

Avatar Process Improvement Meeting

Agenda

Meeting Date

Friday, 1/19/2018

9:00-10:00 AM, 1400 Emeline, 2nd Floor, Conference Room 207

Agenda Items	By Whom	Notes
1) DMC-ODS update	SUD staff	<ul style="list-style-type: none"> a) Progress Notes <ul style="list-style-type: none"> - Staff need to come back to the group with recommended Workflows for when Start and End time fields will be required, and residential template b) Adult ASAM LOC form c) Sergio will add a new Medication field, and review the dictionary for Discrepancy list d) Adolescent ALOC form (review change request) <ul style="list-style-type: none"> - 1st meeting to review happened this past week, looking for document listing the action items what we will have to change in which form e) Participant rights in Onset of Services <ul style="list-style-type: none"> - Done in UAT. Please review so it can be moved to LIVE f) SUD Treatment Plan <ul style="list-style-type: none"> - Schedule in the future g) Group services testing: <ul style="list-style-type: none"> - Rounding is working, UAT confirmed rates are applying correctly. Continue to work on this throughout the week.
2) Psychosocial Assessment Review	MH staff	<div style="display: flex;"> <div style="flex: 1;"> <p>Review form, workflow, required elements and match to current requirements and clinical recommendations. Consider eliminating sections that will not be used since SUD staff use ALOC form and which fields are enabled vs required. Goal: need to review to remove any unnecessary redundancies and obsolete items.</p> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <ul style="list-style-type: none"> - Eliminate CRAFFT tab and the Drug Grid call out and form on the side. - Remove Alcohol and Drug option, see snip below - Move Strength tab to the top of the list, make it second below Presenting Problem - SourceS, Add S to the field – snip below. See if it's possible for the field to become larger and input more than 50 characters, if possible - Add “including allergies” to the medical information question, see snip - Remove the CRAFFT section and it's event logic to open the Drug Grid form, including the link on the left to the form - Research if the “Pregnancy screening” and “Postpartum” section should stay since it is not Medi-Cal required. Consider if it's still nice to have for Pregnant Youth, - Brief ASAM – create as an Avatar form, in future, including reviewing workflow, </div> </div>

			<p>when it will be used by whom, sharing with whom.</p> <ul style="list-style-type: none"> - NOABD forms need to be reviewed to make them current. Once that is done, we need to add a logic event, when the answer the question is no, see snip below. - Add event logic so every time we say “not referred to services” message alert that reads “NOABD required” pops up, for us to click to acknowledge
3) Future Agenda Items			
4) Next Meeting	Next meeting: 1/26/18 Room 207 , 1400 Emeline 2 nd Floor.		
5) Attendees	Jessica Nichols, Jasmine Najera, Cybele Lolley, Cole Kortlever, Sergio Lopez, Andrea Turnbull, Linda Cosio, Adriana Bare, Briana Kahoano, Lynn Harrison, Chris McCauley, Stan Einhorn, Karolin Schwartz, Amber Williams (phone), Nancy Mast		

Home | Frank T | Preferences Lock Sign Out Switch Help

FRANK TTTESTONE (000960000)
M, 68, 01/01/1950
Ht: 5' 7.0", Wt: 330 lbs, BMI: 51.7

Ep: 9 : LE - 00044 MH COUNTY OUTPA... Location: 123 Test Dr., Felton, CA
Problem P: - Attn. Pract.: No Entry
DX P: Adm. Pract.: MAST,NANCY Allergies (0)

Chart | Psychosocial Assessment SC

Presenting Problem

- Culture/Spirituality
- Mental Health Hx
- Risk Factors
 - Violence Risk
 - Suicide Risk
 - Grave Disability Risk
 - General Questions
 - CPS/APS

Submit

Vitals Entry
Diagnosis
Risk Assessment SC
Client Resources
Client Condition - Pregnancy
DRUG Grid

Assessment Date: 01/19/2018 [Today] [Yesterday]

Type of Assessment: Admission Update Discharge

Assessment for what population: Children's Mental Health Adult Mental Health Alcohol/Drug Programs

Presenting Problem (What made client/child come for services?)

Describe any functional Impairments



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Adm. Pract.: MAST,NANCY

Chart Psychosocial Assessment SC

Presenting Problem

Culture/Spirituality

Mental Health Hx

Risk Factors

- Violence Risk
- Suicide Risk
- Grave Disability Risk
- General Questions
- CPS/APS

Submit

Source of current clinical information **MAX > STD**

Has the client/child previously participated in mental health treatment:

Yes No Unknown

Did the client/child receive the following services:

<input type="checkbox"/> Crisis Team	<input type="checkbox"/> Inpatient Psychiatric	<input type="checkbox"/> IMD
<input type="checkbox"/> Residential	<input type="checkbox"/> Justice Related	<input type="checkbox"/> TBS
<input type="checkbox"/> Wraparound	<input type="checkbox"/> Katie A	<input type="checkbox"/> Outpatient
<input type="checkbox"/> Outpatient Psychiatry	<input type="checkbox"/> CSP	<input type="checkbox"/> Subacute/S
<input type="checkbox"/> Day Treatment	<input type="checkbox"/> Partial Hospitalization	<input type="checkbox"/> Unknown

