Get Involved!	 To add agenda items, complete the <u>AVATAR request form</u>; contact is David.chicoine@santacruzcounty.us Housekeeping items – Please use the raise hand function or the chat box if you have 	
Meeting Website:	Click here for meeting agendas and minutes. <u>Avatar Resources / Meetings</u>	
Commitment to:	Bring information back to the groups we represent, gather input and test current projects to ensure they meet our needs	
Opportunity to:	Share both our voice and needs to impact processes & procedures, create and modify forms and workflows, develop reports and widgets	
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.	

AGENDA ITEMS>>>

Introductions

TIME: 5 minutes

STAFF: Dave

- 1. Next meeting March 24, 2022
- 2. Introductions: name, program

Announcements

1. Agendas and meeting minutes are posted on the Avatar Webpage, Meetings Subpage.

Project Status and Updates

- 1. <u>COMPLETE: A slight change was made to the "Upcoming Client Appointments" widget</u> so that appointments are properly in sequential order, with the soonest appointment at the top of the list. STAFF: Dave TIME ALLOTTED: 5 mins
- 2. <u>COMPLETE: Episode Widget Update:</u> Stemming from our discussion re the above item, we identified the Episode Widget as needing sorting changes, specifically, the suggestion was to change the sorting so that open episodes are at the top. This was unanimously agreed upon and the change was made by Gian the same day. See the updated widget in LIVE. STAFF: Dave TIME ALLOTTED: 5 mins
- 3. <u>COMPLETE: Plan Type for SUD Treatment Plan:</u> Proposed change agreed upon by committee: remove two plan types that are no longer used, Quarterly and Annual. **STAFF: Dave TIME ALLOTTED: 5 mins**

- 4. MEDICAL INFORMATION section on Psychosocial Assessment STAFF: Dave TIME ALLOTTED: 5 mins
 - Changes were made to several questions in the Medical Information section of the Psychosocial Assessment SC form to comply with state audit findings.
 - All questions in the section are now enabled, most red/required. Labeling and lightbulbs were edited on some questions to help guide staff.

Chart 🔹 Psychosocial Assessment SC 🔹 🌉		
Legal History Medical Information	▼ MEDICAL INFORMATION	
MEDICAL INFORMATION	Relevant physical health condition:	
Medical History Medications • Developmental History	Client reports . Per <u>hospitali</u> from	
Substance List	Per Progress note	

- c. Info notice was sent for advance review, and will be sent out widely in the next few days, after which changes will be done in LIVE. (Nancy)
- d. Changes approved by committee.
- 5. <u>New Telehealth and Phone Text Templates</u> for progress notes (due to changes in telehealth regulations).

STAFF: Dave TIME ALLOTTED: 5 mins

- a. Updates added to both LIVE and UAT.
- b. Info notice was sent to supervisors/managers for advance review, and will be sent out widely in the next few days. (Nancy)
- 6. <u>Children's Intensive Support Services (ISS)</u> assessment and tracking

STAFF: Stan Einhorn TIME ALLOTTED: 10 mins

- a. Meeting has not yet convened.
- b. BACKGROUND: All CMH clients must be assessed at admission and every

GUAGE ATMENT PLAN ELEME. Clear 'Note Addresses Which Problem' Text. GRESS NOTE PROGRESS NOTE lote Type ogress Note -Client Presentation The client consents to services via telehealth and is and alternatives to telehealth services. The Informed reviewed with the client by this clinician in today's Intervention(s) Related to MH/SUD Condition/Problem -- OR -- Re И ×~. Client Response to Intervention

six months to see if they qualify for enhanced, intensive services, per new state regulations. Current procedure involves paper forms and a spreadsheet. 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. This is a complex procedure with multiple forms and multiple points of decision-making by several people and therefore is more appropriate for a subcommittee.

c. For TAY age clients in Adult MH Programs, both county and contractors need training in this system.

7. Request to update the SC MH Short Treatment plan to have the headings in both English and Spanish like the other treatment plans. STAFF: Sarah Tisdale/Nancy 10 mins

- a. We are committed to facilitating Spanish in Avatar and want to remain culturally humble.
- b. The updates were previewed in UAT.

c. Done and in UAT except for labels for Problems on the plan builder page (second page) which need to be fixed by Netsmart. Nancy to file ticket.

