

Avatar Process Improvement Meeting Agenda

2/10/2022

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:	Click here for meeting agendas and minutes. 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. Next meeting – February 24, 2022
2. Introductions: name, program

Announcements

1. Agendas and meeting minutes are posted on the Avatar Webpage, [Meetings Subpage](#).
2. MH User Compliance Report is now in LIVE. We will probably continue to add minor refinements to the report, but it is ready to be used.

Project Status and Updates

1. [New Telehealth and Phone Text Templates](#) for progress notes (due to changes in telehealth regulations) are in UAT for review. STAFF: Dave TIME ALLOTTED: 15 mins
2. [MEDICAL INFORMATION](#) section on [Psychosocial Assessment](#) STAFF: Dave TIME ALLOTTED: 15 mins

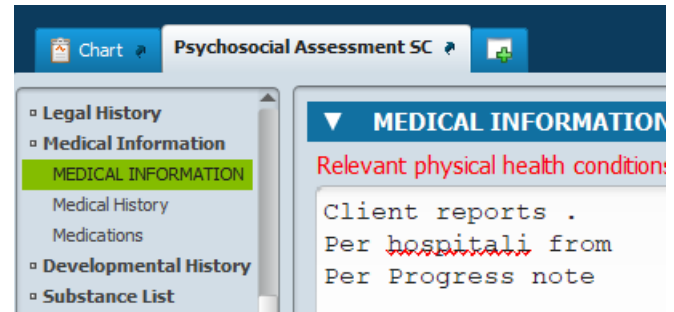
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BACKGROUND: Changes were made to several questions in the Medical Information section of the Psychosocial Assessment SC form to comply with state audit findings.

- a. Changes: **All questions in the section now be enabled, most red/required**
- b. **Committee to examine defaulting** on questions on this page. The table below lists all questions the MEDICAL INFORMATION section and whether or not they default currently.

A screenshot of a software interface for a 'Psychosocial Assessment SC' form. On the left is a navigation menu with categories: Legal History, Medical Information (highlighted), Developmental History, and Substance List. Under 'MEDICAL INFORMATION', sub-items include Medical History and Medications. On the right, the 'MEDICAL INFORMATION' section is expanded, showing a heading 'Relevant physical health condition:' followed by text: 'Client reports .', 'Per hospitali from', and 'Per Progress note'. The word 'hospitali' is underlined in red.

3. Client Alerts Cleanup

STAFF: Flor Perez/Erica Ortiz TIME ALLOTTED: 10 mins

- a. **Is there an update from workgroup?** Has work been done on a written procedure?
 - i. TASK: Determine, Delete or Disable, Time Limited or not, Workflow for all Clerical Teams, Report Design
 - ii. Client Alerts Report to be used as is. No changes required.
- b. LAST MEETING: Discussion of alerts that can expire or get deleted vs items that must stay, like conservatorship status, and how to work with these. Current procedure is to delete alerts that are no longer needed. Discussion of disabling all versus removing. Possibly could delete items that are not of clinical significance such as the common, "Client has mail." Accounting (Erica Ortiz/Flor Perez) to work on written procedure.

4. Children's Intensive Support Services (ISS) assessment and tracking

STAFF: Stan Einhorn


TIME ALLOTTED: 10 mins

- a. **BACKGROUND: All CMH clients must be assessed at admission and every six months to see if they qualify for these enhanced, intensive services, per new state regulations.**
- b. Current procedure (Need to verify this.) - There are two paper forms, an assessment form, and a referral form. The referral form is filled out depending on the outcome of the Assessment. Assessment is done at intake and every six months thereafter.
 - i. Paper assessment form is filled out by a clinician who meets with the family.
 - ii. If needed, the complementary paper Referral Form is filled out to refer the client to needed services. This form may be given to a team supervisor for assignment. Client may be referred to multiple programs.
 - iii. The assessment form has fields for indicating who the case was assigned to. (Workflow for these two forms since they refer to each other?)
 - iv. After completion, forms are scanned and uploaded into the chart.
 - v. Loop is closed by Access supervisor who assigns case.
 - vi. On reassessment, Psychosocial and treatment plan update is best practice.
- c. Picture of the assessment form below.

