OMA Newsletter

Outcome Measures Application

May 2016-Issue 16

May is Mental Health Month

Spring 2016

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The DIG

The County Behavioral Health Directors' Association (CBHDA) has engaged its county members in the first ongoing effort to report on and utilize Mental Health Services Act (MHSA) program outcomes at the level of the county, region and statewide. The first phase of this work involves the aggregating and reporting of Full Service Partnership (FSP) outcomes. Highlights of these statewide outcomes for clients receiving FSP services in Fiscal Year 2013-14, with 41 counties reporting, are listed below:

Metric	Statewide	LA
Adult clients homeless enrolled in FSP for 2 or more years	68% decrease	66% decrease
Days homeless for adult clients enrolled in FSP for 2 or more years	67% decrease	57% decrease
Academic performance for children enrolled in FSP for 1 year	68% increase	154% increase
Arrests for transition age youth enrolled in FSP for 2 or more years	81% decrease	98% decrease
Arrests for adult clients enrolled in FSP for 2 or more years	87% decrease	93% decrease
Incarcerations during the first year for adult FSP clients enrolled for 2 or more years	51% decrease	52% decrease
Incarcerations during the second year for adult clients enrolled in FSP for 2 or more years	58% decrease	62% decrease
Incarcerations during the first year of FSP for older adult clients enrolled in FSP for 2 or more years	44% decrease	17% decrease
Incarcerations during the second year of FSP for older adult clients enrolled in FSP for 2 or more years	75% decrease	67% decrease
Mental health emergency events during the second year experienced by older adults enrolled in FSP for 2 or more years	90% decrease	99% decrease

Debbie Innes-Gomberg, Ph.D.
Mental Health Clinical Program Manager III,
MHSA Implementation & Outcomes Division,
County of Los Angeles,
Department of Mental Health

The significance of this work cannot be understated. First, the results demonstrate the impact of FSP services on client quality of life and in breaking cycles of institutionalization. FSP partners, regardless of age, reduce their utilization of psychiatric hospitals, are arrested less often, spend less time homeless and have fewer emergency events. Second, using templates developed by the Mental Health Data Alliance called Enhanced Partner Level Data (EPLD) which allows authorized county users to query the Data Collection and Reporting (DCR) reporting system for reports based on the data entered into the system. The EPLD templates are then used to populate a Department of Health Care Services-funded web-based application called Electronic Behavioral Health Solutions (eBHS) operated by the California Institute for Behavioral Health Solutions. Statewide reporting, through the eBHS, has not only demonstrated the positive effect of FSP services, it has also helped counties to strengthen data collection and reporting processes to ensure data is accurate and to use data to inform best practices and administrative decisions.

The second phase of this work will expand beyond the functional outcomes collected in FSP to include more symptom-based emotional and physical well-being measures. This effort is being led by CBHDA in collaboration with the Department of Health Care Services, the Mental Health Services Oversight and Accountability Commission, the California Mental Health Planning Council and the Steinberg Institute.

KARA'S CORNER

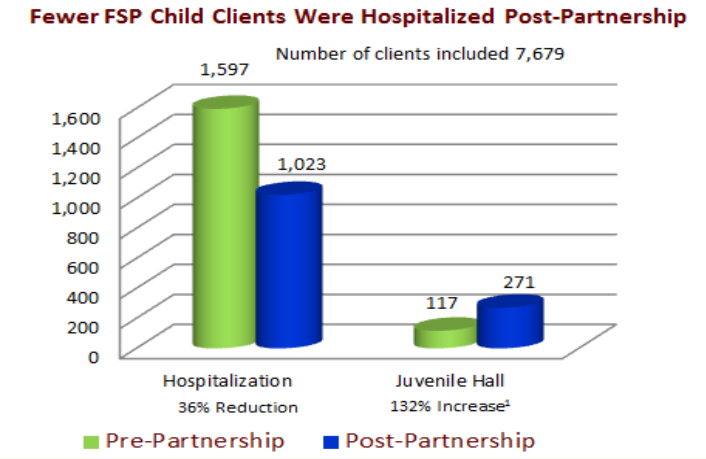
It's been a year since our last newsletter and this issue is a special one for us as we celebrate May is Mental Health Month. In this issue we hope to highlight some of the outcomes from our MHSA programs. Even though California voters passed the MHSA in 2004, MHSA services really ramped up here in LA County in 2006 after a very robust planning process. This year marks the 10 year anniversary of our implementation of MHSA. This is also the 10 year anniversary of our Outcome Measures Application (OMA). Our Chief Information Office Bureau (CIOB) built an application to allow providers from all over the county, directly operated and contracted programs, to report client level outcomes for Full Service Partnership (FSP). A few years later we added Field Capable Clinical Services (FCCS) to that application, and then in 2011 we built Prevention & Early Intervention (PEI) OMA to report client outcomes for PEI. During the MHSA planning process that was kicked off in 2003, I don't think we ever imagined that MHSA would be what it is today. Our plan seemed so large, sometimes impossible, but held so much promise for our communities. I am honored to have worked on the implementation of MHSA from the beginning. I have seen ideas come to life and change the lives of so many people. Through the services clients are receiving in FSP, FCCS, and PEI, we have demonstrated outcomes that show the impact of services on the lives of our clients. While in FSP, clients experience fewer hospitalizations, less homelessness, reduced incarceration and fewer emergency events. Children are improving their grades, more adults are living independently, and some are gaining employment for the first time. Clients in FCCS are more engaged in their communities, and are spending more time engaging in meaningful activities. PEI clients are showing dramatic reductions in symptoms using evidence based interventions in brief treatment. Clients are less depressed, less anxious, parents are reporting fewer behavior problems, and reduced symptoms related to experiencing trauma. I hope all of you take moments to reflect on the amazing services you provide to your communities and realize the tremendous impact they have on the lives of our clients and families. Our system of care is so vast; MHSA has added so many services over the last 10 years that have transformed the largest public mental health system in the country… or perhaps even the world. So to celebrate May is Mental Health Month, I want to honor all of you for the tireless work that you do with hope, love, and faith in your clients' journeys of recovery.

