Outcome Measures Application (OMA) Users' Group

May 28, 2014 Meeting Minutes

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In Person:	Via Webinar:	
John Flynn, DMH Consultant	Ann Isbell, Didi Hirsch	Lucy Mendoza Crittenton Services
Kara Taguchi, DMH MHSA Implementation	Ann-Marie Stephenson, Pacific Clinics	Lupe Puente, CFGC
Mychi Hoang, DMH MHSA Implementation	Berta Ortiz, Kedren Mental Health	Michael Olsen, ENKI
Alex Silva, DMH MHSA Implementation	Carolyn Ota, PUSD	Mike Park, SSG Alliance
George Eckart, DMH MHSA Implementation	Claudia Cervantes, CFGC	Natalia Lozano, EMQFF
Michael Villaescusa, DMH MHSA Implementation	Cynthia Ulloa, El Centro de Amistad	Olimpia Alanouf, Star View
Miguel Juarez, DMH MHSA Implementation	Debbie Copple, Star View	Pablo Vargas, PUSD
Odre Miller, DMH MHSA Implementation	Hancy Donis, Star View	Phyllis Nadler, Child and Family Center
Ruth White, DMH MHSA Implementation	Isaac Galindo, Hillsides	Rosa Barajas, SSG OTTP
Leanor Johansen, DMH MHSA Implementation	Jackie Gonzales, DMYFS	Sandra Espinoza, Trinity Youth Services
M. Frances Pavon-Lara, DMH MHSA Implementation	Janet Kamikihara, Star View	Sandra Hong, Children's Institute
Josh Cornell, DMH MHSA Implementation	Jayne Millstein, Crittenton Services	Sandy Cabral, Stars, Inc.
Omar Vasquez, DMH CIOB	Jessica Baker, Child and Family Center	Saundra Lockwood, Trinity Youth Services
Michael Chong, DMH CIOB	Jessica Pena, CFGC	Shirley Flournoy, DMH TAY Division
Masao Tsien, DMH OIC	Karina Infante, The Help Group	Sylvia Kimball, SSG OTTP
Robert Levine, DMH OIC	Kathy Saucedo, Star View	Tami Zubis, Child and Family Center
Ike Mendoza, DMH Wraparound Administration	Kelly Colantuono, MHALA	Trinh Phan, MHALA
Shirley Robertson, DMH Wraparound Administration	Laura Villa, Harbor View CSC	Valerie Armstrong, TGCLB
Joyce Chiang, DMH Older Adult Systems of Care	Lauren Menor, The Village Family Services	Veronica Gamboa, Star View
	Lisa Hernandez, ENKI	Vilma Enriquez-Haass, Didi Hirsch
	Lorena Rodriguez, CFGC	Viola Garcia, Child and Family Center
		Yolanda Aguilar, ENKI

Agenda Item #	Description	Discussion	Action
2	**Review of Minutes and Action Items from 3/18/14 Meeting (Mychi Hoang)**	• No follow-up items from previous meeting	Corrections should be addressed with Mychi: mhoang@dmh.lacounty.gov

3	**Development Update (Omar Vasquez and Kara Taguchi)**	• We are dealing with two trajectories; one is related to the IS and IBHIS, making sure there is one complete data set for clients for both PEI and FSP OMA, and the other is making sure we have one complete set of episodes for FSP and FCCS that use that information
		
		• We also need to work on the authentication piece; the process of how people will be logging into the system
		
		• In addition, we are working on PEI OMA to address collecting data for these new practices that were previously submitted to CiMH. There are a couple of bugs that need to be fixed with staff code in both PEI and FSP OMA
		
		• PEI OMA development is rolling out internal testing of the implementation of MAP
		
		• Assumptions of MAP data entry were shared
		
		    o You cannot be in MAP without having a Focus of Treatment (FOT), and it could only be one of the four foci of MAP used for PEI (trauma, disruptive behavior, anxiety and/or depression)
		
		    o You can have sequential FOT but not concurrent FOT in MAP
		
		Question: What if you find that an EBP is not working for the client and would like to switch to another EBP to treat the client? What do we do?
		
