 2-color beagle named Hunter.

We know that you like to lead a healthy and active lifestyle. What are some things you do to stay healthy/active? I enjoy being outdoors. I like running trails, hiking, kayaking, deep sea fishing, you name it. I'm pretty competitive also so I love team sports like basketball, volleyball, and tennis (singles and doubles). Fun events with friends are also great ways to stay motivated. Ragnar, Tough Mudder, and running/biking events are always a great time.

What are five things you can't live without and why? Music – it keeps me company on my 90-minute commute to work. Internet/YouTube – I like my news as it happens and I can find anything I want to learn on YouTube. Amazing! Goals – less wasted motion when you know the destination. Family and friends – keeps me motivated and grounded. SPORTS – NBA, UFC, boxing... they have drama, action, subplots…very compelling TV.
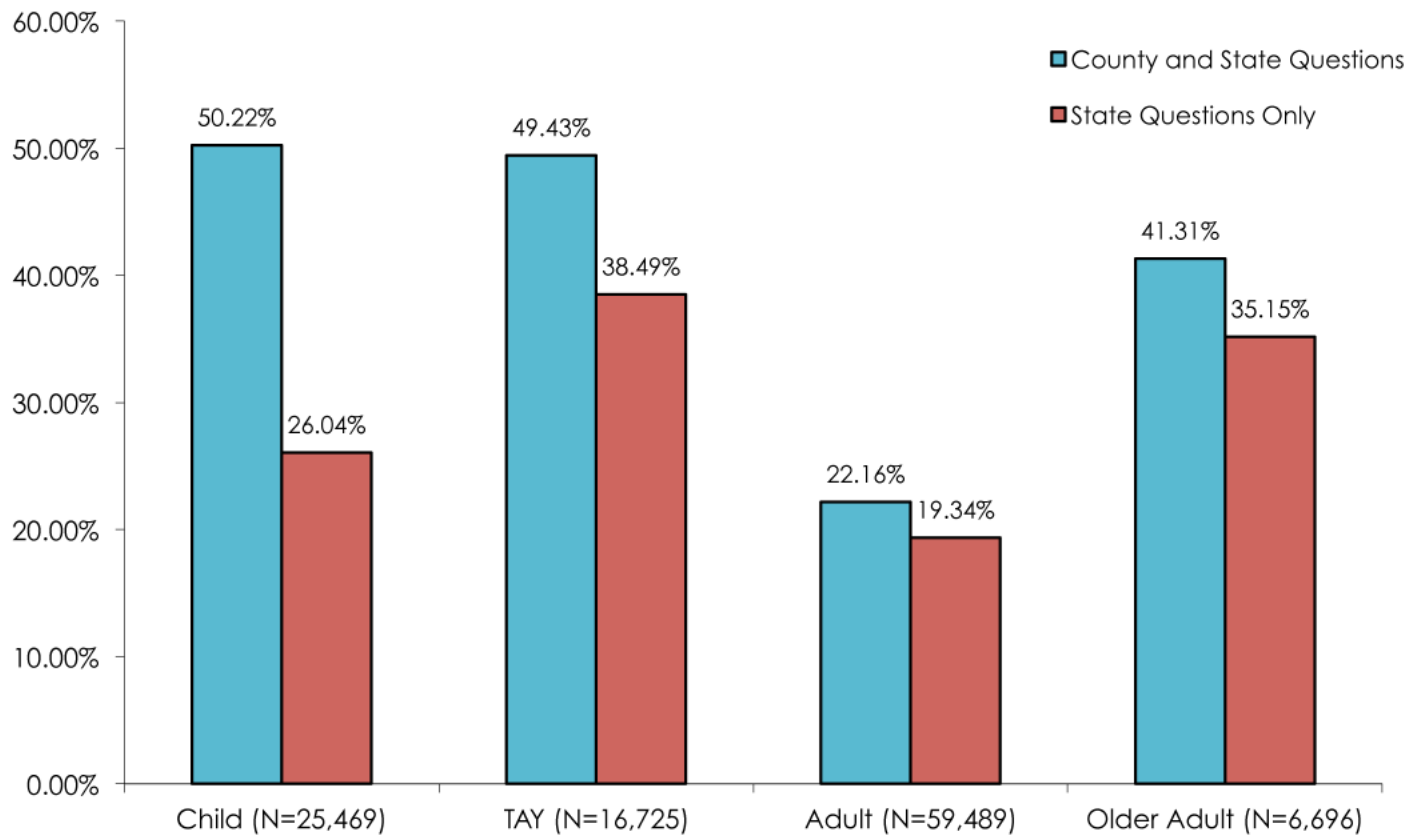
What is one thing you would like to accomplish in your lifetime? Good question. I would like to play a musical instrument, either guitar or piano. Hopefully, this will develop into a lifelong passion.

Tell us three random facts about yourself.
- I have a sweet tooth.
- I still need to learn how to swim.
- I chose to see Freddy vs. Jason instead of Whale Rider when they came out in theater.

Anything else you would like to share? Thanks for your time. Say "Hi," I promise to say "Hi," back.

Percent of 3Ms with Missing Data

Legend:
- ■ County and State Questions
- ■ State Questions Only

Data:
- **Child (N=25,469)**: 50.22% / 26.04%
- **TAY (N=16,725)**: 49.43% / 38.49%
- **Adult (N=59,489)**: 22.16% / 19.34%
- **Older Adult (N=6,696)**: 41.31% / 35.15%

Most three month assessments (3Ms) are checked complete despite containing missing data. The percent of 3Ms with missing data decreases when looking at state only questions. An analysis of compliance by question shows that question compliance is quite high overall (data not shown here).

Contact Us

FSP:
FSPOutcomes@dmh.lacounty.gov

FCCS:
FCCSOutcomes@dmh.lacounty.gov

PEI:
PEIOutcomes@dmh.lacounty.gov

OMA Forms and Hands-On Trainings are available to all OMA users. We recommend you attend training if your last training was more than two years ago because the system is constantly changing. Visit OMA Wiki for 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: Wed, Sept 18, 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. Offered every other Monday from 10am–Noon. Next OMA lab: Aug 12, 2013. Space is limited. 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 PEI page of the OMA Wiki.

Richard Hoskins, Ph.D.

In Loving Memory

On July 23, 2013, a great spirit, friend, colleague, teacher, and comedian passed away peacefully at home in the presence of his family. Richard's charisma, smile, and good humor are dearly missed.

A Richard Hoskins Memorial Fund has been set up by his family at Wells Fargo Bank. Donations and cards will also be accepted on his family's behalf by the MHSA Implementation & Outcomes Division at 695 S. Vermont, 8th Floor, L.A., 90005.

Memorial services will be held:
Friday, August 23, 2013
2:30 p.m.
Rose Drive Friends Church
4221 Rose Drive
Yorba Linda, CA 92886

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