May is Mental Health Month

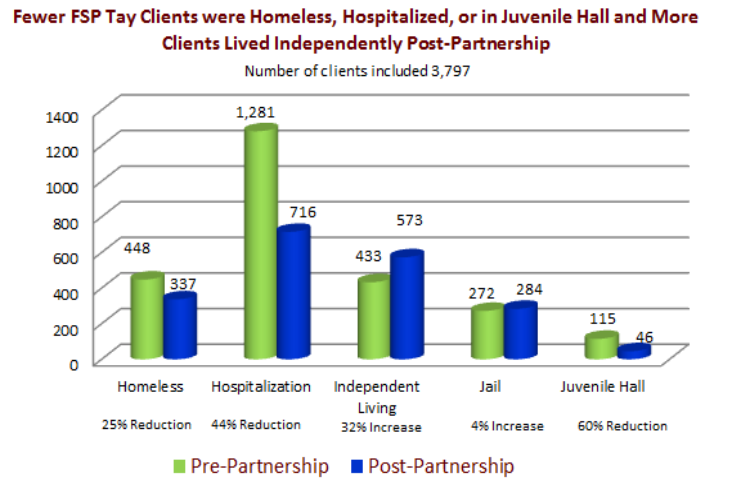
Los Angeles County Department of Mental Health (LACDMH) is celebrating May is Mental Health Month. It is time to reflect on our departmental achievements in providing mental health services to support wellness as well as increase public awareness, social acceptance and inclusion of people with mental health challenges in our community.

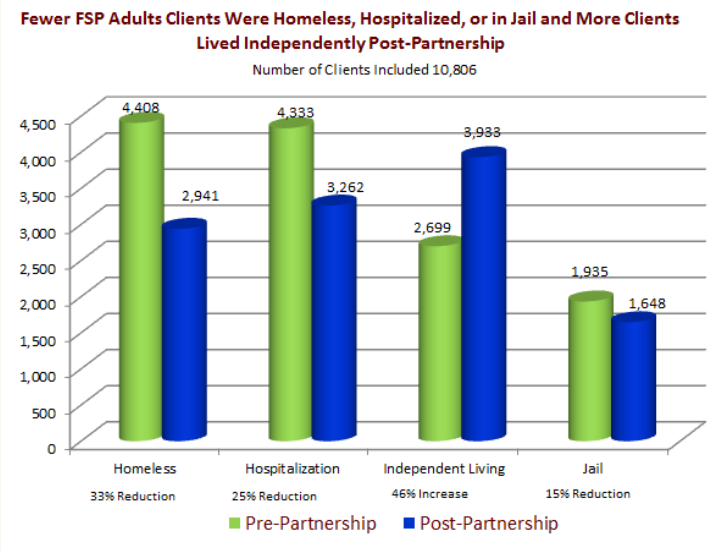
In the past 10 years since the implementation of the Mental Health Services Act (MHSA), LACDMH has developed and expanded a myriad of services supporting the recovery of youth and adults with serious mental illness through the Full Service Partnership (FSP) program, and has increased the resilience of children, youth and adults through implementing Prevention and Early Intervention (PEI) services. By funding preventative and recovery-focused services and programs with psychotherapy, outreach and engagement services, trainings, housing and rehabilitation assistance LACDMH strives to help individuals and families with mental health problems cope with their unique needs and challenges. LACDMH's mission is to ensure these efforts support the wellness of LA county and empower clients to live their best lives.

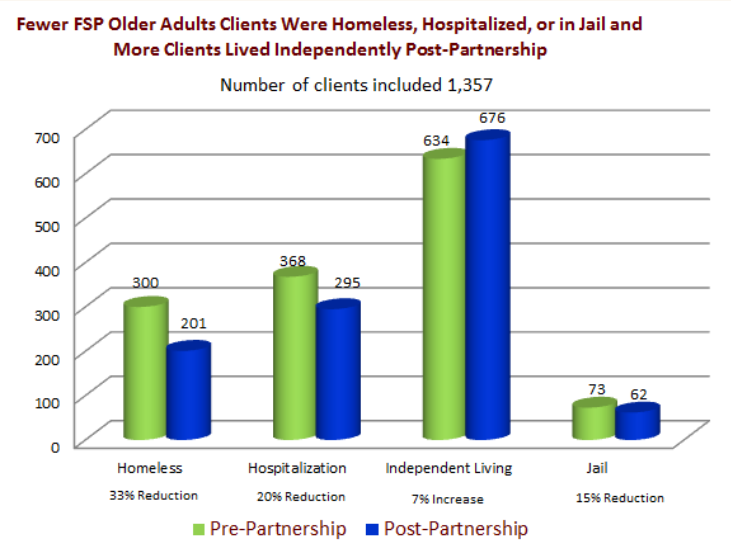
Here in the MHSA Implementation and Outcomes Division, we are able to evaluate the success of our mission and to continually monitor our progress and growth. We record and monitor all of our PEI, FSP and FCCS clients' progress and response to services through the Outcome Measure Applications (OMA). The Outcome Measure Applications for PEI, FSP and FCCS have enabled us to more closely review the impact PEI, FSP and FCCS programs have on our clients' welfare and have helped to guide the refinement and expansion of services on a programmatic level countywide. The FSP program provides intensive services to help address emotional challenges, housing, physical health, emergency events, employment, education and other needs to help individuals function independently in the community. The following graphs illustrate the pre-post outcomes for FSP clients served through June 30, 2015.



