

Avatar Process Improvement Meeting Minutes

7/28/2022

9:00 AM - 10:00 AM

Meeting Purpose:	The Avatar CalAIM Workgroup is a subcommittee of the Avatar Process Improvement Meeting, to address CalAIM related changes to Avatar forms, reports, and workflows. The workgroup reports back to the larger Avatar Process Improvement Meeting.
Mission:	Make recommendations and decisions about CalAIM updates to Avatar, with representation from County Behavioral Health and Contract Partner's front-line staff, providers, and management.
Webpage:	Click here for meeting agendas and minutes. Avatar CalAIM Webpage
CalAIM References:	CalMHSA CalAIM Main Webpage CalAIM LPHA manual: https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA_Documentation-Guide-06232022.pdf CalAIM trainings: https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf

Get Involved!

- To add agenda items, contact is nancy.mast@santacruzcounty.us
- During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
- Review the [CalMHSA CalAIM LPHA manual](#)
- Review with updated problem list form (update from Netsmart) in [UAT](#).
- Sign up for CalMHSA CalAIM trainings: <https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf>

AGENDA ITEMS>>>

1. **Next meeting (CalAIM Workgroup)** – August 4, 2022, 9am-10am
2. **Schedule** – **Changed to every week instead of every other Thursday.**
3. Agendas and meeting minutes are posted on the [Avatar Webpage](#), [CalAIM Subpage](#)
4. During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.

Agenda Items

1. **Introductions:** name and program
2. **The main agenda item for today is MH Assessment.**

Psychosocial Assessment Discussion

1. **Psychosocial** – Today, we plan to spend the entire meeting discussing CalAIM Assessment criteria and making sure that our current Avatar system covers all required element. It looks like our current system does meet all requirements, although we may want to discuss some refinements and identify some items for a future overhaul of assessment. However, we are waiting for more guidance from the state before making major changes.
2. **See the Psychosocial-CalAIM analysis chart that we are using for discussion and notes.**

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[CALAIM ASSESSMENT DOMAINS IN THE AVATAR PSYCHOSOCIAL ASSESSMENT](#), on the [Avatar Webpage](#), [CalAIM Subpage](#).

3. **CalAIM Requirements** for Assessment are in the [CalMHSA CalAIM LPHA manual](#) starting on page 11.
4. The following weeks will focus on other CalAIM changes (i.e. problem list, treatment planning, progress notes)
5. **We discussed the 7 required CalAIM domains compared to what is currently in Avatar, with several parking lot items that were discussed:**
 - a. If a problem is identified in the assessment, should there be a prompt to add to add this to the problem list? This would mean adding a question such as, "As a result of this assessment, have new problems been identified, old problems resolved, or existing problems updated?" Y/N If Y, a pop up could remind people to update the problem list.
 - b. MSE: Any value of having some kind of link to psychosocial? Clinically triggering event may indicate a new assessment. This will make it more difficult to complete the assessment and time consuming. Historically we have not put an MSE in assessment because only LPHA can do it. MSE needs to be done face to face with the client, PSA might be done over the phone and could be problematic to include MSE.
 - c. Name on chart include identified pronouns. Need further training for staff to look at light bulbs and prompt labels to fill out the items. It is very difficult to have changes made to the header area in the chart review. This is all proprietary Avatar/NetSmart.
 - d. The easier the psychosocial form is to complete, the more accurate it will be. Discussion of a report to provide to client.
 - e. Risk/Safety
 - i. Add a safety/wellness plan for the client after risk assessment? Standalone document? To what extent do we have items available to the client? Explore a system wide safety plan template.
 - ii. If risk item is identified-how do we help the psychosocial form meet CalAIM needs with minimum amount of clinician need?
 - f. Is the psychosocial currently episodic or global? Care coordination across agencies requires multiple episode openings in the chart. Consideration of it being non-episodic. Can you migrate all of the non-episodic information into one episode? It was originally going to be non-episodic, but at the time, SUDS were interested in using the form, so it was created as a sequestered document. However, SUDS never used it, and the form is used as if it is non-episodic, i.e., a psychosocial in any episode in the chart fulfills the requirement for the entire chart (if someone else did it this year, you don't have to).
 - g. Make sure CalAIM language is in the lightbulbs on psychosocial assessment form.
 - h. Suggestion to compare CANSA to check boxes on psychosocial assessment.
 - i. Suggestion for the CANS to be embedded into the psychosocial form. (Possibly a link?) This is difficult in part because there are different trigger events that require updating these two forms.
 - j. Universal Referral Form: There was a suggestion to create something like this, but actually, part of CalAIM rollout is to eventually have a universal referral form that all counties will be mandated to use. It's still in development and we are waiting to see what it looks like. The referral proves if cumbersome, since all facilities use AVATAR, the referral form could be created in AVATAR and it could include the needed clinical update information. Before we make major decisions around this and the psychosocial in general, we need to see this form.

