

## Avatar Process Improvement Meeting Notes

**8/12/2021**

**9:00-10:00 AM**

### Microsoft TEAMS Meeting Notes

**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, contact [Melissa.McCuiston@santacruzcounty.us](mailto:Melissa.McCuiston@santacruzcounty.us)
- **Housekeeping items** – Please use the raise hand function or the chat box if you have questions, comments, concerns.

Agenda Items	Time	Comments	Staff
1. What's going on?	15	<ul style="list-style-type: none"> <li>• Announcements / Updates:               <ul style="list-style-type: none"> <li>a. New Facilitator – Dave Chicoine, County QI                   <ul style="list-style-type: none"> <li>i. A new Teams Group and Meeting has been created because we cannot transfer the meeting series to a new user. We do have the old information from the old group on file if needed.</li> <li>ii. Everyone who has attended at least one meeting in the last year was invited, but if there are others that should be, let Dave know. <a href="mailto:David.chicoine@santacruzcounty.us">David.chicoine@santacruzcounty.us</a></li> </ul> </li> <li>b. Meeting Process: We want to start with a discussion of meeting process – what works, what doesn't, what is the most efficient way to move projects along                   <ul style="list-style-type: none"> <li>i. How subgroups connect to the larger meeting - How to facilitate activity in subgroups so it doesn't get stalled</li> <li>ii. Comments?                       <ul style="list-style-type: none"> <li>1. Discussion about having a co-facilitator at the main meeting so that the meeting doesn't get cancelled when people are on vacation or otherwise engaged.</li> <li>2. It would be good if the co-facilitator was someone who is currently providing direct service – to make sure that the line staff perspective is part of the discussion.</li> </ul> </li> </ul> </li> </ul> </li> </ul>	Dave

<p>2. Project Status and updates</p>	<p>15</p> <p>15</p> <p>10</p>	<p>I. DMC-ODS Pre-Admit Workgroup: Workgroup Status Update</p> <p>A. Casey Swank report out</p> <ol style="list-style-type: none"> <li>1. Workgroup has clarified needed data points that must be collected during admissions, with the state. What are the needed data points that the Pre-Admit episodes must contain?</li> <li>2. Workgroup is meeting every two weeks.</li> <li>3. Group is at the brainstorming stage regarding the best way to use pre-admit episodes.</li> <li>4. Group is considering: <ol style="list-style-type: none"> <li>a. Creation of a new form</li> <li>b. Revising SRADL</li> <li>c. Developing workflows for the above two scenarios, thinking through aspects including staffing.</li> </ol> </li> <li>5. Discussion of making sure that the spec for any new forms or form changes is correct and thought through before the form is created. Things that may seem easy to change, such as adding document routing, may actually be very difficult and sometimes require that the form be completely redone. "Measure twice, cut once."</li> </ol> <p>B. Santa Barbara provided a sample of their pre-admit which Casey has available for review.</p> <p>C. Release of Information Form</p> <ol style="list-style-type: none"> <li>1. "Legal Forms Tracking" - We decided not to use this and build the ROI separately.</li> <li>2. See end of these notes for a Description of the Release of Information Form. Brief description: <ol style="list-style-type: none"> <li>a. This is a system in Avatar that generates various legal forms such as a Release of Information, Consent for Treatment and Med Consents, which can then be signed electronically or printed for wet signature.</li> <li>b. There is also an associated Widget that shows when forms expire.</li> <li>c. You can see all of this in UAT. <a href="https://santacruzuat.netSMARTcloud.com">https://santacruzuat.netSMARTcloud.com</a></li> </ol> </li> </ol> <p>D. Workgroup saw a demo of form and widget, and identified key tasks still to do.</p> <ol style="list-style-type: none"> <li>1. Each form has to be built and this is fairly labor intensive. We have prioritized the county ROI and then Med Consents as most needed and useful. ROI is about half-way done.</li> <li>2. Workgroup will schedule next meeting.</li> <li>3. Next steps are cleaning up the workflow, forms and reports for the ROI.</li> <li>4. Discussion about impact of Legal Forms Tracking in terms of what people are doing now, and how to smoothly transition end users to the new system.</li> <li>5. Signature Pad – Because the form uses the signature pad, users will have to learn how to do this if they are not using it already. Use of the signature pad, although encouraged, is used with</li> </ol>	<p>Casey Swank /All</p> <p>Nancy</p> <p>Nancy / Workgroup</p>
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varying degrees of enthusiasm by different agencies and teams. There are some situations where a computer (and thus the signature pad) cannot be used, such as jails, hospitals and areas with poor Wi-Fi. For the signature to work, the computer has to have the correct 32 bit version of Java.