		    Response: First decide if there are any adjustments you can make within the initial EBP (delivery method or administrator). If you can't you would properly close out the first EBP cycle and collect post measures if you could. If they didn't finish the practice, you would indicate completed EBP "no". From there, you could start another practice. The system will not let you have two practices open concurrently in the same FOT so you would have to properly close out the first practice before it would allow you to start a new one. You could close and start another practice the same day. The other question we get asked a lot is if you	

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		could open and close a treatment cycle the same day. In this instance, you would have to advance the date of last session by at least one day greater than the date of first session to close the cycle.
		
		Comment: Getting the administration date for all the historical clients in PEI will be a lot of work and take a great amount of time.
		
		    Response: We were trying to make it easier for you to get the administration date, and it would be easier for us to enter it for you, but what we are planning on doing is on each case where you enter a questionnaire, you will have information on that page about the start of a particular focus of MAP or of the treatment cycle in general so you would at least know which window you are looking at. We know it's hard but there is a lot of validation in OMA around the question of the administration date that we couldn't get around it.
		
		Question: My (and maybe every TF-CBT) data shell didn't have a "disposition" that we could select. Did other TF-CBT data shells have a disposition "drop down"?
		
		    Answer: When we get to the TF-CBT data shell, we'll analyze that information.
		
		Question: How will it be handled if OMA requires data not included in the CiMH data? I worry because it would be a huge resource drain to go through and manually add data for each one.
		
		    Answer: Integration projects like this one are not easy. At this point, anything we ask you to do is going to require a lot of effort. We were working with our resource on integrating that data because he believed there was a way to do it but we never reached that point before we lost him. If you are collecting your data on a CiMH spreadsheet, you can add "Administration Date" to it so you can collect it. You still have time to collect the data and we are realistic about the time required to enter the data. Remember that this is your data so you want to make sure the data get into the application the way you intended to report it.
		
		Question: Will not finalizing the missing data limit our ability to open or begin another treatment cycle for that client using a different EBP?
		
		    Answer: If you are opening that client in another EBP for the same focus that is involved in some other treatment cycle for MAP, it could limit you. If your client has a treatment cycle for MAP and have two different foci of treatment in MAP where one is bad and one is fine, we talked about taking them both in as long as they are in sequence. So if the first one is good, we'll take that one. If the second	

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		one is bad, we won't take in the second one. However, if the first one is bad, we can't take in either of them. Only your own agency can limit your ability to begin another treatment cycle; other agencies will not affect you in these situations.
		
		Question: Will we receive a list of clients or some sort of tickler of the clients that will require the additional information (disposition and administration dates) or should we use the CiMH Excel sheet as reference?
		
		    Answer: Yes, you should use the CiMH spreadsheet as reference. We have expressed the need to CIOB for error reports, not just for missing data but for problematic data (e.g., future dates, overlapping dates, client ID's that do not match). We will work with CIOB on producing some of those reports.
		
		Question: In PEI OMA, there is nowhere to choose MAP, correct? Are we just holding that information?
		
		    Answer: Yes, until we announce it.
		
		Comment: I did not catch a projected start date in all that.
		
		    Response: No, there is not one set. An update will be given at the PEI Quarterly Meeting.
		
		Question: What client data (other than administration dates) do you anticipate adding to what CiMH has required? Or at least, what ideas for additional data are you tossing around?
		
		    Answer: Mainly the End of Treatment information. The standard questions we ask at the end of all of the other PEI practices are expected for MAP, as well. We also ask for the Date of Intake.	

4	**CiMH Data Transition (Kara Taguchi)**	• We are running behind schedule because we lost our resources but the work has not stopped • Providers are still holding onto data for MAP, TF-CBT, and Triple P • We have data submissions from CiMH, they have not been integrated with OMA but they will; we are only waiting for TF-CBT	