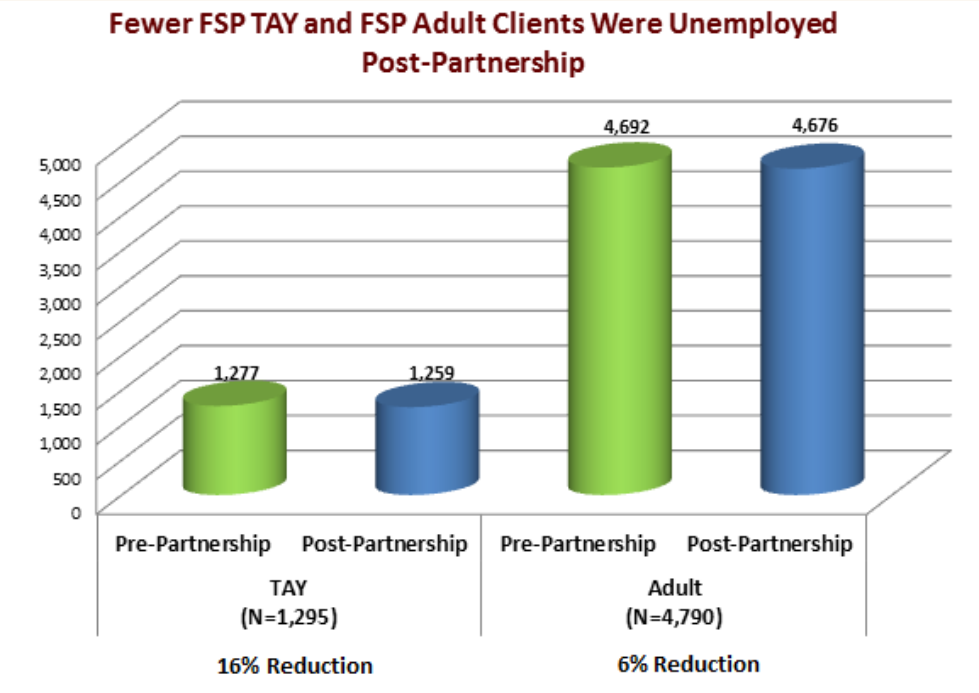
[1] There was a 132% increase in the number of clients in juvenile hall post-partnership. Data indicates 117 child FSP clients (approximately 2% of the child baselines included) reported being juvenile hall 365 days prior to partnership and 271 child FSP clients (approximately 4% of the child baselines included) after partnership was established.



