## Avatar Process Improvement Meeting Agenda
**11/18/2021**
**9:00 AM - 10:00 AM**

| | |
|---|---|
| **Meeting Identity and Mission:** | Inclusive, collaborative, agenda driven Continued Process Improvement meeting focused on new state and federal requirements, as well as improving client care and staff experience. |
| **Opportunity to:** | Share both our voice and needs to impact processes & procedures, create and modify forms and workflows, develop reports and widgets |
| **Commitment to:** | Bring information back to the groups we represent, gather input and test current projects to ensure they meet our needs |
| **Meeting Website:** | Avatar Resources / Meetings |

**Get Involved!**

•**To add agenda items, complete the AVATAR request form; contact is David.chicoine@santacruzcounty.us**

•**Housekeeping items – Please use the raise hand function or the chat box if you have questions, comments, concerns.**

# AGENDA ITEMS>>>

| **Introductions** | **TIME: 5 minutes** | **STAFF: Dave** |
|---|---|---|

1. <mark>Maya will co-facilitate today</mark>
2. Introductions: name, program

**Project Status and Updates**

1. <mark>Joanna will join at 9:30AM</mark> **NEW REQUEST: Remove the "Referred to MD…" question from the Psychosocial Assessment**  STAFF: Dave  TIME ALLOTTED: 15 mins



   a. Proposed Change: Remove "yes-no" button from the question. Replace with options (1) The client has not seen their doctor to discuss the presenting problem and we are making a referral, or (2) Client/guardian states that presenting problem has been already discussed with their doctor.
   b. Group also discussed removing the question, but DHCS regulations may require it. Needs more research.

<mark>Ask: two year study of the yes/no responses. Gian willing run the report by 11/18.</mark>

Since 7/1/2019

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| PSA: MD Referral Item | No | Yes | Total | % Yes |
|---|---|---|---|---|
| Adult Mental Health | 1348 | 952 | 2300 | 41% |
| Children's Mental Health | 362 | 1872 | 2234 | 84% |
| Grand Total | 1710 | 2824 | 4534 | 62% |

The question has and/or "double barreled" question, consider clarifying the question.

2. **NEW REPORT! Test MH User Compliance Report** is now in LIVE.   STAFF: Dave/Stan TIME ALLOTTED: 10 mins



FEEDBACK

1. **Name on printed report is "MH Supervisor Compliance Report"—**
2. **Unanimous:  EP column not needed**
3. **Same for Program column—not needed**
4. **Same for Staff Name—'I am running my report for me, I don't need my name listed'**
5. **Admit date column –not needed.**
6. **MSE –not needed**
7. **CSI 23 –not needed**
8. **Last service description not needed.**
9. **Submitted column not needed**
10. **For Adults don't need PSC-35**
    **This is clip is what Clinicians find useful to them in the course of doing the job.**
    **Blue is data the report covers….Red arrows point to data that the case manager finds most useful**

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| MH Number | Name | P.G./Payee | Service Plan Due | Assessment Due | ANSA Due | ▓▓▓▓▓ | Provider/▓▓▓▓ | Next Appointment: |
|---|---|---|---|---|---|---|---|---|
| ▓▓▓ | ▓▓▓▓ | E.P.S - Beatriz | 11/2/2019 | 8/15/2019 | 5/21/2019 | 12/13/18 & 2/22/19 | Whiteside N.P./▓▓ | On-Site |

| Diagnosis: Schizoaffective Dis. (F25.9) | | | | D.O.B | 11/15/1956 | Injections (INJ) | |
|---|---|---|---|---|---|---|---|
| 1) lithium liquid 450 mg po qam and 600 mg po qhs-level 0.9 on 7/3/18 2) clozapine 100 mg po qam and qnn, 200 mg po qhs 3) | | | | | | Applied: | Due: 8/21/18 |
| zyprexa 10 mg po qday prn agitation/paranoia/anxiety NTE 1 dose in 24 hrs 4) haldol decanoate 50 mg po q 4weeks | | | | | | MD: Dr. Mach (PAMF) | |
| **Current Living Location & Contact #:** 155 Willowbrook Dr. Ben Lomod, CA 95005 (831)336-5199 | | | | | | | |

a. **BACKGROUND: The report was developed for all providers to have a compliance report; supervisors have the program-level report. With the new report, line staff can print it any time they want. They don't have to wait for their supervisor to do it.**