8. <u>CANS/ANSA Spanish question labels in Spanish</u> STAFF: Dave 10 mins

- a. To make the form more culturally available and to facilitate reading the form to the parent/guardian in Spanish.
- b. Lauren Fein is the manager of CANS/ANSA implementation. Regarding the paper versions of these forms, information from CMH/Lauren Fein is that the age 0-5 and 6-20 versions of the form, at least on paper, have been updated for Spanish. The 20+ version is still in process. These updates are being done by the Community Data Roundtable, which is the vendor for our CANSA web based services.
- c. Discussion about what current practices are with this form. Are staff going over the form with parents/children and then entering data into Avatar later? Or are they filling out the assessment in Avatar with client/family present? If clinicians are not filling out the form with clients/family present, is there a need for Avatar to have questions in Spanish? The paper forms do have Spanish.
- d. We need to have input from Spanish-speaking line staff who currently use this form to understand current practices. Sarah Tisdale will talk to Spanish speaking staff at Encompass.
- e. IT will need specific language for the Avatar form if we decide to update in Avatar.
- f. Discussion of limitations on adding to dictionary items (40 chars max).
- g. Question labels can be longer.
- h. Will need translation for question labels and any added dictionary items.

9. Nursing Assessment STAFF: Dave 10 mins

- a. Committee had a discussion of possibly reviewing this Avatar Product Form. Because it is a product form, it cannot be altered, except for making minor changes to labels. No questions can be added, etc.
- b. No decision made.

10. End Date of SC MH Episodic Treatment Plan STAFF: Nancy 10 mins

- a. Review possible update to form so End Date automatically is one year from start date, which, for this plan, is the date the plan is finalized. Currently the End Date is connected to the First Edit date which means it is often early.
- b. Note that we cannot change the next review date, which will always be connected to the "First Edit Date," and thus sometimes it will be early. There were no objections from the committee regarding this aspect of the change.
- c. Gian/IT will investigate what reports and forms might use this piece of data. They will have to be updated.
- d. There was some discussion about whether it is a good idea to do this update since with CAL-AIM coming, this form may not be used at all in the future.

11. Other

 On the Assessment Widget, which provides information about when assessments and treatment plans are due, the logic for the Short Term Treatment Plan is not correct. This plan expires after three months. Logic currently is the same as the Episodic treatment plan which expires after year.

b. There was discussion about using the Avatar product nursing assessment. Nancy to add nursing assessment to selected accounts for testing.

Action Items

TIME: minutes

- 1. SC MH Short Treatment plan to have the headings in both English and Spanish (Nancy Mast)
- 2. Children's Intensive Support Services (ISS) assessment and tracking workgroup to be organized. (Stan Einhorn)
- 3. Send out final info notices for a) Changes to Telehealth/Phone Text Templates, and b) Changes to Psychosocial Assessment Medical Info section. (Nancy)

Parking Lot

- 1. California Advancing and Innovating Medi-Cal (CalAIM) discussion.
- 2. Project list review and update for new year.
- 3. ROI Avatar forms. IT working to separate Spanish/English versions because combining was causing the report to take too long to run.
- 4. 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.
- 5. DMC RTAR Form (Residential Pre-Authorization Form) Conversion from Paper Form to Avatar Form STAFF: Amanda Crowder - This paper form is used for authorizing residential substance use treatment placements. There is a tight legal timeframe on these placements and having this info in Avatar would be helpful for tracking. We may need to hold off on this as this procedure may change with Cal-AIM.
- 6. DMC-ODS Pre-Admit Workgroup Report Out STAFF: Sarah Tisdale The primary task of this workgroup is currently specifications for the Avatar version of the ASAM Screening tool.

Attendees

Briana Kahoano (County SUD), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Erica Ortiz (County Accounting), Gian Wong (County IT), Jace Freyman (Encompass), Jorge Fernandez (County IT), Madea Owen (Encompass QI), Maya Jarrow (Janus QI), Nancy Mast (County QI), Paulina Uribe (Janus – QI Analyst), Roberta Henry (Sobriety Works), Sarah Tisdale (Encompass QI)