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- k. Trigger events that prompt a new assessment (i.e. client going to Telos). What is useful, what have we done? If this leads to the PSA being done more often, then it should be simpler.

DOMAIN 1: Presenting Problem/Chief Complaint (MSE is not included in this form, see MENTAL STATUS FORM)

The screenshot shows a software interface for a 'Psychosocial Assessment SC'. The main form area contains the following fields:

- Assessment Date:** 07/27/2022, with buttons for 'Today' and 'Yesterday'.
- Type of Assessment:** Radio buttons for 'Admission' (selected), 'Update', and 'Discharge'.
- Presenting Problem (What made client/child come for services?):** Text input containing 'CAL AIM DOMAIN 1 (meets compliance)'. A lightbulb icon is present to the right.
- Describe any functional Impairments:** Text input containing 'CAL AIM DOMAIN 1 (meets compliance)'. A lightbulb icon is present to the right.

A sidebar on the left lists various assessment categories, including 'Presenting Problem', 'Strengths', 'Culture/Spirituality', 'Medical Health Hx', 'Risk Factors', 'Substance Use Risk', 'Mental Health Risk', 'Disability Risk', 'Social Questions', 'PS', 'Care', 'History', and 'Personal Information'. A 'Submit' button is located below the sidebar.

- All Required CalAIM elements contained here.

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DOMAIN 2: Trauma

Psychosocial Assessment SC

History of Trauma

Does client/child have a history of trauma?

Yes No Unknown

What type of traumatic event did the client/child Witness or Experienced?

<input checked="" type="checkbox"/> Physical	<input type="checkbox"/> Sexual
<input type="checkbox"/> Emotional	<input type="checkbox"/> Neglect
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Financial
<input type="checkbox"/> Bullying	<input type="checkbox"/> Military/War
<input type="checkbox"/> Violence in Community	<input type="checkbox"/> Loss/ removal of primary caregiver
<input type="checkbox"/> Other	<input type="checkbox"/> Socio-Cultural/Structural Oppression

Information Regarding Trauma History (consider how trauma has affected client/child, survival characteristics/traits, challenges, effect on mental health and substance abuse)

CAL AIM DOMAIN 2:

(A) TRAUMA EXPOSURES: Psychological, emotional responses and symptoms to one or more life events that are deeply distressing or disturbing (includes homelessness, justice involvement, child welfare system involvement, loss)

(B) TRAUMA REACTIONS: Person's reaction to stressful situations and/or impact of trauma on well-being, development, propensity toward risk behaviors

(C) TRAUMA SCREENING: Trauma screening tool to be approved by ~~DHCS~~. Example: Adverse Childhood Experiences (ACES)

(D) SYSTEM INVOLVEMENT: Experiences with homelessness, juvenile justice involvement, child welfare

Current Abuse/Trauma

Current physical or sexual abuse of child or client:

Yes No

DISCUSSION

- Trauma screening-Possible follow up on trauma screening (i.e. ACES). We do not have the scoring component that is on the ACES in the current psychosocial form. Look into adding the Juvenile Justice Involvement on the form. Follow up-circle back to this.
- For children SMHS ACCESS criteria-Experiences with homelessness, juvenile justice involvement, child welfare system involvement-these are in the assessment currently there was a suggestion to make these check boxes and/or embed this criterion into the trauma section on the psychosocial form.

