

Avatar Process Improvement Committee

Meeting Minutes

4/18/2024

9:00 AM - 10:00 AM

Mission:

The Avatar Process Improvement Committee is an established bi-weekly NetSmart Avatar user group with representation from County Behavioral Health and Contract Partners, including providers, supervisors, and management, with the intention of evaluating change recommendations and making programming decisions to improve the electronic health care system.

Find agendas and minutes from prior meetings here: [Avatar Resources](#)

Minutes

1. **Avatar process Improvement Project Request form - Use this form to submit a request for a new form, a new report, or updates to Avatar. We will use this as a starting point for development. [Avatar Project Request Form \(santacruzhealth.org\)](#)**

2. **New Proposed Change: allow supervisors to add/remove clients from a clinician's caseload - Discussion:**

- a. Request made by Robert Annon to ensure caseloads are accurate.
- b. Because of how we sequester certain substance use treatment records, only certain staff are allowed to use form. Clerical staff are allowed to see sequester information for business purposes. The form unfortunately, due to its design, might allow the user to see sequestered information that should be hidden.
- c. Discussion of multiple reports available to view a user's caseload, including Caseload Report (Simple) that will give you a simple list of any users caseload, minus any sequestered episodes that you should not be able to see.
- d. Discussion of possibly an even simpler report (Adriana).
- e. Adriana - Request to form workgroup to discuss workflows for improved management of caseload updates. Request to IT/Dylan to look at programming for current caseload reports.
- f. Although caseload reports are generally only available to supervisors, there is a test report that only allows the user to print their own caseload. It was never completed, but could be tested and ultimately utilized. (Nancy)

3. Assessment Widget Updates

- a. Three new AVATAR Widgets for Compliance Tracking
 - i. IT: Israel is the lead (and demo)
 - ii. Committee has made recommendations for Widget fields; Dave and Sara added more information including Widget name changes:
 1. MH Adult Documentation Dates
 2. MH Childrens Documentation Dates

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3. SUDS Documentation Dates


b. Minutes/Discussion today

- i. Dave - Izzy completed three pilot template examples currently in LIVE.
- ii. Izzy - Demonstrated the three new assessment widgets during the meeting (one for SUDS, one for Children's Mental Health, one for Adult Mental Health) . SUDs widget needs a little more work. Not tied to any specific "default layout" but they are seen in clinician's view.
 1. Sara-can we update the SUDs widget so it says "SUDs documentation dates"? Instead of "SUDs last assessment dates". (Follow up item) Izzy.
- iii. Adriana - We need to add into the announcement about these widgets that they have to reload/refresh widgets before adding new widgets.
- iv. Nancy - to view a new widget, you may need to "refresh" your home view in Avatar. New widgets unfortunately do not always show up automatically. See page 21, in the [Avatar Clinicians Manual](#) for information on how to refresh your widgets.

4. CalAIM Assessment Form

The screenshot shows a section titled "SUD Risk Rating" with a dropdown arrow. Below it, there is a checkbox labeled "SUD Risk Section Not Completed" which is checked. Underneath, there is a section for "Dimension 1 - Acute intoxication and/or withdrawal potential" with five radio button options: "None", "Mild", "Moderate", "Severe", and "Very Severe".

a. Assessment Portion for Integrated Services determining SUD Risk Rating:

- i. IT: Dylan is the lead
- ii. SUDS Risk Rating: Enable or Disable section. **Completed**
- iii. One final label change: Specialist, *not Specialty*

- iv. Review Flyer (Dave)
- v. Training Video coming soon (Nancy)

b. Minutes/Discussion today

- i. Dave reviewed the flyer with the group, Nancy will do a video walk through of the form as well.
- ii. Johana-In the practice standards committee we were talking about not using the SUD risk rating scale within the CalAIM assessment, we were recently informed that we were not to fill out that portion unless trained to do the full ASAM.

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5. New “Medical Note” form (for County Prescribers only)

- a. Ensuring the new Medical Note services are known and located in the chart
 - i. IT: Daniel is the lead (updates?)
 - ii. Committee has made recommendations Medical Note services to appear on Service History Widget and the Location Code appears on the Progress Note
- b. There was a problem where progress notes written from this form did not show in the Progress Note Widget. The problem has been fixed.

6. COMPLETE: SUBG Care Plan Progress Note Type & Template - Announcement made in SUDS UR (Sara). Sara will also send message about this change to the wider group.

