

Avatar Process Improvement Meeting Minutes

12/16/2021

9:00 AM - 10:00 AM

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|--------------------------------------|---|
| 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

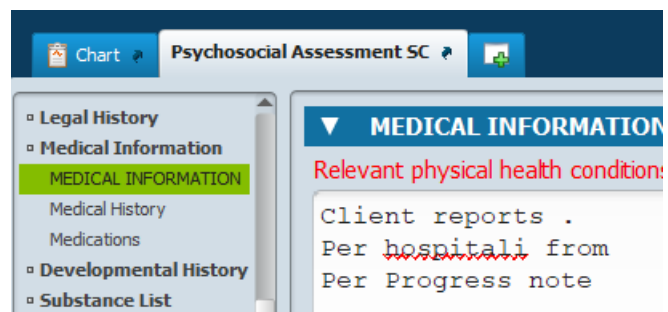
STAFF: Dave

1. We will skip December 30, 2021, meeting. Next meeting – **January 13, 2020**
2. Introductions: name, program

Project Status and Updates

1. **MEDICAL INFORMATION section on Psychosocial Assessment** STAFF: Dave TIME ALLOTTED: 15 mins

- a. BACKGROUND: This issue initially involved just the “Client has been referred to MD for medical evaluation and/or to rule out physical health factors...” question from the Psychosocial Assessment. A recent state audit disallowed services due to clinician clicking “no” for this question. Currently, clicking “no” disables the explanation text field below. The decision was made in the last meeting to enable this question regardless and also make it always red/required since this is a state requirement. This discussion led to a further examination of the entire Medical Information section in the psychosocial.
- b. Committee decided to look at the **entire MEDICAL INFORMATION section**, and came up with **recommendations that will be implemented on the form**. (Nancy will make programming changes.)
 - i. **All questions will now be enabled** regardless of how other questions are answered.



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- ii. **All Yes/No questions will now be red/required.** If needed, add third item to these types of questions “Unknown/Not stated” (or similar wording) where it makes sense to do so, being mindful of clinicians attempting to complete the psychosocial with a client who is unable to provide information.
- iii. **“Describe result...” field should be red/required always** since answering this question is a state requirement. Question and lightbulb will be updated to help clinicians understand how to answer the question. Additionally, question should not default from any prior assessment.
- iv. **Committee to examine defaulting** on other questions on this page. The table below lists all questions the MEDICAL INFORMATION section and whether or not they default.

| Defaults? (Does information pull through from a prior assessment, or is the question blank in a new assessment?) | | |
|--|------------|--|
| 1 | Yes | Relevant physical health conditions including allergies reported by client/child/parent |
| 2 | No | Client has been referred to MD for medication evaluation and/or to rule out physical health factors, which may impact client’s functioning |
| 3 | No | Describe results, and any pertinent information about treatment |
| 4 | No | Does the client/child have a primary care provider [Y/N] |
| 5 | No | Primary care provider [fill-in] |
| 6 | No | When was the client’s/child’s last visit with their primary care provider |
| 7 | No | Has the client/child been attending their appointments |
| 8 | No | Describe any issues affecting the client’s/child’s ability to meet with their primary care provider/ pediatrician |
| 9 | Yes | Has client/child ever been hospitalized for medical reasons? |
| 10 | Yes | Has the client/child ever had surgery? [Y/N] |
| 11 | Yes | Does the client/child have a vision/hearing impairment? [Y/N] |
| 12 | Yes | If yes, does the client/child use assistive devices? [Y/N] |
| 13 | Yes | Information on medical history... |
| 14 | Yes | Has the client/child ever had difficulties with eating habits (For example, eating too much or too little, weight gain or weight loss, etc.) [Y/N] |
| 15 | Yes | Describe the client/child difficulties with eating habits |
| 16 | Yes | Has the client/child ever had difficulties with sleep [Y/N] |
| 17 | Yes | Describe the client’s/child’s sleep habits |
| 18 | Yes | Client/child/caregiver reports allergies/adverse reactions to medications [Y/N] |
| 19 | Yes | Describe |
| 20 | Yes | Is the client/child currently taking medications to treat health or mental health conditions? [Y/N] |
| 21 | Yes | Please list the client’s/child’s current medications (include drug name, dose and duration of treatment, if available): |

Avatar Process Improvement Meeting Minutes

12/16/2021

9:00 AM - 10:00 AM

2. NEW REPORT! Test MH User Compliance Report is now in LIVE.

| PATID | PtName | 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. **Changes/updates complete** except for changing the date on CANSA. Currently reflects the last date it was done. It will change to due date, which is no more than six months from last assessment.
- b. The committee discussed other potential changes, such as filtering by service program, but at this point, we want to have an endpoint for current updates, and move on to the SUDS client reports. We will consider other refinements to the MH report in the future.

3. NEW REPORT! MH Supervisor Compliance Report by Program

(Dave/Gian) This complements the MH Supervisor Compliance report which lists all programs each user/supervisee works in. With this report, supervisor can run the report for only one program at a time.

4. Client Alerts Cleanup

- a. Dave: **Update from workgroup**
 - i. TASK: Determine, Delete or Disable, Time Limited or not, Workflow for all Clerical Teams, Report Design
 - ii. There is a report used by accounting for quarterly cleanup of alerts that are no longer needed. There was discussion about refining/updating report, but we will keep as is for now, as current users prefer no changes.
- b. Discussion of items that can expire or get deleted vs items that must stay, like conservatorship status, and how to work with these.
- c. 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."

5. Request for a system, likely an assessment, to track Key Indicators for Children's Intensive Support Services.

STAFF REQUESTING: Stan Einhorn Gian report out: as far as we can tell, there is no form like this being used by other Avatar counties that we can "borrow." This is per the Avatar user group, and contacts from other counties. So we will likely need to build this form and its report from scratch. Stan Einhorn to work with Children's MH management on the direction we want to go with this project. Will begin building form/report once spec details are finalized by children's management.

6. Not Discussed. DMC-ODS Pre-Admit Workgroup Report Out STAFF: Sarah Tisdale TIME ALLOTTED: 10 mins

7. Not discussed. NOABD Termination and Closing Inactive Episodes STAFF: Dave

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- a. Group has not been able to meet since last Avatar Process Improvement Meeting. No news to report.

Action Items

TIME: minutes

1. Nancy to make updates to psychosocial
2. CMH management to create spec for system to track Key Indicators for Children's Intensive Support Services

Parking Lot

1. 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

We will skip December 30, 2021, meeting. **Next meeting – January 13, 2022** Time: 9 AM – 10 AM

Add for next time:

1. CalAIM - Need to identify some specific objectives and tasks that need to be accomplished moving forward to meet new requirements, such as transitioning from treatment plan driven services to problem-based services.
2. Project list review and update for new year

Attendees

Maya Jarrow (Janus), Dagny Blaskovich (Volunteer Center), Gian Wong (County IT), Kayla Gray (County Psychiatry), Dave Chicoine (County QI), Cynthia Nollenberger (County Adult MH), Briana Kahoano (County SUDS), Erica Ortiz (County Accounting), Sarah Tisdale (Encompass QI), Nancy Mast (County QI)