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

Agenda

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

A. **PREVIOUS**

1. Request made by Robert Annon to ensure caseloads are accurate.
2. Cannot allow line staff access to the form that assigns caseloads because of how we sequester certain substance use treatment episodes. The form unfortunately, due to its design, might allow the user to see sequestered information that should be hidden.
3. 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.
4. Discussion of possibly an even simpler report (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.
5. 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)

B. **TODAY**

1. Shelly- Robert wrote up proposed change to workflows, which was sent to Adriana who is back on 5/8 to take a look at Robert's proposal. Leave item on agenda.

II. **Assessment Widget Updates - Three new Avatar Widgets for Compliance Tracking**

A. **PREVIOUS**

1. Committee has made recommendations for Widget fields; Dave and Sara added more information including Widget name changes:

a. MH Adult Documentation Dates
b. MH Childrens Documentation Dates
c. SUDS Documentation Dates

2. IT: Israel is the lead (and demo). Pilot templates currently in LIVE. You may have to reset your widgets to see them.
3. Sara-can we update the SUDs widget so it says "SUDs documentation dates"? Instead of "SUDs last assessment dates". (Follow up item) Izzy .
4. Adriana – For the announcement about these widgets that they have to reload/refresh widgets before adding new widgets.
5. Nancy - See page 21, in the Avatar Clinicians Manual for information on how to refresh your widgets.

B. TODAY

6. Izzy-Widgets are currently in LIVE, but not yet assigned to various clinical home and chart views, but can be added by the user.
7. SUDs widget:
    a. Sara - Izzy made updates
        i. Added SUD progress note type ???
        j. And the last date that someone did the progress note.
8. MH Adult documentation widget:
        i. Dave – Discussed updates that Izzy will incorporate.

III. CalAIM Assessment Form

A. PREVIOUS

1. SUDS Risk Rating Section (Based on ASAM) is complete, with updates.
    a. Practice standards committee recommends MH not using SUD risk rating scale section at all unless trained to do full ASAM.
    b. Announcement flyer approved - Dave
    c. Nancy to complete video - https://youtu.be/CZsORH6VClc

B. TODAY

2. Anything else with the CalAIM Assessment form needed? Dave-The piece about who is clicking the "SUD risk rating" during assessments is being worked on in practice standards committee.

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

C. **PREVIOUS**

1. Goal: Ensure that Peer Support Specialist Group services are billed in Episodes
2. Clarify: Issues with limitations to billing based on LOC enrollment:
    a. 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*.
    b. When a client is discharged from a LOC (episode/program level), the Episode is closed; but Janus wants to provide continued Peer services after LOC discharge.
    c. There *can* be a standalone Peer level per DHCS.
    d. Possible workflow solutions:
        1. Client discharges from LOC but episode is kept open to allow 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
        4. Sara - If peer support services can be billed standalone would it make sense to add these codes to RSS program? QI team to discuss.
        5. Adriana will send a list to Sara and then put it in a request change.

D. TODAY

3. Group billing code:
    a. Nancy-the group service code billing in SUDs has been fixed.
    b. Daniel-H0025 code has been corrected - changed from an individual to a group code.
    c. Peer support service codes - Sara:
        i. So peers will able to provide peer support services even after a client has discharged from a treatment program? Last time we discussed with Adriana, that it would be easier to add these codes to the existing "RSS" program, which is a standalone program.
        j. Sara will talk to Adriana about adding peer support codes to the RSS program. Workflow components with the programs need to be worked out as well.

V. SRDL Log Report for individual logs

A. PREVIOUS

1. Background: Use of SRADL does not facilitate quick access of log for a single client, which is burdensome at all times and a critical problem when talking to a client in an urgent or emergent situation. Clinicians need easy access to log information.
2. IT: Dylan is the lead
3. Dave - there is a need to print out what is in each log. Nancy – Need is for a report that can be run quickly, that has all (or most recent) log entries for a single client, for quick access.
4. Dylan-Will need to wait for a response from Netsmart on this for "ID" to be able to do this.

B. TODAY

5. Nancy-Currently you can only open one SRDL log at a time and you have to close it to look at another one - can't see all SRDLs for a client at the same time. We want to have a SRDL report that can be run *quickly* (especially for ACESS workers and others who respond to crises).
6. Dylan-currently working on this report but there is a bug waiting on a response from Netsmart that needs to get fixed before progressing, unless an external browser version outside of avatar is used. Need to have offline discussion about possibilities.
7. Dave-it should be a crystal report. Nancy – Not everyone has this software.

VI. ASAM Brief tool

A. PREVIOUS

1. IT: Dylan is the lead

2. Spanish language version needed. Veronica and Diana (ACCESS) to review the form, make recommendations, forward to QI, and then QI will route to Dylan once content verified.

B. TODAY

3. Dylan-can start working on this as soon as he gets translated form.
4. Veronica-will send the form to Dylan. Need to be able to print the form with both English and Spanish in the form for when we send referrals.
5. Nancy- To clarify, the need is to have both English and Spanish in the printout.
6. Clarified that Dylan will update the labels in the form.

VII.   **AVATAR Managed Care Authorization form & report**

A. **PREVIOUS** - 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.

B. TODAY

1. Not discussed in meeting

VIII.   **New Forms in Avatar – future projects**
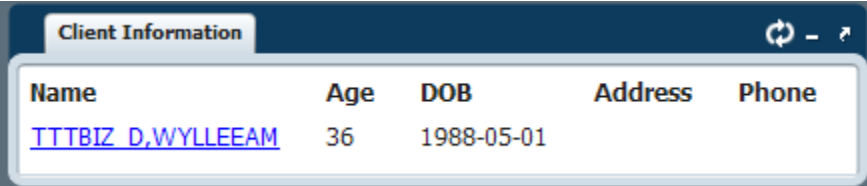
A. **PREVIOUS**

1. IHBS referral form. Separate from ISS form. Still on paper. Vince to send form to Madea.
2. 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 hammer out workflows not a lot of build just agreeing on workflow. Meg will invite Shelly to meeting as well.
3. 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.

B. TODAY

1. From Robert Annon:

a. Project Details: Proposed Change: add DOB to Client Information Widget
1. Group agreed this would be useful change. Finished, Dylan completed during meeting:

Client Information				
Name	**Age**	**DOB**	**Address**	**Phone**
TTTBIZ_D,WYLLEEAM	36	1988-05-01		

b. Aad client photos to the EHR: Take off agenda-will be discussed in upper leadership meetings as avatar already has this capacity.
c. Adopting naming conventions for entering addresses into AVATAR
1. Not discussed in meeting.

Avatar Process Improvement Committee
Meeting Minutes

5/2/2024
9:00 AM - 10:00 AM

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