7. Peer Support Specialist Services (Group Service Code Billing in SUDS)

- a. **Goal:** Ensure that Peer Support Specialist Group services are billed in Episodes
- b. **Clarify:** Issues with limitations to billing based on LOC enrollment:
 - i. Avatar Group note form/template **does** allow you to add client from multiple LOCs. (Example 3.5 Res and 2.0 IOP clients can be in one Peer group). **Needs testing.** *Janus has not launched groups for peers due to this.*
 - ii. When a client is discharged from an LOC, the Episode is closed; but Janus wants to provide continued Peer services after LOC discharge.
 - iii. There can be a standalone Peer level per DHCS.
 - iv. Possible workflow solutions:
 1. Client discharges from an LOC but keeps the Episode Open to bill Peer services.
 2. Create a new Peer Support Specialist Episode per County or CBO (for billing)
 3. Bill Peer services in the Recovery Support Services (RSS) Episode

c. Minutes/Discussion today

1. Sara - If peer support services can be billed standalone would it make sense to add these codes to RSS program? QI team to discuss.
2. Adriana will send a list to Sara and then put it in a request change.

8. SRDL Log Report for individual logs

- a. IT: Dylan is the lead
- b. Updates? Will there be a button on the SRDL form?
- c. **Minutes/Discussion today**
 - i. Dave - there is a need to print out what is in each log.
 - ii. Dylan-Will need to wait for a response from Netsmart on this for “ID” to be able to do this.

9. ISS/ICC Form and Report

- i. IT: Dylan is the lead
- ii. **Clarify** Requested change “psychiatric medication” to “psychotropic medications” because not all kids are on medications. Change from “antipsychotics”? See below

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C. Which of the following factors are currently true for the child/youth?

- ☐ 10+ days Absent, suspended, expulsion
- ☐ 2+ Crisis Stabilizations in 12 months
- ☐ 2+ ER visits, for MH, past 6 months
- ☐ 2+ Inpt Hospitalizations in 12 months
- ☐ 2+ meds at same time, past 3 months
- ☐ 2+ placement changes in 24 months
- ☐ Age 0-5, 1+ psychotropic OR 2+ dx
- ☐ Age 12-17, 3+ psychotropic OR 4+ dx
- ☐ Age 6-11, 2+ psychotropic OR 3+ dx
- ☐ Eating Disorder, + 1 related hosp.
- ☐ Multiple child-serving systems
- ☐ None Identified
- ☐ Physical and substance use comorbidity
- ☐ Runaway or missing in the last 2 mos

iii. Completed

10. ASAM Brief tool

- a. Spanish language version needed.
 - i. IT: Dylan is the lead
 - ii. Update? Veronica (ACCESS) will look at it next week, make recommendations to QI and QI will route to Dylan once content verified.

b. Minutes/Discussion today

- 1. Veronica-working with Diana to review form.
- 2. Dave-will keep it on our list, once ready we will go into labeling of form-extending labels to include Spanish next to English.

Parking Lot

11. AVATAR Managed Care Authorization form & report - Some services require authorizations; this form would be used to authorize times of service. Report includes pre-auth for EDC, Telos, Casa Pacific. Need to add authorization for TBS, ICC, IHBS, SUDs Residential (RTARs), inpatient stays to this as well.

12. New Forms in Avatar – future projects

- a. IHBS referral form. Separate from ISS form. Still on paper. Vince to send form to Madea.

b. Minutes/Discussion today

- i. Meg- need ECM (Enhanced Care Management) Progress note. ECM case management service that addresses social determinants of health. Adult BH is looking at adopting this revenue stream to capture new & current services. Adriana-will meet with Meg, need to

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hammer out workflows not a lot of build just agreeing on workflow. Meg will invite Shelly to meeting as well.

- ii. Meg-need to look at the “Existing referral form” in avatar or form we can build for closed loop referrals when we are referring to different people internally. Dave will reach out to Meg for more information on the need.

Get Involved!

- Review test documents in [UAT](#).
- To request new projects, innovations or updates to Avatar, please feel free to share your ideas and suggestions in the Avatar meeting. [Avatar Project Request Form \(santacruzhealth.org\)](#)

Next Meeting

1. Next meeting is scheduled for 5/2/2024, 9 AM – 10 AM. (every other Thursday morning at 9 AM.)

ATTENDANCE

Veronica Gonzalez (County AMH), Vince Stroth (County CMH), Adriana Bare (County BH Business Management), Amanda Engeldrum Magana (PVPSA), Bernadette Franzel (Encompass QI), Daniel Crews (County IT), Dave Chicoine (County QI), Dylan Jones (County IT), Israel Balderas (County IT), Jennifer Gosk (Front St.), Jessica Stone (Janus Compliance), Johanna Jefferies (County AMH), Madea Owen (County QI), Mary Zinsmeyer (New Life), Meg Yarnell (CMH), Meganne Parker (Janus), Nancy Mast (County QI), Robert Annon (County AMH), Sara Avila (County QI), Shelly Barker (County QI)