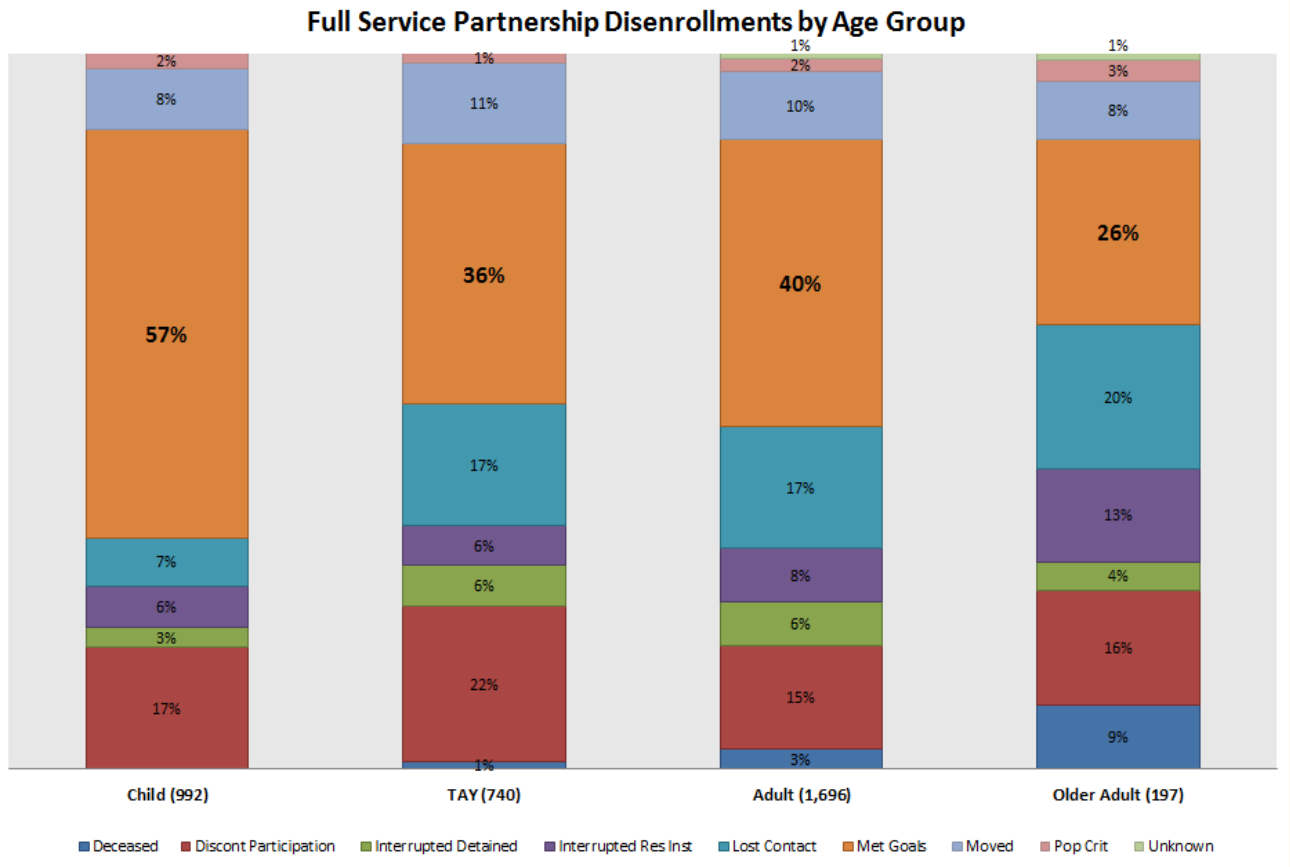




May is Mental Health Month



The following graph illustrates disenrollments for July 1, 2014-June 30, 2015, by age group for FSP clients.



Disenrollment Reasons Definitions

Deceased: Client is deceased. This includes clients who died from either natural or unnatural causes after their date of enrollment.

Discont Participation: Client has either withdrawn consent or refused services.

Interrupted Detained: Client will be detained in juvenile hall or will be serving camp/ranch/ CYA/jail/ prison sentence. Client is anticipated to remain in one of these facilities for over ninety (90) days.

Interrupted Res Inst: Client's circumstances reflect a need for residential/institutional mental health services at this time (such as, an Institute for Mental Disease, Mental Health Rehabilitation Center or State Hospital).

Lost Contact: Client is missing, has not made contact with FSP agency. Agency may request disenrollment of a client after multiple documented outreach attempts for at least thirty (30) days but not more than ninety (90) days.

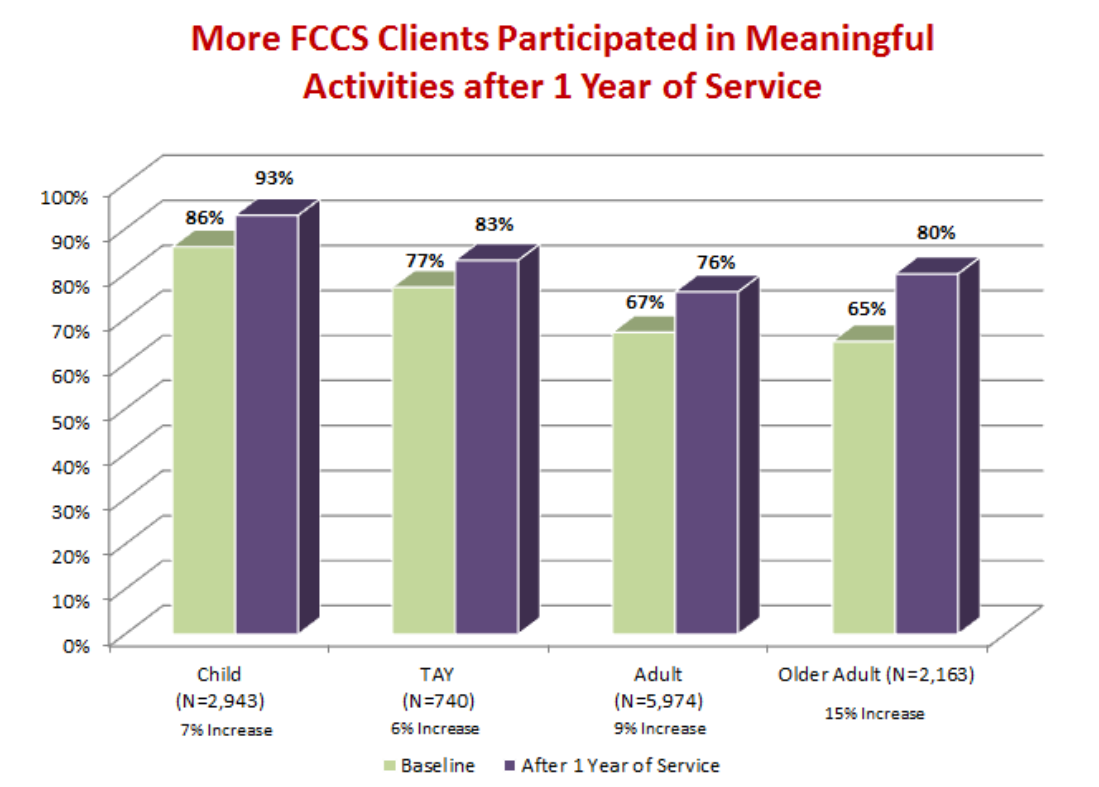
Met Goals: Client has successfully met his/her goals, as demonstrated by involvement in meaningful activities, such as, employment, education, volunteerism or other social activities and is living in the least restrictive environment possible, such as an apartment. The client no longer needs intensive services.