6. Encompass will need to run form by their legal counsel before using.
7. Discussion of interface between Legal Forms Tracking implementation and possible future use of social service platforms such as "Unite Us" and "Together We Care," which managers are exploring

II. Data Cleanup Initiative Workgroup

- A. Have reps from SUDS and CMH been identified so that these groups are represented?
- B. Key points being discussed/considered in the workgroup
  1. How to handle diagnosis and updating
  2. Identifying Natural cycles for when updating happens
  3. Accountability flow and monitoring tools
  4. What items are most important.
    - a. Items important for funding
    - b. Items that direct data flow – e.g. caseload assignment
  5. What documentation do we have? What needs to be updated? What needs to be created?
  6. Spec for report needs to be designed. Adriana is going to do this. Will look similar to Caseload Rpt. Discussion of whether or not we also need the report in an exportable excel format.
- C. Discussion of use of I-pads and cell phones. We need to look into compatibility of these items. Chris McCauley will investigate.

**NEW ITEMS:**

- III. Documenting Coordination of Care –DHCS for MH requires demonstration of coordination of physical and mental health care.
- A. See the end of this document for the actual wording of the requirement from state audit protocols. DHCS Protocol – 2.3
  - B. We wanted to open for discussion the possibility of one or two new billing codes (non-billable) that would easily allow data mining for this purpose. M002 (NON-BILLABLE CONSULTATION WITH PHYSICAL HEALTH PROVIDER) and A002 (NON-BILLABLE CONSULTATION WITH PHYSICAL HEALTH PROVIDER)
  - C. Discussion of whether SUDS has this requirement and if the A001 code is necessary. If so, additionally, SUDS has treatment plan goals that are in every plan that demonstrates collaboration. All progress notes around this are coded A400 (CASE MANAGEMENT).
  - D. If this change is implemented, should this just be for medical notes? It might be difficult to track with "regular" notes because

		<p>case management (M400 and A400) encompasses a variety of activities. In addition, this activity is billable for non-medical staff.</p> <p>E. Use of evidence-based practices in the General Purpose Progress note is only for MH programs, even though this dictionary has the “Delivered in Partnership with Primary Care” option.</p> <p>IV. Patient Portal – We are waiting for Avatar improvements before we can implement (update to Avatar NX). This workgroup will wait to discuss until we get to the operational implementation phase.</p> <p>V. Action Items</p> <div data-bbox="565 556 1393 976" style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid red; padding: 2px; font-weight: bold;">MH ONLY</div> <div style="border: 1px solid red; padding: 2px; font-weight: bold;">MH and SUDS</div> </div> <div style="border: 1px solid gray; padding: 5px;"> <p style="font-size: small; margin: 0;">EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES</p> <p style="font-size: x-small; margin: 0;">Evidence-Based Practices / Service Strategies (CS1)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Age-Specific Service Strategy</li> <li><input type="checkbox"/> Assertive Community Treatment</li> <li style="background-color: yellow;"><input type="checkbox"/> Delivered in Partnership with Health Care</li> <li><input type="checkbox"/> Delivered in Partnership with Law Enforcement</li> <li><input type="checkbox"/> Delivered in Partnership with Social Services</li> <li><input type="checkbox"/> Delivered in Partnership with Substance Abuse Services</li> <li><input type="checkbox"/> Ethnic-Specific Service Strategy</li> <li><input type="checkbox"/> Family Psychoeducation</li> <li><input type="checkbox"/> Family Support</li> <li><input type="checkbox"/> Functional Family Therapy</li> <li><input type="checkbox"/> Illness Management and Recovery</li> <li><input type="checkbox"/> Integrated Dual Diagnosis Treatment</li> <li><input type="checkbox"/> Integrated Services for Mental Health and Aging</li> <li><input type="checkbox"/> Integrated Services for Mental Health and Developmental Disability</li> </ul> <p style="font-size: x-small; margin: 0;">Evidence-Based Practices / Service Strategies (Santa Cruz County)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Celebrating Families</li> <li><input type="checkbox"/> Cognitive Behavioral Therapy (CBT)</li> <li><input type="checkbox"/> Dialectical Behavioral Therapy (DBT)</li> <li><input type="checkbox"/> Eye Movemt Desensitization Reprac (EMDR)</li> <li><input type="checkbox"/> Guiding Good Choices</li> <li><input type="checkbox"/> Matrix (ADP only)</li> <li><input type="checkbox"/> Mindfulness-Based Stress Reduction</li> <li><input type="checkbox"/> Motivational Interviewing</li> <li><input type="checkbox"/> Psychoeducational Multifamily Group</li> <li><input type="checkbox"/> Relapse Prevention Therapy (ADP only)</li> <li><input type="checkbox"/> Seeking Safety</li> <li><input type="checkbox"/> Seven Challenges</li> <li><input type="checkbox"/> Trauma-Focused Cog Beh Ther (TF-CBT)</li> <li><input type="checkbox"/> Other</li> </ul> </div> </div> <p>A. Karen Kern to provide information about social service platforms such as “Unite Us” and “Together We Care.”</p> <p>B. Reconvene Legal Forms Tracking Workgroup (Gian, Nancy, Robert A., and Sube for consultation) Who else should be in this group?</p> <p>C. Everyone please look at Legal Forms Tracking in UAT. If you need your UAT password reset, ask your supervisor, county IT or county QI. <a href="https://santacruzuat.netsmartcloud.com">https://santacruzuat.netsmartcloud.com</a></p> <p>D. Chris M. following up on Patient Portal</p>	
3. Action Items	5	<p>A. Karen Kern to provide information about social service platforms such as “Unite Us” and “Together We Care.”</p> <p>B. Reconvene Legal Forms Tracking Workgroup (Gian, Nancy, Robert A., and Sube for consultation) Who else should be in this group?</p> <p>C. Everyone please look at Legal Forms Tracking in UAT. If you need your UAT password reset, ask your supervisor, county IT or county QI. <a href="https://santacruzuat.netsmartcloud.com">https://santacruzuat.netsmartcloud.com</a></p> <p>D. Chris M. following up on Patient Portal</p>	All
4. Parking Lot		Project Listing – Are there any quick ticket items that could be addressed while the other projects are being worked on? Updated Project request list is posted on the <a href="#">Avatar Website</a> .	All
<b>Next Meeting:</b>	<b>TBD</b>		
<b>Attendees:</b>	Attendees: Casey Swank, Chris McCauley, Claire Friedman, Cybele Lolley, Cynthia Nollenberger, Dagny Blaskovich, Gian Wong, Jorge Fernandez, Karen Kern, Maya Jarrow, Robert Annon, Serena Mohammad		