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		• The categories of data entry inputs have been narrowed down; there are only a couple of outstanding decisions to be made • We will be posting worksheets soon • You will hear about PEI updates via PEI Alert. You can subscribe to this group by sending an email to: PEIoutcomes-subscribe@yahoogroups.com	
5	**PEI Publication (Frances Pavon)**	• PEI Outcomes Team is producing a quarterly publication titled, "A Closer Look," that will highlight PEI Evidence-Based Practices (EBPs) and their countywide implementation • Purpose of the publication is to take a closer look at the data to see underlining trends revealed in the data and the effectiveness of the EBPs • Intended to distribute information and data presented at the Learning Network to administrative and clinical staff • Will also feature EBPs we do not have Learning Networks for • A Closer Look is focused on outcomes data for the different practices • The need for this publication resulted out of a PEI Clinical Implementation Meeting we have with Providers; they wanted to hear more about how the practices are doing • The publication will be posted on the Wiki and a link will be sent through our PEI listserv	
6	**State FSP Outcomes Report (Kara Taguchi and Ruth White)**	• The Oversight and Accountability Commission (OAC), that oversees MHSA legislation and implementation have been charged by the Department of Health Care Services to assist counties to demonstrate positive outcomes coming out of MHSA services. • OAC contracted with California State University of Sacramento (CSUS) to do some analysis of FSP data that providers have sent to the State for the past eight years • CSUS is tasked to help counties digest the information that sits at the State	➢ Ruth will produce an easier to understand summary report of the larger report

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		• CSUS took the data and did a statewide analysis and produced two very large reports, one of which was a Data Quality – Los Angeles' data quality was in the upper-middle half • LA valued: residential changes (hospitalizations and homelessness), Education for Children, Employment, Emergency Interventions, Arrests, Psychiatric Hospitalizations, and Incarcerations • Looked at 3-Month compliance, Baselines, other comparisons • Some interesting outcomes were reviewed • Data was limited but it is promising and shows that what we are doing seems to be working • The only concern was that they were looking at clients hitting their one-year anniversary in Fiscal Year 2010-11 and 2011-12. The problem is that in any given FY, we were 90% full in every age group. The groups most represented are those with the most turnover. If you have clients in FSP for multiple years by 2010, they were not included in the sample. Child FSP is very over-represented and the Homeless numbers are lower for Adults and Older Adults. The data gets diluted depending on the domains of the report.	

7	**Open Forum (John Flynn)**	**Question**: Do you know anything about a program named PCIT that is supposed to be entered into OMA?
		
		    Answer: PCIT is an EBP. There is a First 5 funded PCIT and a PEI funded PCIT. We do collect outcomes for both PCIT's and they have differences so please ensure you are using the correct worksheet. You can obtain them from DMH's Children's System of Care. There is more information about First 5 LA PCIT on the OMA Wiki: http://dmhoma.pbworks.com/w/page/71356679/First%205%20LA%20PCIT
		
		Question: Will the First 5 funded PCIT data need to be entered into DMH OMA?
		
		    Answer: Yes
		
		Question: When it has been determined which demographic data/questionnaire administration date, disposition, etc., can providers be given a list of that information that	

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		we need to gather since CiMH didn't gather some of that information that will be in OMA? **Answer**: Yes **Question**: What is the status of FSP OMA version 4.0? **Answer**: Our main issue now is our lack of resources to integrate the data from IS with IBHIS. This applies to both FSP/FCCS OMA and PEI OMA. **Question**: What is going to happen to the OMA outcomes once IBHIS is implemented? Do we need to close the OMA's? **Answer**: There is no plan to discontinue FSP/FCCS or PEI OMA even when IBHIS is fully rolled out. IBHIS is not able to collect the data that we need so although we need to pull in the data IBHIS is collecting, the collection of outcomes will be outside of IBHIS, just like how we are collecting outcomes outside of the IS. **Question**: What is the projected time to begin entering data for MAP, TF-CBT, and Triple P? **Answer**: We missed our target date of early May. At this point, we do not have a projected time but we are working towards testing. Our first target is MAP and then we will work on TF-CBT and Triple P. **Question**: I am still waiting for my Data Change/Deletion Request to be completed. Is there still a backlog? **Answer**: Yes, we still have many requests to get to. If you would like to check on the status of your request(s), email Mychi with the SharePoint ID(s) and she will be provide you with that information. Another option you have is the OMA Lab we host every other Monday at 10am. We can help you process your pending requests on the spot. Space and staffing is limited so please email Miguel Juarez at: mjuarez@dmh.lacounty.gov the week before the lab to let him know you plan on attending. In that email, provide the SharePoint IDs of the requests you need processed. He will pull them ahead of time to maximize your time in the lab.	

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8	**Next Meeting**	➤ **Tuesday, July 15, 2014, from 1:30 – 3:00pm, Location: 695 South Vermont Ave, 15th Floor Glass Conference Room or via WebEx**	Email Mychi Hoang: mhoang@dmh.lacounty.gov if you would like to participate via WebEx