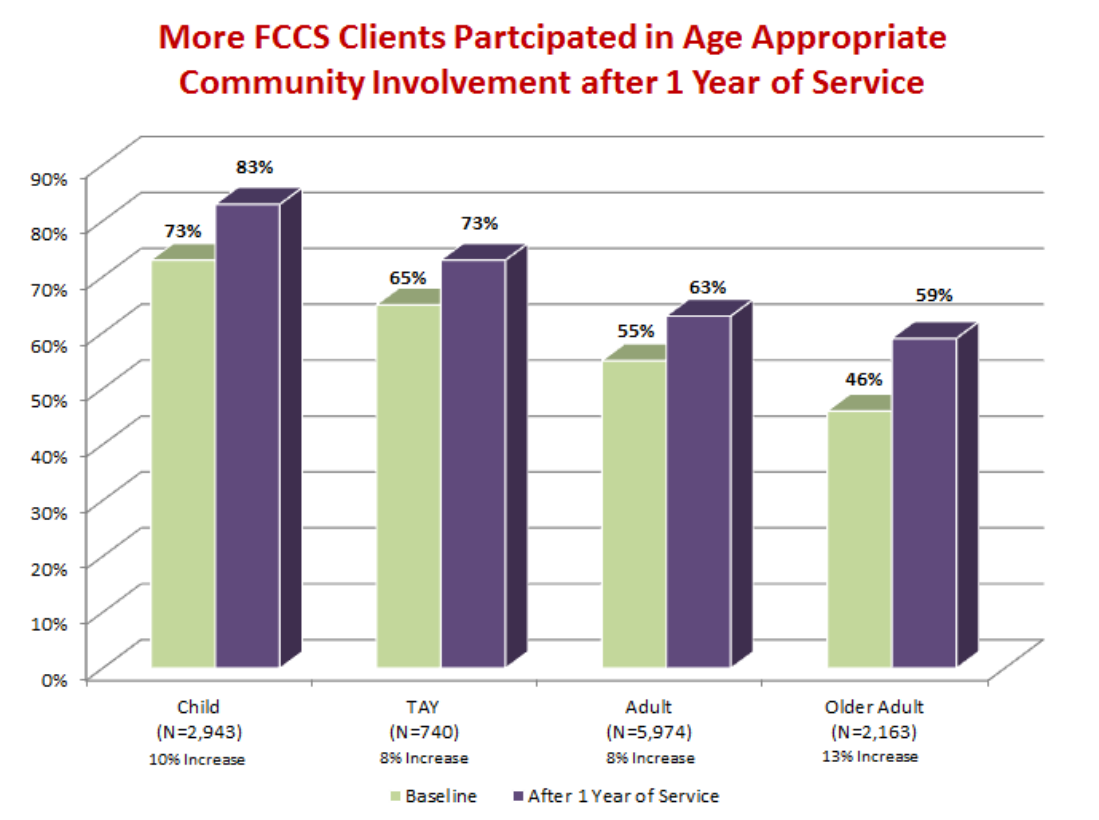
Moved: Client relocated to a geographic area either outside or within L.A. County, and has discontinued FSP services.

Pop Crit: Client is found not to meet target population; in most cases, clients who are discovered to have no major mental illness or serious emotional disturbance (SED).

May is Mental Health Month

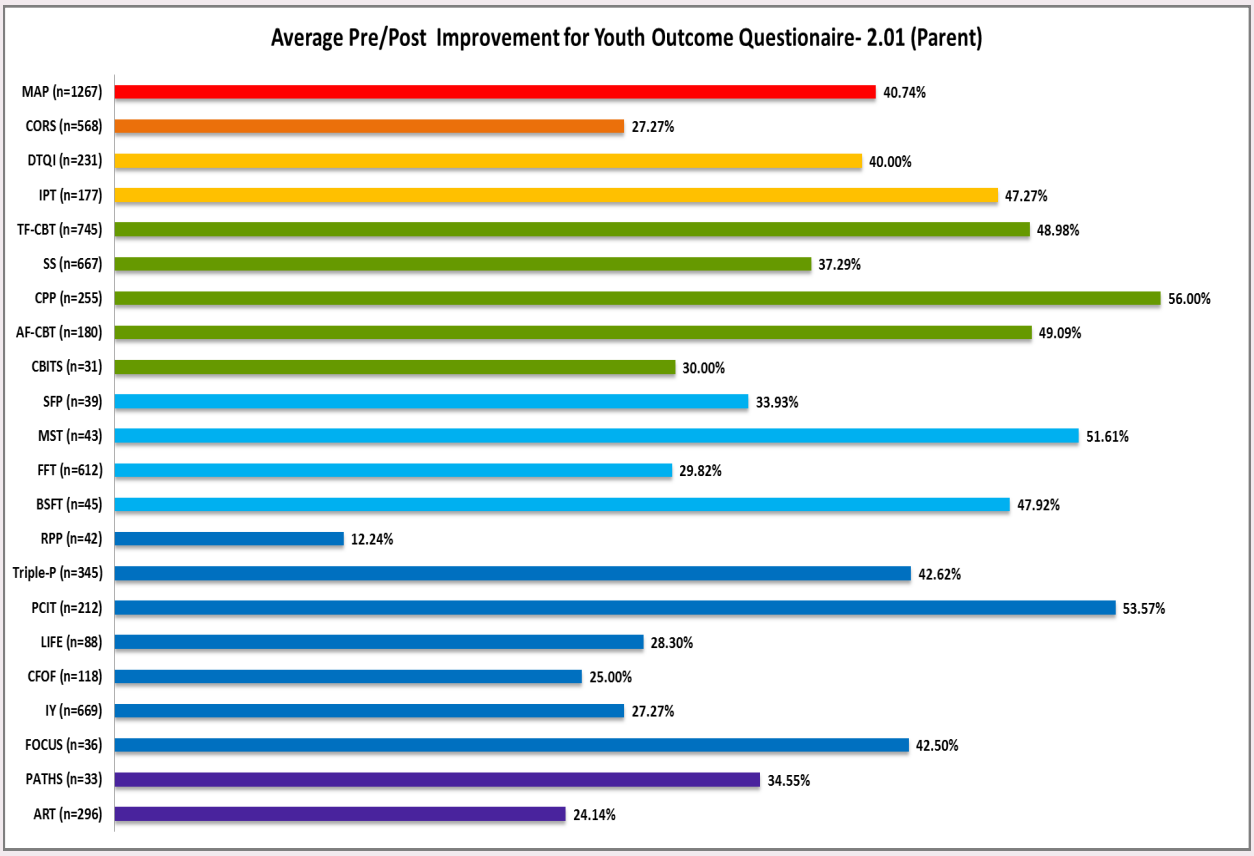
The following graphs illustrate client's responses at baseline and 12-months of service for Field Capable Clinical Services (FCCS) clients served through April 2016.





