

Avatar Process Improvement Meeting Minutes

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. Maya will co-facilitate today
2. Introductions: name, program

Project Status and Updates

1. **NEW REQUEST: Remove the “Referred to MD...” question from the Psychosocial Assessment** STAFF: Dave/Joanna Moody 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. The reason for the change request is that recent audit of a chart where the question had been answered “No,” led to denials.
- b. Cybele Lolley adds that as long as we can explain what the no means, this should pass audit. Currently, the question is disabled/greyed out when the answer is “No.” Gian will change the form so this does not happen and people can document why when they click “No.”
- c. Discussion about helping clinicians understand how to answer this question correctly.
- d. Answers (Y/N) mean the following:

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- i. No - The client has not seen their doctor to discuss the presenting problem and we are making a referral, or
- ii. Yes - Client/guardian states that presenting problem has been already discussed with their doctor.
- e. Proposed Change: Remove "yes-no" button from the question and Replace with two questions because the question is really getting at two things:
 - i. Whether or not the client/Guardian has reported medical issues, and...
 - ii. Whether or not the client has been referred to physical healthcare to rule out the possibility that the behavioral health issue can be treated through primary care.
- f. Below is extracted data from the psychosocial about responses to this question, from 7/1/19 to the present.

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%

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

MH User Compliance Report
 Open admissions/episodes as of: 10/21/2021
 Staff: Nancy Mast

[Export-Friendly Version](#)

PATID	PName	EP Program	Admit	TX Plan	Plan Offer	Submitted	PSA	DX	MSE	CSI-23	CAN SA	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.
- b. FEEDBACK from line staff below:
 - i. Name on printed report is "MH Supervisor Compliance Report"—
 - ii. Unanimous: EP column not needed
 - iii. Same for Program column—not needed
 - iv. Same for Staff Name—"I am running my report for me, I don't need my name listed"
 - v. Admit date column—not needed.

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- vi. MSE –not needed
 - vii. CSI 23 –not needed
 - viii. Last service description not needed.
 - ix. Submitted column not needed
 - x. For Adults don't need PSC-35
- c. Blue is data the report covers....Red arrows point to data that the case manager finds most useful

MH Number	Name	P.G./Payee	Service Plan Due	Assessment Due	ANSA Due	12/13/18 & 2/22/19	Provider: Whiteside N.P.	Next Appointment: 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) zyprexa 10 mg po qday prn agitation/paranoia/anxiety NTE 1 dose in 24 hrs 4) haldol decanoate 50 mg po q 4weeks							Applied:	Due: 8/21/18	
Current Living Location & Contact #: 155 Willowbrook Dr. Ben Lomod, CA 95005 (831)336-5199							MD: Dr. Mach (PAMF)		

- d. Gian and Dave to set date for a workgroup.
- e. Plan to announce MH Info notice for both MHP and DMC for new tools.
- f. Robert can send feedback from user tests.
- g. 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.
- h. Discussion of Psychosocial Spec Document pictured below.

Field Name	Description	Field Format	AVATAR Form	AVATAR Field	Compliance Reference	Compliance Color Map: Green or Red
Output symbols and colors	Red X				Green check on left = entire line/chart is in compliance Red x = one or more items out of compl.	
PATID	Client ID Number	Number	Admission Form			
PtName	Client Name	Text	Admission Form			
EP	Episode #	Number	Admission Form			
Program	Episode Name	Text	Admission Form			
Admission	Open Date	Date	Admission Form	PreAdmit/ Admission Date	Doc Manual (page 3)	
Tx Plan	Tx Plan LPHA Authorization Date = FINAL/SUBMIT Date	Date; blank if no data	SC MH Episodic Treatment Plan {How to show data for STTP and SUD TP, which are currently not in report.}	Submission Date (Final)	Tx Plans are authorized up to one year from LPHA date. Initial plan due within 60 days of first service; Annual update due prior to the expiration of the previous plan. Doc Manual (page 11)	Green Date: PLAN IS FINALIZED within one year minus one day of the LPHA Auth Date. Red Date: Overdue Red X: Missing or in draft (we don't want the date of the draft here)
Psych Soc	Psychosocial	Date; blank if	Psychosocial Assessment SC	Submission Date (Final)	Initial due within 30 days of system entry.	Green: if date is

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3. NEW ITEM: Sara: Onset of Services
 - a. Discussion of whether or not to continue using this form.
 - b. CONS:
 - i. Duplicative - Those who use it also have clients sign paper forms. The original intent of the Onset of Services was to generate overpour after client signed everything electronically, that could then be offered to the client, but we do not have the software available to print a report in this manner.
 - ii. Due to a "known problem" by NetSmart, it is very difficult and time-consuming to "swap" links to forms when forms are updated. Therefore, many of the links point to outdated and incorrect forms.
 - iii. Because the form is not episodic, anyone can see it in the chart. Therefore, for clients with sequestered SUD episodes, the form cannot be used.
 - iv. The form is used inconsistently across programs due to its problems.
 - c. PROS
 - i. The form does provide easily accessed documentation to verify whether or not certain forms have been signed/completed/offered to clients such as HIPAA forms and consent for treatment.
 - ii. The form provides a reminder to clinicians about certain forms they must complete.

d. RECOMMENDATION FROM COMMITTEE IS TO STOP USING THE ONSET OF SERVICES AND DOCUMENT THAT INTAKE FORMS HAVE BEEN DONE ELSEWHERE (PROGRESS NOTE).

- i. Staff need to be retrained/reminded that they should document in the client chart, typically in a progress note, that releases, HIPAA forms, consents, etc. have been signed by the client, and copies offered to the client.
 - ii. Other discussion/recommendations
 1. Recommendation from Committee with input from Cybele Lolley, County QI Director:
 2. For now, because the form is not really user or beneficiary appropriate, we will stop use of this form.
 3. Supervisors and managers on this committee should distribute meeting minutes to inform their staff of changes.
 4. Although the form is well intended, and would be a great asset if it worked properly, currently it does not.
 5. We should look to the future, possibly Avatar NX for creation of a form like this that actually works.
4. Table for next meeting - we were not able to get to these items.
 - a. Client Alerts Cleanup
 - b. Request for a system, likely an assessment, to track Key Indicators for Children's Intensive Support Services. STAFF: Stan Einhorn
 - c. NOABD Termination and Closing Inactive Episodes STAFF: Dave

Action Items

TIME: minutes

1. NEW ACTION ITEM

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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
2. **Updating Appointments Erases Data**
3. **Enrollment Process / AVATAR intake forms:** Do we use it or eliminate it?
4. **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.
5. **Evidence Based Practices (EBPs)** question in progress notes. 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

Day/Date: Thursday, 12/2/21

Time: 9 AM – 10 AM

Attendees

Attendees: Claire Friedman (Sobriety Works), Cybele Lolley (County QI Director), Cynthia Nollenberger (County BH), Dagny Blaskovich (Volunteer Ctr), David Chicoine (County QI), Gian Wong (HSA IT), Joanna Moody (County Childrens Supervisor), Jorge Fernandez (HSA IT), Kayla Gray (County Psychiatry), Maya Jarrow (Janus), Michal Garcia (HSA IT), Nancy Mast (County QI - Avatar), Robert Annon (County Adult Supervisor), Sara Avila (County QI),