

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH Program Support Bureau - MHSA Implementation & Outcomes Division



Outcome Measures Application (OMA) Users' Group

March 18, 2014 Meeting Minutes

FSPOutcomes@dmh.lacounty.gov

FCCSOutcomes@dmh.lacounty.gov

PEIOutcomes@dmh.lacounty.gov

In Person:

John Flynn, DMH Consultant

Kara Taguchi, DMH MHSA Implementation Mychi Hoang, DMH MHSA Implementation Alex Silva, DMH MHSA Implementation

George Eckart, DMH MHSA Implementation Michael Villaescusa, DMH MHSA Implementation

Miguel Juarez, DMH MHSA Implementation

Odre Miller, DMH MHSA Implementation Ruth White, DMH MHSA Implementation

Omar Vasquez, DMH CIOB Mirza Fonseca, DMH CIOB

Yivette Odell, DMH TAY Division

Masao Tsien, DMH OIC

Robert Levine, DMH OIC

Maria Salgado, Masada Homes

Rosa McNally, Masada Homes Erica Melbourne, SSG Project 180

Aneesah Cleveland. Pacific Clinics Portals

Marielita Cobian, ChildNet Sonya Hines, ChildNet Via Webinar:

Alex Lomeli, Hathaway-Sycamores Alexandra Crooks, Masada Homes

Angela Banuelos, SCHARP Ann Isbell. Didi Hirsch

Claire O'Connor, LA Child Guidance

Claudia Cervantes, CFGC

Cynthia Ulloa, El Centro de Amistad

Debbie Copple, Star View Hancy Donis, Star View Isaac Galindo, Hillsides Jackie Gonzales, DMYFS Janet Kamikihara, Star View

Jayne Millstein, Crittenton Services

Jessica Baker, Child and Family Center

Jessica Pena, CFGC

Karina Infante, The Help Group

Kathy Saucedo, Star View Kelly Colantuono, MHALA Laura Villa, Harbor View CSC

Lauren Menor, The Village Family Services

Lisa Hernandez, ENKI Lorena Rodriguez, CFGC Lucy Mendoza Crittenton Services

Lupe Puente, CFGC Michael Olsen, ENKI Mike Park, SSG Alliance Natalia Lozano, EMQFF Olimpia Alanouf, Star View Pablo Vargas, PUSD

Phyllis Nadler, Child and Family Center

Rosa Barajas, SSG OTTP

Sandra Espinoza, Trinity Youth Services

Sandra Hong, Children's Institute

Sandy Cabral, Stars, Inc.

Saundra Lockwood, Trinity Youth Services

Shirley Flournoy, DMH TAY Division

Sylvia Kimball, SSG OTTP

Tami Zubis, Child and Family Center

Viola Garcia, Child and Family Center

Trinh Phan, MHALA

Valerie Armstrong, TGCLB Veronica Gamboa, Star View Vilma Enriquez-Haass, Didi Hirsch

Yolanda Aguilar, ENKI

Agenda Item #	Description	Discussion	Action
2	Review of Minutes and Action Items from 1/15/14 Meeting (Mychi Hoang)	No follow-up items from previous meeting.	Corrections should be addressed with Mychi: mhoang@dmh.lacounty.gov
3	IBHIS Update (John Flynn)	 IBHIS = Integrated Behavioral Health Information System, it is DMH's new electronic healthcare record system that is replacing the IS but not the FSP/FCCS OMA or PEI OMA. DMH is about 10% live on IBHIS. Changing to IBHIS from the IS poses a problem with the FSP/FCCS OMA and PEI OMA because OMA draws upon Episode information from the IS but new client information entered into IBHIS does not reflect in the IS. We are working on problem solving this issue. For now, you will not see clients that only exist in IBHIS in the outcome applications. For FSP/FCCS OMA you won't see Episodes created in IBHIS. If you cannot find your clients or Episodes for these reasons, hold data until the new version is announced. 	
4	Development Update (Omar Vasquez and Kara Taguchi)	 Originally, we were focused on developing the next version, 4.0, but while we were in our planning meetings we realized the gap with Episodes in the IBHIS and IS. Now, instead of proceeding with a full new version of OMA, we are planning to update the current version with the ability to connect with IBHIS data so that the client data is visible for OMA data entry and enable those sites that have gone live with IBHIS to enter OMA data, again. Our long-term goal is to move away from direct data entry into the OMA system and collect data directly into the electronic healthcare record system have data submitted electronically by contractors so that the data is united but we are still quite a ways away from there. Our resources are currently dedicated to IBHIS development because it is a big part of OMA. We will leverage off of the technology that is being used to submit claims to 	

hopefully figure out a way for our providers to submit other kinds of data.

- Question: Just to clarify, at this point, the data entry will be completely separate from IBHIS, correct?
 - Answer: Yes.
- Question: When will OMA be updated for IBHIS? Is there anything we need to do?
 - Answer: As mentioned before, we are trying to address the gap between Episodes in IBHIS and Episodes in the IS. For PEI, we have to address the client piece; how do we get one combined data set so we can find the client? For FSP/FCCS, it is slightly more complicated because we have to address the client piece and the Episode piece. CIOB is testing a data set right now but we are running into a couple of challenges. Our goal is to complete it as soon as possible without an estimated completion date. There is nothing different that you have to do at this point. If you run into a problem with finding client data after your agency went live with IBHIS, please hold the data until we put out a notification that we have a combined data set that we are now working from. This issue does not only affect OMA but is affecting other applications department wide.
- Question: Can you repeat the approach for data entry of clients not in IS but in IBHIS?
 - Answer: If you have a client who is in IBHIS and not in the IS, you will not be able to enter data for that client in OMA until we get the combined data set. You will still collect the data but just hold onto it.