**Claire can help develop the DMC tools in December; Briana can in November. Gian and Dave to set date/workgroup. Plan to announce MH Info notice for both MHP and DMC for new tools. Robert can send feedback from user tests.**

**Dates are submission dates, not due dates requiring math to figure out the true due dates. Last day of service, green or red, has a logic that needs to be explained. We have a tech doc that needs updating and should be shared with the InfoNotice. Locate document, send in next minutes.**

b. This was created due to a recommendation from the last audit – to have a way for individual staff members, independently of their supervisor, be able to print their own compliance report.

c. Discussion of adding more to the report. Stan met with Children's Community Gate staff who said they would like reminder dates on the report, rather than just due dates. Because we have limited "real estate" on the current report, this may be a secondary report.

d. Re Adults, Robert Annon would like a focus group with adult clinicians on this.

e. Other factors to consider: How will this report be used? Workflows? Training and info notice?

f. Currently, the report is based on the admission program. Discussion of having it also be SP based.

g. SUDS would like their version of the report. Before this, the supervisor version of the report needs finalizing. Call for SUDS supervisors to meet and discuss what fields they want.

**NEW ITEM: Sara:**

**Onset of Services**

*Currently the Onset of Services is outdated, and we are unable to revise to include updated forms, Nancy has done a ticket to Netsmart regarding this issue, but we still have not heard back from them. (**correct?**)

1.) If we are able to update forms in the Onset of Services, should we continue to use it?

2.) Will this form ever be able to be revised/ updated to be used the way it was intended? The intension in using the Onset of Services form was to replace the paper forms, save the clinicians time and have one location where someone can look to verify that all intake forms have been completed.

- Please let me know if I missed anything and I we have heard back from Netsmart have they given us an ETA on when they can address the issues?

3. **Client Alerts Cleanup**                                      STAFF: Dave      TIME ALLOTTED: 5 mins
   a. Flor (Reception Supervisor) could not be here today, so discussion was mostly tabled. Reception is the primary group creating Client Alerts.
   b. Training of select staff was proposed with emphasis on time-limited, form-limited Admin Client Alerts. Once reception has been consulted, workflows clarified and reception trained, possibly they can train the rest of us.
   c. Erica Ortiz will follow up with reception.
   d. There are some clinical alerts that cannot be removed and need to be considered in the workflow including conservatorship status, name preferences and others.

   Erica is looking at December to form a workgroup, what needs to be deleted, new alerts would expire, not be permanent; create a single sheet for training items.

4. **NEW ITEM: Request for a system, likely an assessment, to track Key Indicators for Children's Intensive Support Services.   STAFF: Stan Einhorn**
   a. BACKGROUND: State requires Children's MH to track certain indicators such as hospitalizations that trigger referring client to Intensive Care Coordination. This data is currently being kept in spreadsheets which is not ideal. Children's MH currently uses a paper assessment for this that gets done periodically. Assessment looks for key indicators for ICC services. If child meets a certain level of criteria, child is referred to ICC.
   b. Discussion of reaching out to other counties to see if they have an Avatar system developed to track this data.
   c. Question: Is there a referral or process for referring child back down to a lower level of care? How does ICC team know when to close the case?

   Stan/Gian to get together to formulate a question to the NetSmart User Group and other counties using NetSmart. Currently managed in an external database, each provider has their own mechanism to collect the data.

5. **NEW ITEM: NOABD Termination and Closing Inactive Episodes  STAFF: Dave**
   a. Related issue of old pre-admit episodes that should be closed.
   b. Kayla Gray has system used for psychiatry.
   c. AMH coordinated clients need a system to track this.