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*REFERENCE INFORMATION*

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**Description of Electronic Release of Information form and Widget:** The form in Avatar is filled out and then generates a “report” which is just a printout of the form with all of the needed information already filled in. The report can then be printed and given to the client to sign, or the client can sign electronically. Therefore, there is flexibility to print and have the client sign a paper copy which is then scanned into the chart - OR - have the client sign electronically. (This is how our treatment plans work.) There is also an associated **Widget that shows when forms expire. You can see all of this in UAT. If you need your UAT password reset, ask your supervisor, county IT or county QI.**

<https://santacruzuat.netsmartcloud.com>

I. Once the electronic Avatar form is filled out, users generate a report, as shown below.

Client Legal Name: FAVREAU, LIL' T		Avatar No: 11	
Nickname/Alias:	Date of Birth: 6/13/2000	Phone: 831-555-1212	
Address: 123 Maple St.	City: Santa Cruz	State: CA	Zip: 95060

**2 AUTHORIZATION FOR THE RELEASE/SHARE OF CONFIDENTIAL INFORMATION**

I, FAVREAU, LIL' T, authorize Behavioral Health Services Mental Health Services Staff to share (give and/or receive) the below identified information to: TEST AGENCY authorized to receive my treatment information.  
[CARES Act permits "organization/agency" for SUD disclosures.]

Recipient Name: Joe Smith  
Address: 123 Emeline  
Phone: 831-454-4409

[FOR Children's Mental Health (CBH) staff (minor ownership): My signature below confirms that I have assessed this 12-17 year old minor and determined the minor Not applicable the release of her/his/his protected health information.]

CBH Staff Signature: (No signature) Date:

MAST, NANCY

**3 The purpose for the communication, disclosure and exchange of this information is:**

Facilitate treatment/payment/operational

**4 I permit staff to release/share the following sensitive information:**

Diagnosis

Only treatment enrollment confirmation including medications Psychiatry treatment.

**5 DURATION: This authorization is valid until: 8/12/2022 or one (1) year from the date this form is signed, whichever date is earlier.**

**6 MY RIGHTS:** (1) I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or eligibility for benefits. (2) I understand that this is a communication release. (3) I understand if I authorize disclosure of my protected health information to someone who is not covered by confidentiality laws (such as a family friend) it is possible that my information may be re-disclosed by that person to someone else. (4) I may revoke this authorization at any time by submitting a written revocation to: Quality Improvement, 1400 Emeline Avenue, Santa Cruz, CA 95060 to activate the revocation effective date. (5) I have the right to a copy of this authorization form and was offered a copy.