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DOMAIN 3: Behavioral Health History

The screenshot shows the 'Psychosocial Assessment SC' interface. On the left is a navigation menu with categories: Presenting Problem, Strengths, Culture/Spirituality, Mental Health Hx (highlighted), Risk Factors (Violence Risk, Suicide Risk, Grave Disability Risk, General Questions, CPS/APS, Foster Care), Legal History, and Medical Information. Below the menu is a 'Submit' button and a set of icons. The main content area is titled 'Sources of current clinical information' with a search box containing 'client'. It contains two sections: 'Has the client/child previously participated in mental health treatment?' with 'Yes' selected, and 'Did the client/child receive the following services?' with 'Residential' selected. Below these is a text box for 'Mental health history including symptoms / services (describe history of MH services/treatment in obtained releases)'. The text in the box reads: 'CAL AIM Domain 3: MENTAL HEALTH HISTORY (compliant) see: SUBSTANCE USE HISTORY and PREVIOUS SERVICES (?)'. An 'Autosaved at 11:38 AM' notification is visible at the bottom left.

- We have the CalAIM components in this section.

DOMAIN 4: Medical History and Medications

The screenshot shows the 'Psychosocial Assessment SC' interface for Domain 4. The left navigation menu is expanded to 'MEDICAL INFORMATION', which includes 'Medical History' and 'Medications'. The main content area is titled 'Relevant physical health conditions including allergies reported by client/child/parent'. It contains a text box with the heading 'CAL AIM DOMAIN 4: MEDICAL HISTORY AND MEDS (compliant)' and a paragraph: 'Physical Health Conditions - Relevant current or past medical conditions, including the treatment history of those conditions. Information on help seeking for physical health treatment should be included. Information on allergies, including those to medications, should be clearly and prominently noted.' Below this is a question: 'Has client talked to, or been referred to a primary care physician about the presenting problem? (Referred for medication evaluation and out physical health factors which may impact client's functioning.)' with 'No' selected. At the bottom is a section for 'Describe result, and any pertinent information about treatment'.

- We have all of the CalAIM components in this section.

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DOMAIN 5: Psychosocial Factors

Chart Psychosocial Assessment SC

Medical History
Medications
Developmental History
Substance List
Substance Use Hx an...
Trauma History
History of Trauma
Current Abuse/Trauma
Work/School
Work
School
Family/Social
Summary

Submit

Is there another active caregiver for the client/child?
 Yes No

Describe relationship(s) with caregiver(s). (Be sure to enter info into client contacts)

Psychosocial Factors (Domain 5)
Domain 5 supports clinicians in understanding the environme functioning. This environment can be on the micro-level (e. systemic racism and broad cultural factors).
· Family - Family history, current family involvement, sign (e.g., loss, divorce, births)
· Social and Life Circumstances - Current living situation, networks, legal/justice involvement, military history, comm how the person interacts with others and in relationship wi
· Cultural Considerations - Cultural factors linguistic fa

Is the client a caregiver to anyone? (Children, elderly Adult, etc)
 Yes No

Describe

DISCUSSION

- Currently Family is covered, social/life circumstances is covered.
- Cultural considerations-light bulbs cover a lot of what is required, but we can do more intensive look at this.
- Light bulb could be updated to expand cultural factors and Language suggestions, including identified culture-not just assuming. Consult with CMH CCC Cmt
- Follow up: Gender sexuality question should be revisited prompting around pronouns.
- Do a cross comparison to CalAIM requirements here.
- Currently on the form: "Consider the following aspects of culture"-there is an items list here-these things can be copy and pasted into text box.

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DOMAIN 6: Strengths, Risk, and Protective Factors.

