

## Avatar Process Improvement Meeting

### Agenda

#### Meeting Date

**Friday, 1/26/2018**

**9:00-10:00 AM, 1400 Emeline, 2<sup>nd</sup> Floor, Conference Room 207**

Agenda Items	By Whom	Notes
<b>1) DMC-ODS update</b>	SUD staff	<ul style="list-style-type: none"> <li>a) Progress Notes                             <ul style="list-style-type: none"> <li>- Staff need to come back to the group with recommended Workflows for when Start and End time fields will be required, and residential template</li> </ul> </li> <li>b) Adult ALOC form                             <ul style="list-style-type: none"> <li>- Gian will make corrections to the form, he'll add a new Medication field, Discrepancy list review</li> </ul> </li> <li>c) Adolescent ALOC form (review change request)                             <ul style="list-style-type: none"> <li>- Sarah Tisdale will write up change requests, send to Adriana and Gian. Adriana will review, ask follow up questions and discuss with Gian. Once changes are in UAT, the form will be looked together in the meeting to approve and move to LIVE.</li> </ul> </li> <li>d) Group services testing:                             <ul style="list-style-type: none"> <li>- Rounding is working, UAT confirmed rates are applying correctly. Continue to work on this throughout the week. Requested to discuss in detail next week</li> </ul> </li> </ul>
<b>2) Psychosocial Assessment Review</b>	MH staff	<div style="display: flex;"> <div style="flex: 1;"> <p>Review form workflow, required elements and match to current workflow requirements, consider eliminating sections that will not be used since SUD staff use ALOC form and which fields are enabled vs required. <b>Goal: need to review to remove any unnecessary redundancies and obsolete items.</b></p> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <ul style="list-style-type: none"> <li>- Eliminate CRAFFT tab and the Drug Grid call out and form on the side.</li> <li>- Remove Alcohol and Drug option, see snip below</li> <li>- Move Strength tab to the top of the list, make it second below Presenting Problem</li> <li>- 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</li> <li>- Add "including allergies" to the medical information question, see snip</li> <li>- Remove the CRAFFT section and it's event logic to open the Drug Grid form, including the link on the left to the form</li> <li>- 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,</li> </ul> </div> </div>

			<p>when it will be used by whom, sharing with whom.</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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</li> </ul>
<b>3) Future Agenda Items</b>		- Final determination for workflow on mixed groups under DMC, and how to address the Under 21 modifier	
<b>4) Next Meeting</b>	Next meeting: 2/2/18 Room <b>207</b> , 1400 Emeline 2 <sup>nd</sup> Floor.		
<b>5) Attendees</b>	Claire Friedman, Cybele Lolley, Linda Cosio, Rose George, Andrea Turnbull, Wendy Ettinghoff, Cole Kortlever, Kathleen Alcala, Emily Sellers, Michael J Garcia, Gian Wong, Vanessa de la Cruz, Sharon Polak, Karolin Schwartz, Nancy Mast, Sarah Tisdale		

Home | Frank T

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

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

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



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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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Allegies (0)

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  
 Diagnosis  
 Risk Assessment SC  
 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  Sexual  
 Emotional  Neglect  
 Domestic violence  Financial  
 Bullying  Military/War  
 Violence in Community  Loss/ removal of primary caregiver  
 Other

*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  
Diagnosis  
Risk Assessment SC  
Client Resources  
Client Condition - Pregnancy  
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

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

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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)