   Scenario: episodes are still open for many years with no activity and clients suddenly have a new service or service request.  FQHC Meds only sending NOABDs for inactive clients.  Who should close inactive episodes when they are discovered by MERT/Liaisons?  If the episode is closed, the client must go back through ACCESS or Pre-Admit. Simple Caseload report to look at / study for closing cases.

## Action Items                                      TIME:  minutes

1. NEW ACTION ITEM

## Parking Lot (did not have time to review parking lot)

1. **DMC-ODS Pre-Admit Workgroup Report Out**      STAFF: Casey Swank    TIME ALLOTTED: 10 mins
   a. Continued development on the Pre Admit workflow has started.
   b. PREVIOUSLY: Group decided on Pre-admit, but want to simplify the workflow. Current paper workflows are seen as efficient and there are concerns that using Avatar may create inefficiencies. Group discussing creation of consent form in Avatar, specifically for SUDS intake only, covering brief ASAM and referrals, no dx, and no LPHA involvement. This replicates current paper process.
2. **Updating Appointments Erases Data**: Problem with status of appts getting deleted if someone else does a second status update (Flor Perez, County Reception): We need a way to document multiple notes by different people about an appt. Also, if a client cancels, we have no way of having verification that the client cancelled because the appt just disappears. (Currently, Avatar only allows one status update for appointments in the Avatar scheduling calendar. You cannot create multiple notations for one appt.)
3. **CSI Data Cleanup**
4. **Enrollment Process / AVATAR intake forms:** Do we use it or eliminate it?
5. **Sticky Notes**: Issues with sticky notes both disappearing when you don't want them to, and hanging around when you don't want them to.
   a. Problem with chart flag for conserved clients. Sticky notes at the bottom of the list might not be visible bc there is not enough room.
   b. Possibly having an expiration date on certain types of warnings. Currently, reception supervisor must look through a spreadsheet of alerts and decide which ones need removing.
6. **Evidence Based Practices (EBPs)**
   a. Topic: Use of evidence-based practices in the General Purpose Progress note to meet the state requirement of Documenting Coordination of Care –DHCS for MH requires demonstration of coordination of physical and mental health care.
   b. Table for now due to audits?



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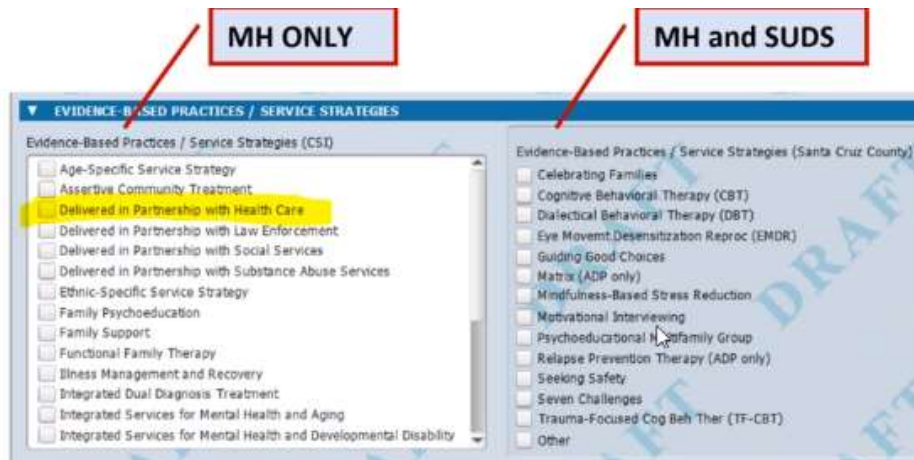
**Next Meeting**

Day/Date: Thursday, 12/2/21              Time:  9 AM – 10 AM

**Attendees**

Claire Friedman (Sobriety Works); Cynthia Nollenberger (County BH Forensics); Dave Chicoine (County QI); Erica Ortiz (County Admin Services Officer); Gian Wong (HSA IT); Kayla Gray (County Psychiatry); Maya Jarrow (Janus QI); Michael Garcia (HSA IT); Robert Annon (County Adult BH); Stan Einhorn (County Children's BH); Sarah Tisdale (Encompass QI)