Chart Psychosocial Assessment SC

- Presenting Problem
- Strengths**
- Culture/Spirituality
- Mental Health Hx
- Risk Factors
 - Violence Risk
 - Suicide Risk
 - Grave Disability Risk
 - General Questions
 - CPS/APS
 - Foster Care
- Legal History
- Medical Information

Submit

Describe client's/child's current or past strengths to achieve goals

Strengths, Risk and Protective Factors (Domain 6)
Domain 6 explores areas of risk for the individuals we serve, but also the protective and strengths that are an equally important part of the clinical picture. Clinicians should explore specific strengths and protective factors and understand how these strengths mitigate that the individual is experiencing.
· Strengths and Protective Factors - personal motivations, desires and drives, hobbies and interests, positive coping and coping skills, availability of resources, etc.

Describe what the client/child feels is important in their life

DISCUSSION

- Is there anything here asking for protective factors? Protective factors could be labeled in risk factors.
- Risk assessment captures this with a Safety plan-should the comments box be a required labeled as "safety plan and care coordination around xyz plan" label?
- We could change the title of the risk assessment. May need more prompting such as Labeling questions in this section.
- Comments on risk factors on psychosocial-include History of safety planning and risk factors, and light bulb comments.
- Safety planning may not be included on the current form (i.e. Columbia scale). In the past ACCESS has used a safety plan and scanned it into the chart, but not included in psychosocial this is in the risk assessment form.

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DOMAIN 7 Clinical Summary, treatment recommendations, and Level of Care Determination

Chart Psychosocial Assessment 5C

Medical History
Medications
Developmental History
Substance List
Substance Use Hx an...
Trauma History
History of Trauma
Current Abuse/Trauma
Work/School
Work
School
Family/Social
Summary

Submit

Is there anything else the client/child would like us to know about?

Clinical Summary, Treatment Recommendations, Level of Care Determination (Domain 7)

Domain 7 provides clinicians an opportunity to clearly articulate a working theory about how the person in care's presenting challenges are informed by the other areas explored in the assessment and how treatment should proceed based on this hypothesis.

Clinical Impression - summary of clinical symptoms supporting diagnosis, functional impairments (clearly connected to symptoms/presenting problem), history, mental

Is client being referred to/reauthorized for services?

Yes No

Recommendation for services/referrals

Case Management Medication Management
Mental Health Services Managed Care

Action Items:

1. Do a final cross comparison of current psychosocial form to CalAIM requirements; especially Domain 5 psychosocial factors.
2. Look at labels, Language on psychosocial and light bulbs and make necessary updates to form
3. Share with supervisors and train staff on updates to psychosocial form.

Other Discussion

1. Trauma Screening Tool
 - a. A universal Trauma Screening Tool will be required by all counties. The state is still working on it. It will possibly be the ACES, or some version of it, but we do not yet have the final form. ETA unknown.
 - b. ACES is already included in our CANS and possibly the ANSA. We need documentation on this in case we need to provide to state auditors.
 - c. ACES information: <https://training.acesaware.org/>
 - d. CDC also has a website re ACES. It shares their data collection surrounding the ACES

Parking Lot

1. Will hold these topics until both DMC and MH staff attend.
 - a. Training - Who is responsible? How to organize?
 - b. Overall Intent and focus of workgroup - Does this need any refinements or additions?
 - i. Workgroup purpose is to discuss CalAIM changes to Avatar and report back periodically to the larger meeting.
 - ii. Comprised of both supervisory and line staff.
 - c. CalAIM Overview and recap
 - i. CalAIM has ushered major regulatory changes to the California Medi-Cal system.

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- ii. CalAIM is designed to streamline documentation and auditing practices by focusing on Fraud Waste & Abuse (FWA) to alleviate the excessive administrative burden and focus more on clinical best practice.
- iii. CalAIM employs a person-centered approach to improve access and coordination among the delivery systems.
- iv. Minor documentation infractions resulting in recoupments will no longer be deemed priority through the lens of FWA.
- v. With CalAIM, providers can bill for legitimate collaboration of staff members in the same agency who hold different roles for the same client. This has been an area of lost revenue and staff frustration.

Attendees

Unavailable.