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County of Santa Cruz Health Services Agency
Children's Behavioral Health
Intensive Support Services Eligibility Form
(complete both sides)

IDENTIFYING INFORMATION

Intake Reassessment Date: _____

Clinician name: _____ Supervisor name: _____

Client's Name: _____ Client's Avatar number: _____

Client's preferred language: _____ **Katie A:** Yes No

Name and relationship of the legal guardian(s): _____

Phone Number: _____ Family Preferred language: _____

INTENSIVE CARE COORDINATION (ICC) and IN HOME BASED SERVICE (IHBS) CRITERIA

Child/Youth Meets Criteria when A & B and one item from C are checked.

A. Child/youth meets Medical Necessity criteria.

B. Child/youth (up to age 21) has full scope Medi-Cal.

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

- 2 or more inpatient psychiatric hospitalizations within the last 12 months
- 2 or more assessments at the crisis stabilization program within the last 12 months
- 2 or more placement changes for behavior within the last 24 months
- 2 or more antipsychotic meds prescribed at same time over past 3 months
- Age 0-5 with 1+ antipsychotic meds OR more than 1 Mental Health Diagnosis
- Age 6-11 with 2+ antipsychotic meds OR more than 2 Mental Health Diagnosis
- Age 12-17 with 3+ antipsychotic meds OR more than 3 Mental Health Diagnosis
- 2 or more ER visits due to mental health symptoms within 6 months
- Unstable housing within the past 6 months
- Diagnosed with an eating disorder and at least 1 related physical health hospitalization
- Chronic absenteeism from school (over 10 days unexcused) and/or multiple suspensions or expulsions
- Involved with multiple child-serving systems whose treatment requires cross agency collaboration (i.e. FCS, Juvenile Probation, SARC)

THERAPEUTIC FOSTER CARE CRITERIA

Child/Youth Meets Criteria when A & B and one item from C are checked.

A. Child/youth meets Medical Necessity criteria.

B. Child/youth (up to age 21) has full scope Medi-Cal.

C. Children/youth at risk of losing their placement and/or being removed from home as a result of the caregiver's inability to meet the child/youth's mental health needs; and, either 1 or 2:

1. There is recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the child/youth's mental health needs, and the child/youth is immediately at risk of residential, inpatient, or institutional care;
- OR
2. In cases when the child/youth is transitioning from a residential, inpatient, or institutional setting to a community setting, and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the child/youth, or support effective rehabilitation.

SERVICE REFERRAL

Client meets criteria for (check all that apply): ICC IHBS TFC None

Parent/Guardian agrees to (check all that apply): ICC IHBS TFC None

Is there a request for an ICC Coordinator in addition to Primary Clinician: Yes No

Assigned ICC coordinator _____

Requesting authorization of (check all that apply): IHBS TFC None

*All authorization requests for IHBS or TFC must be submitted to the County IHBS Coordinator or County TFC Coordinator accompanied by a completed *IHBS/TFC Referral and Authorization Form* for each requested services.

Clinician's Signature _____ Date _____

5. [DMC-ODS Pre-Admit Workgroup Report Out](#) STAFF: Sarah Tisdale
6. [Request to update the SC MH Short Treatment plan to have the headings in both English and Spanish like the other treatment plans.](#) STAFF: Sarah Tisdale
7. [CANS/ANSA Spanish question labels in Spanish \(like on MH Episodic Tx Plan\)](#)
8. [DMC RTAR Form \(Residential Pre-Authorization Form\) – Conversion from Paper Form to Avatar Form](#)

STAFF: Amanda Crowder

 - a. This paper form is used for authorizing residential substance use treatment placements.
 - b. There is a tight legal timeframe on these placements and having this info in Avatar would be helpful for tracking.

Action Items **TIME: minutes**

1. _

Parking Lot

1. California Advancing and Innovating Medi-Cal (CalAIM) discussion.
2. Project list review and update for new year.

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3. Possible updates to Evidence Based Practices (EBPs) question in progress notes. Keep in parking lot for now since CalAIM will change this most likely. 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.

Next Meeting

February 24, 2022 Time: 9 AM – 10 AM

Attendees