**7 Client Signature:** (No signature) Date:

FAVREAU, LIL' T

**8 Parent/Legal Guardian Signature:** (No signature) Date:

(If signed by someone other than the client, state your legal relationship to the client): TEST

Behavioral Health Staff Signature: (No signature) Date:

MAST, NANCY

Legal Guardian or Conservator must provide a copy of current legal appointment papers to receive information

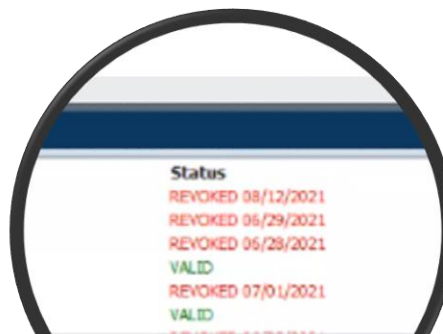
II. The report can be generated at any time if needed. For example, to provide the client with a copy. The report and widget show the latest information, or version of the form (e.g. the most recent ROI to speak to a client's family member). You can see the prior versions in the chart though.

III.

IV. Clients can still sign a paper version. If the client signs a paper form vs. signing electronically, we just need to capture the salient details such as the expiration date and the entity to whom info is being released in Legal Forms Tracking, so we know what the release is for and when it expires. This also allows the information from the release to be in the Widget.

V. Once the form is submitted, then it will generate the form if needed. (If client has already signed a paper version then you don't need the "report.")

VI. The Release of Information Widget allows the user to easily see which releases are active, which are expired, which are about to expired and which are revoked.



id	Form Expires	Episode	Authorized Agency	Authorized Name	Status	Staff Name
12	2022-08-12	6	TEST AGENCY	Joe Smith	REVOKED 08/12/2021	MAST,NANCY
29	2022-06-29	2	Joe's Agency	Joe Doe	REVOKED 06/29/2021	TEST,DOCTOR
28	2021-06-29	6	Test Agency	Test Name	REVOKED 06/29/2021	TEST,DOCTOR
23		6			VALID	MAST,NANCY
23	2022-06-23	6	Inpatient Hospital	Dr Test	REVOKED 07/01/2021	TEST,DOCTOR
20	2022-05-20	6	SCCHH	LFT Favreau	VALID	MAST,NANCY

VII. Because a release of information is a legal document, it cannot be changed after the client signs. Therefore, once the form has been submitted in Avatar, it cannot be changed. There is a separate form for indicating that the release has been revoked by the client and when.

VIII. Revoke Release of Information form is shown below. The form to revoke also informs the widget, so that people can easily see if a release has been revoked by the client.

Revoke Release of Information

REVOKE AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

**Form Date**

**Staff Member**

**Authorized List**

**Revoke Date**

**Client Verbally Revoked Release of Information**

 Yes  No

**Sent/Mailed copy to client**

 Yes  No

**QI Notes**

**Form Status**

 Draft  Final

I understand that my mental health information may have already been shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to share my mental health information with this person or group. It does not cancel any other authorization forms I signed for mental health information to be shared with another person or group.

I understand that the revocation will take effect upon the receipt of my written request.

**Client Signature**

IX. The Revocation Form prints out a copy for the client to sign. This is mailed to the client with a self-addressed stamped envelope. We are exploring DocuSign for this form.

**REVOKE AUTHORIZATION TO RELEASE CONFIDENTIAL MENTAL HEALTH INFORMATION**

**Client Name:** FAVREAU, LIL' T                      **DOB:** 6/13/2000                      **Client ID:** 11

**Client Address:** 123 Maple St. Santa Cruz, CA, 95060

I want to cancel, or revoke, the permission I gave to Santa Cruz County Behavioral Health to share my health information with this person or group.

**Recipient information:**  
Name (person or group): TEST AGENCY / Joe Smith  
Address: 123 Emeline  
Phone: 831-454-4409  
Authorization Signed Date (if known): 8/12/2021

I understand that my mental health information may have already been shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to share my mental health information with this person or group. It does not cancel any other authorization forms I signed for mental health information to be shared with another person or group.

I understand that the revocation will take effect upon the receipt of my written request.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are signing for the Client, describe your relationship below. If you are the Client's personal representative, describe this below and provide copies of those forms (such as order of guardianship / court order).

Describe relationship: \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Santa Cruz County Behavioral Health will stop sharing your health information when we get this form. You may use the mailing address below, leave with clinic reception, or you can also call for help at 800-952-2335.

Mail To: Santa Cruz County Behavioral Health  
1400 Emeline Ave, Santa Cruz, CA 95060  
Attention: Quality Improvement

ID: DZK65968.00002 August 12, 2021



DHCS Protocol – 2.3

**2.3: COORDINATION OF PHYSICAL AND MENTAL HEALTH CARE**

**2.3.1: The MHP shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP. (CCR, title 9, section 1810.415(a).)**

**Documentation to review**

- P&P
- Training agendas and meeting notes showing attendee lists Training materials • Calendar of training events
- Evidence of consultation with health providers, such as a sample of medical records