May is Mental Health Month

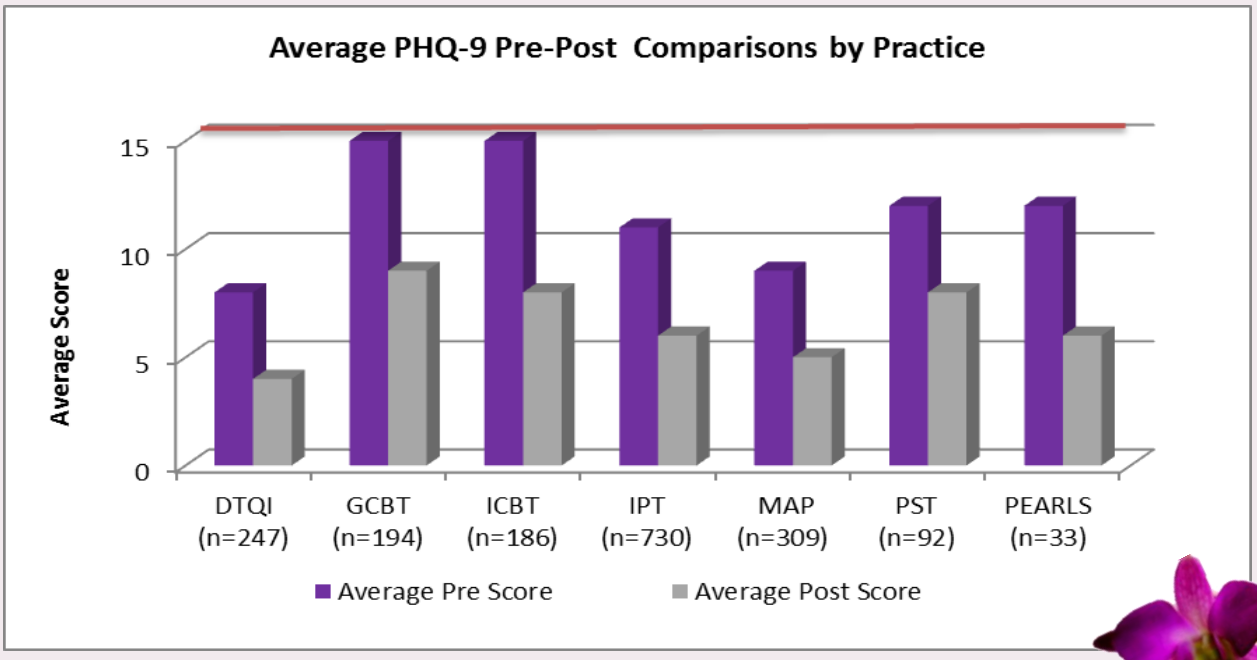
Through the delivery of Evidence-Based Practices (EBP)s, the PEI program in Los Angeles County has reduced risk factors for mental illness and promoted positive cognitive, social and emotional development for children, youth, adults and older adults.



The Youth Outcome Questionnaire 2.01 assesses the parent's perception of their child's mental health functioning in the past seven days. This displays the average reduction in symptoms for clients who completed treatment across multiple EBPs. The practices reflected have 20 or more matched pairs.

FOCUS OF TREATMENT

MAP CRISIS DEPRESSION TRAUMA SEVERE BEHAVIORS/CONDUCT DISORDERS PARENTING AND FAMILY DIFFICULTIES DISRUPTIVE BEHAVIOR



The Patient Health Questionnaire -9 assesses the severity of depressive symptoms in the past two weeks. The red line indicates the clinical cut-off score of 15.

Please see the Wiki , dmhoma.pbworks.com, for a list of EBP acronyms and their meanings.

Outcomes Champion!

In honor of May is Mental Health Month, the MHSA Implementation and Outcomes Division would like to recognize an outcomes champion for the FCCS and FSP programs. The first outcomes champion is Alex Lomeli, the Data Entry Clerk from Hathaway-Sycamores Child and Family Services. On behalf of the FSP/FCCS Outcomes team, we would like to commend Alex for his continuous efforts in outcome measure processing, following-through and for staying on the top of the outcome data practices. We greatly value his collaboration, responsiveness, attention to detail and commitment to outcome data reporting. We took this opportunity to ask Alex a few questions about his work.

Alex, can you describe your approach for managing outcomes? What is your secret to organized OMA data submission?