PEI OMA Version 1.5

- We hope to resolve the Episode gap issue with PEI soon because it is not as complicated as with FSP/FCCS.
- The main objective is to support Managing and Adapting Practice (MAP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Triple P in the next release.
- Update will include additional bug fixes.
- We will conduct testing in mid-April and our goal is to go live in early May.
- Question: Will there be changes to MAP (with regards to data entry and outcomes)

		once it is put in OMA?
		 Answer: Yes. There will be a few extra fields where you will have to enter information because there will be some validations built around them that was not previously collected by CiMH. The biggest one is the Questionnaire Administration Dates. A couple of additional fields will change because of the nature of the data collection formats.
		 Question: How about 6-Month Updates, will those be required for MAP, TF-CBT, and Triple P?
		 Answer: They have always been required. You just have not submitted them to CiMH. So you can go ahead to enter the information you have been holding onto in this next release.
		Question: Will a PEI Worksheet for MAP be available on the Wiki soon?
		 Answer: Yes. As soon as we finalize the data elements, we will post it on the Wiki.
		 Question: We already submitted TF-CBT, Triple P, and MAP but all records submitted were pre and post measures. Are we going to be required to enter our own Updates for all those clients already submitted?
		Answer: Yes. You will have to touch every record that we pull into OMA for all the practices. All of these measures will be missing the Questionnaire Administration Dates so you will have to input them and hit the Save button. You are also going to have to mark your Unable to Collects. Additionally, you will have to enter End of Treatment information. We are experiencing difficulty making assumptions about End of Treatment information so it needs to be reviewed.
5	PEI Learning Networks (George Eckart)	At these collaborative meetings between DMH, providers, and practice leads, we facilitate the development and growth to our PEI practices, and to learn how to better acquire, utilize, and manage the data we are collecting.
		 Some of the things discovered at the seven Learning Networks we host: Seeking Safety, Child Parent Psycho-therapy (CPP), Crisis Oriented Recovery Services (CORS), Group CBT, Incredible Years (IY), Aggression Replacement Training (ART), and Families OverComing Over Stress (FOCUS) were reviewed.
		The overall practice is reviewed to analyze the data to determine reliable change as

		a helpful indicator.
		The Learning Network looks at the data that lies behind the data.
		In-depth analysis for each of the reports will be posted on the PEI OMA Wiki.
6	Open Forum (John Flynn)	 Comment: At the internal Countywide Age Group Leads meeting, one of our Leads commented about our FSP Providers closing out clients in the IS before they are authorized to disenroll a client, and then having to request removal of the Disenrollment Date in the IS to enter more assessments or to enter a true Disenrollment Date. In order to prevent this from happening and to follow guidelines and policy, do not close out the client if you have not received authorization from your Countywide Age Group Lead because this can cause future issues. Question: For the newly added EBPs to OMA, (MAP, TF-CBT, etc.), are we required to enter the Updates for closed (inactive) clients as well? Answer: If you have the data, you should enter it in because if you do not enter the data, we do not know if you have it. When we begin to incorporate the CiMH data, we will set them as an Active client record so that means that if you do not have existing treatment cycles for the client when we import the CiMH data, the client will have an Active treatment cycle. The system will not allow new data entry for that client at that particular provider site with that same EBP if there already exists an Active treatment cycle. Question: In regards to PEI EBP changes, do we need to hold whatever data we received after the final submissions to CiMH?
		 Answer: At this point, yes. Question: When will we be able to enter PEI MAP and TF-CBT data on the PEI
		OMA?
		Answer: Hopefully by the beginning of May.
		Question: The issue that some of our providers have is that the Disenrollment Authorization forms asks, "Are all OMAs complete?" So all data need to be completed EXCEPT for the Disenrollment KEC?
		Answer: Correct. You cannot possibly enter your Disenrollment KEC because you have not yet received authorization to disenroll.

7	Next Meeting	Wednesday, May 28, 2014 from 1:30 – 3:00pm, Location: 695 South Vermont Ave, 15 th Floor Glass Conference Room or via WebEx	Email John Flynn: iflynn@dmh.lacounty.gov if you would like to participate via WebEx
		Question: We have been running into an issue with our agency's Partnership Service Coordinators where the client's record was not properly updated when they left and we are having problems entering new data for the client. Answer: The New Partnership Service Coordinator picking up on the client should review the charting to see what you can gather. What the Partnership Service Coordinator should understand is that when you assume the responsibilities of being the Partnership Service Coordinator for a client, you are assuming all of the outcomes for that client. Whether you did them or someone else did them, the client is now your responsibility. The challenge is when the client has been in FSP for a long time. You can only do the best you can to enter the missing data but do not make up the data. If you have it, you have it. If you do not, you do not. Just try your best to enter what you can.	
		 Question: When clients are in the process of being discharged but we have not received authorization from the Service Area Navigator, do we need to submit scores even for clients who are in pending discharge status for Mors and Determinants? Answer: For the FSP Pilot, we collect a few additional metrics. You are supposed to submit those for all of your enrolled clients on the due dates. So if your client is enrolled on those due dates, then yes, you should. Contact Amber Anderson for clarification and more information: aanderson@dmh.lacounty.gov 	