Avatar Process Improvement Committee

Meeting Minutes

[Link to Santa Cruz Avatar CalAIM Webpage (Minutes and agendas)](#)

5/30/2024
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.

AGENDA

1. **Avatar process Improvement Project Request form**
   a. **There is a link you can use to request changes, this gets directed to Nancy & Dave.**
   b. **New Proposed Change: allow supervisors to add/remove clients from a clinician's caseload**
   c. Minutes/Discussion today
      1. Purpose is to allow the supervisor to keep caseloads accurate. Supervisors currently use the "Adult MH Report" to check caseloads. Discussed using email versus staff messaging for caseload update requests as this would be easier.
      2. Adriana-Action items
         a. Subcommittee to develop proposed workflow and tools, including what the new report looks like, target date for project, presenting to Avatar committee.
         b. Robert to develop a workflow and send it out to Adriana.

2. **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
         3. SUDS Documentation Dates
   b. Minutes/Discussion today
      1. The three widgets are currently in LIVE and available for review. Widgets were demoed in meeting.
      2. For now, each clinician must add these widgets to their Avatar home console "by hand" - they are not automatically defaulted into clinician's view.
      3. Sara - Request to update one of the labels in the the SUD widget so it reads "SUDS documentation dates" instead of "SUDS last assessment dates." Izzy to follow up.

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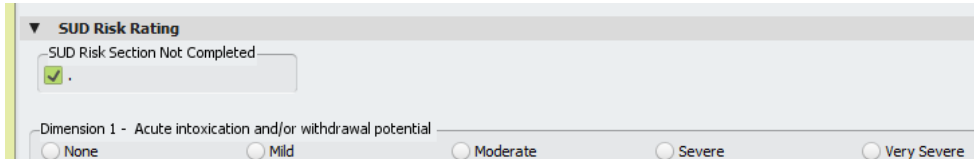
3. **CalAIM Assessment Form**

a. Assessment Portion for Integrated Services determining SUD Risk Rating:
   i. IT: Dylan is the lead
   ii. SUDS Risk Rating: Enable or Disable section. <mark>Completed</mark>
   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 announcement with the group.
   ii. Nancy completed instructional video. https://youtu.be/CZsORH6VClc

4. **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. Minutes/Discussion today
      i. Dave - Reported problem with service data from this note in Service History Widget. Most of the service is visible, except for the location code.
      ii. Daniel is investigating - It appears that the location question is not on the Medical Note form at all, which is why it is not showing in the widget. Note that this form was developed entirely by NetSmart and this would require us having NetSmart update the form. We cannot do it ourselves.

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5. **SUBG Care Plan Progress Note Type & Template**
   a. SUDS will add a new Progress Note Type and Template for SUBG Care Plan
      i. Nancy is the lead; can train IT: Israel
      ii. Note Type and Template are ==ready== to be put in LIVE.
      iii. Confirm: Announcement made in SUDS UR only (Sara)
   b. Minutes/Discussion today
      i. Sara - Nancy put in LIVE already. Sara will send a message out to everyone that it is in there.

6. **Peer Support Specialist Services (Group Service Code Billing in SUDS)**
   a. Goal: Ensure that Peer Support Specialist Group services are billed in Episodes
   b. Updates from the 4/5 QI & SUDS meeting?
   c. 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
   d. Minutes/Discussion today
         1. Sara - Discussion with QI/Suds meeting pending. Question from last QI/SUDS meeting: can peer support services can be billed standalone? Would it make sense to add these codes to RSS program? Somehow putting it into a different forum, so when closed to residential they could still receive peers support services.
         2. Adriana – Need to make sure which codes are being used, and then have them added to programs, which should be easy to do. RSS seems like it may be most appropriate. Adriana will send a list to Sara and then put it in a request change.
         3. Jessica-We are putting all clients in one "RSS" group for ease of simplicity.

7. **SRDL Log Report for individual logs**
    a. previous
        i. IT: Dylan is the lead
        ii. Updates? Will there be a button on the SRDL form?
    b. Minutes/Discussion today
        i. Dylan - Will need to wait for a response from Netsmart on this for "ID" to be able to do this.

8. **ISS/ICC Form and Report – COMPLETE!**
        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

C. Which of the following factors are currently true for the child/youth?
- 10+ days Absent, suspended, expulsion
- 2+ Crisis Stablizations 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

9. **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. Will report back to committee once completed.
        3. Remove from agenda for now.

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    10. New Forms in Avatar – future projects

        a. 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 to develop workflows first. Meg will invite Shelly to meeting as well.

        b. Meg - Form for closed loop referrals that inform of outcome when clients are referred to other programs (state requirement per CalAIM). Needs to look at existing referral forms in Avatar first, Dave to discuss with Meg for more information.

Parking Lot

1. **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.
2. **IHBS referral form.** Separate from ISS form. Still on paper. Vince to send form to Madea.

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)

Attendance

Israel Balderas (County IT), Johanna Jefferies (County AMH), Madea Owen (County QI), Mary Zinsmeyer (New Life), Nancy Mast (County QI), Robert Annon (County AMH), Rosalie Evans (Encompass), Samuel Kim (County IT), Sara Avila (County QI), Sarah Tisdale (Encompass QI), Shelly Barker (County QI), Veronica Campos (Janus), Vince Stroth (County CMH), Adriana Bare (County BH Business Management), Amanda Engeldrum Magana (PVPSA), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Dylan Jones (County IT), Gary Reaves (County Adult MH)

Next Meeting

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