

Avatar Process Improvement Meeting Minutes

1/13/2022

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 – **January 27, 2022**
2. Introductions: name, program

Announcements

1. Starting next meeting, the agenda will be posted on the Avatar Webpage, [Meetings Subpage](#), prior to the meeting.
2. We are sad to say that we are losing two of our amazing IT staff people.
 - a. Gian Wong, County IT Programmer, is leaving 1/14/22. He will be moving out of state, but will continue to work with us remotely until a replacement can be found. Note that he will only be available daily until 2 PM (5 PM Eastern time).
 - b. Michael Garcia is not leaving the county, but is moving to Health Services/Clinics.
3. New Telehealth and Phone Text Templates for progress notes are being developed due to changes in telehealth regulations. More at next meeting.
4. 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.
5. California Advancing and Innovating Medi-Cal (CalAIM) is coming, and with it, changes in how we do documentation. In the coming months, expect revisions to Avatar forms and documentation, to meet

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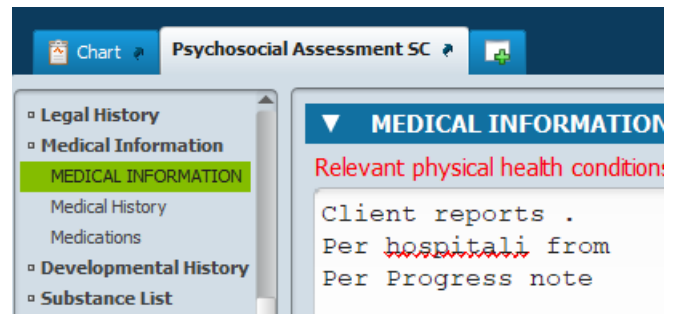
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new requirements. For example, transitioning from treatment plans to problem lists. What needs to be accomplished moving forward to meet new requirements? Specific objectives? Tasks?

Project Status and Updates

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

- a. BACKGROUND: Changes are being made to several questions in the Medical Information section of the Psychosocial Assessment SC form to comply with state audit findings.
- b. Changes:
 - i. **All questions in the section will now be enabled.**
 - ii. **All Yes/No questions will now be red/required.**
 - iii. **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.
 - iv. There is a proposal to make all questions in the section required. Changes will be made in UAT for testing. No objection to these changes noted.



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]

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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):

2. Not discussed. 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.

3. 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 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. 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.

- a. These forms should be in our EMR system because this is a state requirement. Currently, counties are all getting up to speed on using this.
- b. Current procedure - 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.
 - vii. Sarah Tisdale to organize subcommittee including supervisory and line staff from County and contractors, to accurately advise regarding current processes and procedures.

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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. **Not Discussed. DMC-ODS Pre-Admit Workgroup Report Out** **STAFF: Sarah Tisdale** **TIME ALLOTTED: 10 mins**
6. **Not discussed. NOABD Termination and Closing Inactive Episodes** **STAFF: Dave**
 - a. Group has not been able to meet since last Avatar Process Improvement Meeting. No news to report.
7. **Not discussed. New Project Request From Sarah Tisdale, Encompass: Proposed Change is to update the SC MH Short Treatment plan to have the headings in both English and Spanish like the other treatment plans.**

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. Sarah Tisdale to organize subcommittee.

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

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We will skip December 30, 2021, meeting. **Next meeting – January 27, 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

Cybele Lolley (County QI), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Flor Perez (County Reception), Gian Wong (County IT), Kayla Gray (County Psychiatry), Michael Garcia (County IT), Maya Jarrow (Janus), Nancy Mast (County QI), Sarah Tisdale (Encompass QI), Stan Einhorn (CMH)