My approach is to have as much data in front of me in the smallest organized package. When I began in 2012, most of the OMA processing in place for Hathaway-Sycamores relied heavily on paper. As of today, the only paper I use is my note pads and the occasional fax to DMH. All the FSP OMAs I receive from my provider numbers are scanned PDFs and FCCS OMAs have been condensed down to a weekly spreadsheet I can export from our digital records system….paper is too slow.

How have you worked through challenges with outcomes?

Most of the challenges have come from not knowing who to contact about OMA. Over the years, contact lists have been created in a group effort by all of us and I have found that there are many great people out there willing to help me out. I am always happy to help anyone that contacts me as well.

Job well done Alex

Prevention and Early Intervention (PEI)

Los Angeles County Department of Mental Health continuously seeks out innovative and effective treatment strategies to promote recovery of people with mental health illness.

We work together toward common goals by partnering with the whole community.

Top 10 Tips for Successful PEI Outcomes Implementation

Through the course of the PEI Technical Assistance Site Visits the PEI Outcomes team has learned some valuable information about all the great work providers are doing countywide. After speaking with many providers we compiled the Top 10 components for successful implementation of PEI Outcomes.

1. Supervisory support. Supervisors who are engaged in the outcomes process and use outcomes in supervision and staff meetings to reflect on implementation and client progress, report their staff do the same
2. Internal data monitoring. Providing feedback and summary reports of outcome data such as reduction in symptoms and treatment completion for your site can be encouraging to clinicians providing EBPs. It also can help identify challenges and areas for improvement, and serve as a helpful tool for demonstrating all the good work happening at your agency
3. Internal data tracking. Tracking outcomes through excel spreadsheets or your EHR can improve your compliance rate and data acquisition by providing helpful reminders for when outcomes are due
4. Use outcome measures as a clinical tool. The required measures can assist with diagnosis, determining the appropriateness of fit for an EBP, clarifying a client's problem list, and formulating treatment goals
5. Programmatic review. Reviewing your provider-wide and county-wide outcome data offers meaningful information about the implementation of PEI at your site. Providers report reviewing outcome data has helped identify and measure trends in their PEI implementation as well as highlight the strengths and challenges in their program
6. Have a clear workflow plan for the outcomes process. Identifying the appropriate outcome administration dates, having designated staff for data-entry, and refining a process for storing new and completed outcomes can greatly improve your outcomes process and reduce confusion
7. Collect the right information. Use of our updated PEI Optional Worksheets can ensure the right information is collected. These are available for every PEI EBP on our outcomes project website
8. Make tracking outcomes part of the regular clinical process. The use of outcomes is an essential part of providing quality, evidenced-based treatment. Many providers report collecting and monitoring outcomes regularly helps to ensures data is being used to improve and inform clinical practice
9. Keep clinicians at the forefront of outcomes administration and data collection. Most providers report the outcomes to be more meaningful in the clinical process when the clinicians providing the EBP administer and analyze outcomes. In addition, clinicians providing the EBP may be more effective at collecting outcomes since they see clients regularly for treatment
10. Stay connected to the MHSA Implementation and Outcomes Division. Stay in touch with us, we want to hear from you! Participate in the Learning Networks and the Service Area Data Work Groups, request data reports, PEI OMA Alerts to stay updated on changes to PEI OMA. Contact us at peioutcomes@dmh.lacounty.gov if you have questions about the administration of outcomes, data submission into PEI OMA or anything else related to outcomes, we're here to help!

Prevention and Early Intervention

Did you know?

Recently, some Prevention & Early Intervention (PEI) OMA users have notified us that they encountered problems with starting and entering MAP treatment cycles:

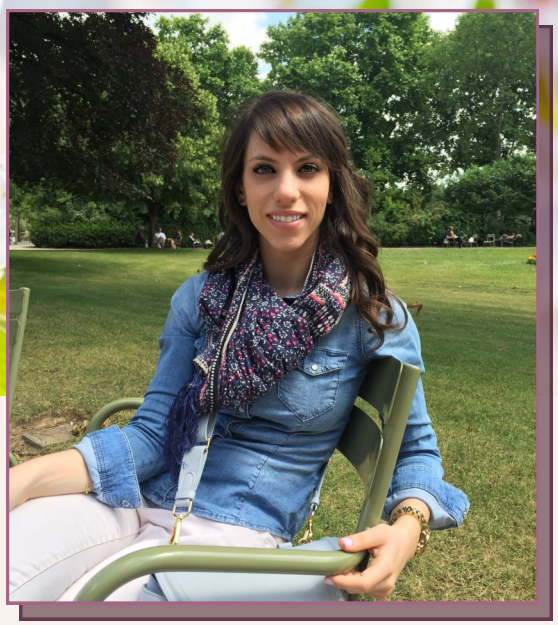
- Providers have had problems starting treatment cycles specifically when the 1st focus of treatment is Disruptive Behaviors.
- Age of client is being recalculated and incorrect outcome measures are being populated (e.g., 18 year old client is being required to enter OQ measure information).
- Non general track questionnaires are populating in the general track (e.g., PHQ-9 is being populated where only the YOQ, YOQ-SR or OQ should be).

We are diligently working with our Chief Information Office Bureau (CIOB) to resolve these problems, but due to their complexity more research time is needed. If you encounter any of the above MAP issues please contact the Help Desk: (213) 351-1335 to report the issue.

In addition, we've encountered some discrepant outcomes data that is reflected in our Questionnaire Stats Report specifically for MAP. The application is counting the number of independent focus tracks under MAP as their own treatment cycles which is inflating the number of clients completing the treatment. The correct number of clients completing MAP treatment can be found on the Compliance Stats Report.

