Introduction to Outcomes Management Systems

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What is an OMS?

An outcomes management system (OMS) is a strategy for evaluating effectiveness of different services, understanding which clients benefit most from certain services, and under what circumstances services are best utilized. An OMS yields useful results for staff at all levels, facilitates positive policy change, and encourages continuous quality improvement throughout the organization. Through these developments, clients can experience more significant outcomes. This overview and the accompanying checklists (located at www.fasoutcomes.com) can act as guidelines to ensure your organization's OMS meets all needed criteria and can provide optimal value to your clients.

What are the Essential Elements of an OMS?

- ➔ To be truly accountable for the outcomes of the youth served, data must be collected at the level of the individual client and used for improving the youth's functioning.
- ➔ Furthermore, client data should be immediately available, meaning that it needs to be delivered in "real time." This is essential so that the practitioner can optimally utilize the information to benefit, and share with, the client/family at the time of receiving services.
- ➔ The OMS must inform practitioners (and their supervisors) as they make decisions about the case as well as track client progress during services. In order to be useful for CQI efforts, client information from the OMS should be available at all levels, including front-line practitioners, family members, supervisors, and agency leadership.
- ➔ Data should also be aggregated so that it can be shared with a wide range of stakeholders and used to help shape treatment practices, program development, policies, and workforce development initiatives. Use of the data by local, county, or regional directors and state administrators can facilitate collaborative problem solving.

What are the characteristics of an effective outcome measure?

A successful OMS should meet the certain criteria (Newman, Ciarlo, & Carpenter, 1999). Specifically the tool must be:

- ➔ Relevant to the target group and independent of the treatment provided (i.e., relevant to determining and differentiating mental health issues and functioning);
- ➔ Useful in assessing the outcomes that are considered the most critical (i.e., functioning in home, school, and the community);
- ➔ Able to regularly assess progress in treatment so that the course of treatment can be changed if needed while the youth is still receiving services;
- ➔ Capable of using objective, well-defined referents, such as behavioral descriptors;
- ➔ Psychometrically strong, including evidence of concurrent and predictive validity and sensitivity to change, for the target population (e.g., youth with mental health needs);
- ➔ Useful in clinical services (e.g., helps to describe client service needs, identify goals for treatment planning, and, if the client is not improving, identify specific areas of functioning that are nonresponsive to treatment); and
- ➔ Able to generate results that can be shared with the family and easily understood. A measure that is considered clinically-relevant by practitioners (i.e., helpful in case decision making and tracking progress) will more likely be implemented more successfully. A variety of tools are available (Maruish, 2004) and can be evaluated using these criteria.

Why is an OMS critical when implementing an EBT or EIP?

AN OMS can greatly facilitate the implementation of EIPs in contrast to "treatment-as-usual" and the improvement of outcomes if appropriate EIPs are implemented. Data collected can be used to:

- ➔ Using aggregated outcome data to determine the types of clients most in need of more effective services results in selecting EIPs that are likely to have the greatest impact on outcomes for the population of youth served. For example, this data-informed approach to selecting EIPs in Michigan generated sustained support for statewide implementation and led to the widespread adoption of EIPs that matched the needs of the youth served by the state (Hodges & Wotring, 2004) (Wotring, Hodges, Xue, & Forgatch, 2005).
- ➔ Data collected as part of the OMS can be used to objectively identify the target population (e.g., youth's profile of specific problem(s) and associated level of impairment), to select EIPs most likely to achieve positive results, and ensure more appropriate referral and enrollment.
- ➔ In addition, the OMS can be used to assess the effectiveness of the EIP. This is important because the results observed from the original research studies may not

be applicable, or generalizable, to the local culture or the characteristics of the youth. Also, it is assumed that strict adherence to implementing the treatment as taught by the progenitors, typically referred to as "fidelity," is required to obtain outcome results similar to those observed in the original research studies.

➔ Continuing to monitor outcomes for EIPs is recommended (Fixsen, Naoom, Blasé, Friedman & Wallace, 2005) because fidelity may be reduced by adaptations introduced or delivery of the EIP by subsequent cohorts of trainees not trained by the progenitors. The state of Hawaii, for example, used data from their OMS to study the relationship between implementation of EIPs and outcomes. The state found that use of EIPs was associated with the youths' functioning improving at a faster rate, which was summarized as "getting better at getting them better" (Daleiden, Chorpita, Dondervoet, Arensdorf, & Brogran, 2006).

***Reminder**: Checklists are available for download as individual documents at www.FASoutcomes.com by clicking the "downloads" tab on the left navigation bar on our homepage.*