Chart Psychosocial Assessment SC

MEDICAL INFORMATION

Relevant physical health conditions reported by client/child/parent

including allergies

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

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Vitals Entry

Diagnosis

Home | **Frank T** | Preferences | Lock | Sign Out | Switch | Help | **baraa**

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Chart | **Psychosocial Assessment SC** | Client Condition - Pregnancy (Avatar PM)

Medical Information
 MEDICAL INFORMATION
 Medical History
 Medications
 Pregnancy screening f...
 Postpartum Section

Developmental History
 CRAFFT / CAGE AID
 CRAFFT (Age 12 to 17)

Submit

Autosaved at 9:33 AM

Vitals Entry
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 Client Resources
 Client Condition - Pregnancy
 DRUG Grid

Two or more "yes" answers suggests a significant problem, and indicate the need to complete the Drug Grid

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
 Yes No

Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?
 Yes No

Do you ever use alcohol or drugs while you are by yourself, or ALONE?
 Yes No

Do you ever FORGET things you did while using alcohol or drugs?
 Yes No

Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
 Yes No

Have you ever gotten into TROUBLE while you were using alcohol or drugs?
 Yes No

Were two or more of the previous questions answered Yes?
 Yes No

Remove

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Chart | **Psychosocial Assessment SC** | Client Condition - Pregnancy (Avatar PM) | DRUG Grid | Vitals Entry

CRAFFT / CAGE AID
 CRAFFT (Age 12 to 17)
 CAGE AID (Age 18 and...
 Comments

Substance List
Substance Use Hx an...
Trauma History
 History of Trauma
 Current Abuse/Trauma

Submit

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Vitals Entry
 Diagnosis
 Risk Assessment SC
 Client Resources
 Client Condition - Pregnancy
 DRUG Grid

History of Trauma

Does client/child have a history of trauma?
 Yes No

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

Physical
 Emotional
 Domestic violence
 Bullying
 Violence in Community
 Other

Sexual
 Neglect
 Financial
 Military/War
 Loss/ removal of primary caregiver

OR experienced

Information Regarding Trauma History (consider how trauma has affected client/child, survival characteristics and substance abuse)

A

SantaCruz myAvatar Live | AVPM (LIVE) | 01/19/2018 09:48:28 AM

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Adm. Pract.: MAST,NANCY

Allergies (0)

Chart | Psychosocial Assessment SC | Client Condition - Pregnancy (Avatar PM) | DRUG Grid | Vitals Entry | Client Resources (Avatar PM)

Is client being referred to/reauthorized for services?
 Yes No

Recommendation for services/referrals

<input type="checkbox"/> Case Management	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Managed Care
<input type="checkbox"/> MH Adult Residential	<input checked="" type="checkbox"/> Detoxification
<input checked="" type="checkbox"/> ADP - Residential Treatment	<input checked="" type="checkbox"/> ADP - Outpatient
<input type="checkbox"/> Intensive Outpatient	<input type="checkbox"/> Clean and Sober Housing
<input checked="" type="checkbox"/> Medication Assisted Tx for Subst. Abuse	<input checked="" type="checkbox"/> Recovery Maintenance
<input type="checkbox"/> Ancillary Services	

Handwritten notes: "SUD" with a line connecting "ADP - Residential Treatment" and "ADP - Outpatient". "keep? new?" written in blue ink next to "Detoxification".

Submit

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Vitals Entry
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Client Resources
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DRUG Grid

Clinical summary of recommended services (explain why the client/child needs these services)

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Allergies (0)

Chart | Psychosocial Assessment SC | Client Condition - Pregnancy (Avatar PM) | DRUG Grid | Vitals Entry | Client Resources (Avatar PM)

Clinical summary of recommended services (explain why the client/child needs these services)

Clinical Summary, explain reason for denial and/or referral to community resources

Draft/Final
 Draft Final

Autosaved at 9:55 AM

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- Trauma History
 - History of Trauma
 - Current Abuse/Trauma
- Strengths
- Work/School
 - Work
 - School
- Family/Social
- Summary**

Submit



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- Vitals Entry
 - Diagnosis
 - Risk Assessment SC**
 - Client Resources
 - Client Condition - Pregnancy
 - DRUG Grid

Is client being referred to/reauthorized for services?

Yes

No

logic

Recommendation for services/referrals

- | | |
|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> MH Adult Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> ADP - Residential Treatment | <input type="checkbox"/> ADP - Outpatient |
| <input type="checkbox"/> Intensive Outpatient | <input type="checkbox"/> Clean and Sober Housing |
| <input type="checkbox"/> Medication Assisted Tx for Subst. Abuse | <input type="checkbox"/> Recovery Maintenance |
| <input type="checkbox"/> Ancillary Services | |

Clinical summary of recommended services (explain why the client/child needs these services)