Providers are able to request an updated version of the Questionnaire Stats Report or any other outcome data report by completing the PEI Outcome Measures Order Form located at the following link: http://dmhoma.pbworks.com/w/file/97686736/PEI%20Outcome%20Measures%20Order%20Form%2006302015.xlsx

Staff Feature: Ivy Levin, LCSW



What is your role in the MHSA Implementation & Outcomes Division? I'm a member of the Prevention and Early Intervention (PEI) Outcomes Team. The team and I provide on-site and remote technical assistance to PEI providers countywide to help develop and refine systems for outcomes collection and submission. We also assist our providers in reviewing their outcome data by hosting learning networks for specific PEI evidence based practices to improve client care. In addition I also conduct PEI Outcome Measures trainings and am developing tools and reports for our providers.

What do you find most fulfilling about your job? Data is one of the biggest ways we illustrate the efficacy of our programs, and how we demonstrate accountability for MHSA. I like to encourage providers to get interested in the message their data sends. My team and I emphasize the importance of thinking critically and analyzing the outcomes with a purpose. I find the most fulfilment in collaborating with providers to improve programmatic functions, create systems that work for their program, and elevate the standard of care they provide through the use of outcomes.

How do you spend your time on your days off? What are some of your hobbies? My favorite out-of–the-office activity is by far travel! I'm always planning my next trip abroad and learning about new destinations to explore. When I'm in LA I'm usually busy exploring new restaurants, catching up with friends, enjoying live music or attending interesting cultural events around the city. Also meditation classes have become an essential part of my routine.

What are five things you can't live without? **1)** My relationships are the most important thing to me. I have a great diverse group of friends who keep me laughing and afloat in the face of any adversity. **2**) My cat. Her name is Mouse and she's an incredibly friendly and calm tabby. I treat her like a queen. **3)** Travel. I love to see new settings and have interesting cultural experiences. I think it gives me a greater perspective for my own life and the work we do in DMH. **4)** Good food. I don't love to cook, but I'm very good at eating. My favorite cuisine is Japanese but I love to try out new restaurants and unique dishes. My friends say I'm a human version of Yelp. **5)** Podcasts. I don't watch very much television but I love a good story and podcasts are great for when I'm doing chores around the house or sitting in LA traffic..

What is one thing you would like to accomplish in your lifetime? My biggest life goals are to empower others and diminish social injustice. I like working at DMH because in many ways we are tasked with these same goals. Our department offers support and empowerment for a vastly underserved population.

What do you value most in people, what character traits? Confidence, compassion, authenticity and people with a sense of purpose. I believe these all go hand in hand. When someone feels a deep sense of purpose and fulfillment in their life, they are magnetic.

What might be an interesting fact (s) you would like to share about yourself? I hate cilantro!

Los Angeles County Department of Mental Health
Outcomes Measures Application
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Data Tips for FCCS Outcomes

- Enter your data timely so that it can be as close to real time as possible
- Clients receiving a single service do not need to have FCCS outcomes
- Clients receiving more than one claim over a span of 30 days require FCCS outcomes

Announcements

- Please try to attend the training that you have registered for. If you are unable to attend, please cancel it in advance so we can accommodate your slot to other participants who want to attend the training
- When registering for FCCS Forms training, please indicate in your email whether you want to register for in-person or WebEx training. WebEx training is encouraged to the short duration of these trainings
- When registering for FCCS/FSP Forms and Data Entry trainings, please make sure to send a separate form and email for each training as each email gets triaged to the separate trainer
- Due to the training room occupancy limitations, all trainings require prior registration and confirmation **No Walk-ins please**, as you will be nicely turned away. Registration instructions are available at our OMA Wiki site at http://dmhoma.pbworks.com

Contact Us

FSPoutcomes@dmh.lacounty.gov

FCCSoutcomes@dmh.lacounty.gov

PEIoutcomes@dmh.lacounty.gov

Secure Email

The Los Angeles County Department of Mental Health (LACDMH) has high standards when it comes to transmitting electronic Protected Health Information (PHI). This data is incredibly sensitive and extremely personal. LACDMH has strict state and federal regulations such as the Health Insurance Portability and Accountability Act (HIPAA) to comply with in order to protect confidentiality. Unfortunately, a small number of providers continue to transmit unencrypted emails which contain client PHI. LACDMH by default does not have encrypted email. Please be aware that it is Department protocol to delete unencrypted emails containing PHI immediately. If you do not have a Cisco account for transmitting secure email to LACDMH, you can get setup quickly by contacting us and we will initiate a secure email to you. We encourage you to read the Encrypted Email Recipient's Guide here: http://file.lacounty.gov/dmh/cms1_180460.pdf

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 past two years. Check the OMA Wiki for more information and a schedule of trainings: http://dmhoma.pbworks.com

OMA Users' Group is an opportunity for our outcome providers to dialogue with DMH folks about OMA issues. To participate via Webinar or in-person email: AMeymaryan@dmh.lacounty.gov

OMA Lab is open to all OMA users who want one-on-one assistance from the MHSA Implementation & Outcomes Division Staff to tackle some of your pending Data Change/Deletion Request forms (DCDR)s or data entry issues. Offered every other Monday from 10am-Noon. Please RSVP at:

FSPoutcomes@dmh.lacounty.gov

FCCSoutcomes@dmh.lacounty.gov

PEIoutcomes@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