

Avatar Process Improvement Meeting Notes

11/3/2021

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. Nancy is out today – still open for new leadership requests – **Maya will co-facilitate next session**
2. Introductions: name, program

Project Status and Updates

1. **NEW REQUEST: Remove the “Referred to MD...” question from the Psychosocial Assessment** STAFF: Dave
TIME ALLOTTED: 15 mins

Client has been referred to MD for medication evaluation and/or to rule out physical health factors, which may impact client's functioning

Yes No

Describe result, and any pertinent information about treatment 

- 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.

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

Since 7/1/2019

Avatar Process Improvement Meeting Notes

11/3/2021

9:00 AM - 10:00 AM

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

PATID	PName	EP Program	Admit	TX Plan	Plan Offer	Submitted	PSA	DX	MSE	CSI-23	CANSA	PSC-35	Last SvcDate	Last Svc
Nancy Mast Caseload Pts: 5														
		16 LE - 00044 MH COUNTY OUTPATIEN	03/28/18	05/18/21	X		03/17/21	01/18/19	X	20	07/14/21	X	10/12/21	99214 OFFICE VISIT E&M MOD COMPLEXITY
		7 LE - 00044 MH COUNTY OUTPATIEN	11/13/20	12/16/20	12/16/20		12/13/20	03/15/21	11/17/20	22	09/14/21	12/03/19	10/14/21	COLLATERAL WITH FAMILY
		4 LE - 00044 MH COUNTY OUTPATIEN	02/22/21	09/28/21	09/24/21		X	03/01/21	X	20	10/20/21	X	10/20/21	CASE MANAGEMENT
		8 LE - 00044 MH COUNTY OUTPATIEN	03/01/07	04/29/21	04/29/21		05/10/21	03/05/19	08/23/18	20	09/17/21	X	09/29/21	NON-BILLABLE INFORMATION FOR THE FILE
		4 LE - 00044 MH COUNTY OUTPATIEN	08/25/21	X	X		X	08/25/21	X	20	08/27/21	X	10/05/21	NON-BILLABLE INFORMATION FOR THE FILE

- 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?

Avatar Process Improvement Meeting Notes

11/3/2021

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- 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.

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

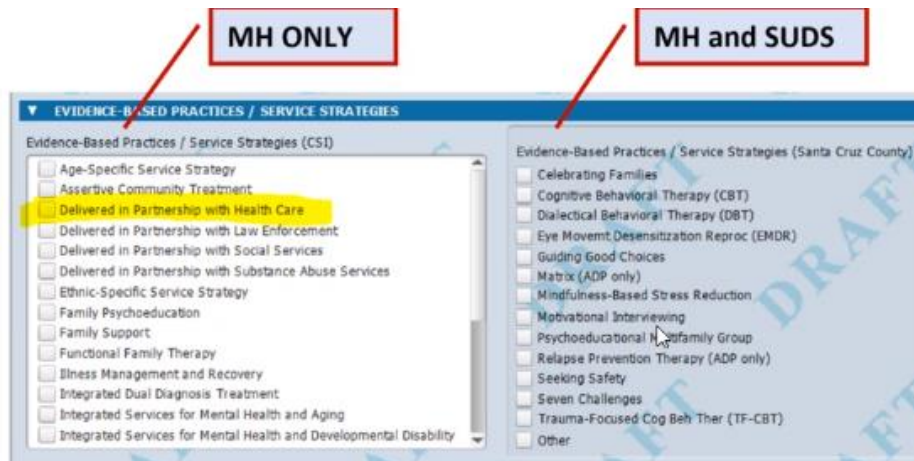
Avatar Process Improvement Meeting Notes

11/3/2021

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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?



Next Meeting

Day/Date: Thursday, 11/18/21

Time: 9 AM – 10 AM

Attendees

Avatar Process Improvement Meeting Notes

11/3/2021

9:00 AM - 10:00 AM

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)