Avatar Process Improvement Meeting Agenda		
Meeting Date **Friday, 5/31/2019** **9:00-10:00 AM, 1400 Emeline, Conference Room 207**		
Meeting Identity and Mission: **Opportunity to:** **Commitment to:**		Inclusive, collaborative, agenda driven Continued Process Improvement meeting focused on new state and federal requirements, as well as improving client care and staff experience. Share both our voice and needs to impact policy, create and modify forms, reports and widgets Bring information back to the groups we represent, gather opinion and test current projects to ensure they meet our needs

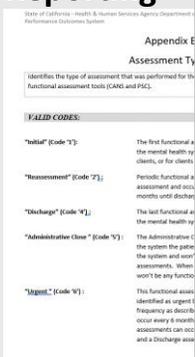| Agenda Items	Staff Area	Notes
Skype Meeting Link for 5/31/19:		https://meet.lync.com/santacruzcountyca-co/barea/Q5CHMT4J

1. Service Request and Disposition Log Form	All Staff	• SRDL must be used to capture client's attempts to seek services, accompanying clinical dispositions and appointments offered
		• SRDL is also used in other instances:
		    o To track incoming referrals from partners
		    o To track interactions with clients not yet connected to the system during the engagement period
		• There's a desire to streamline the form and eliminate some fields, perhaps change the order of fields and the logic that drives them
		• QI brings suggested improvements to the group to discuss
		    • Is Client currently using any substances? Proposing to eliminate
		    • Clinical disposition clarification of scenarios, perhaps change option titles
		    • Gates, clarify list or programs who are gates and must use SRDL
			We must meet Federal Managed Care Final Rule requirements, which put emphasis on parity across all healthcare and brings BH in par with universal healthcare rules and requirements. EQRO reviewers were very impressed by our use of the SRDL, being able to capture service requests uniformly across the system for both MH and SUD.
			Key fields in the SRDL related to timeliness reporting:
			1) Urgency Level:
			  • Urgent Appointment: (36 hours)
			  • Routine (10 business days)
			  • Psychiatrist (15 business days)
			  • Narcotic /MAT treatment (3 business days)
			
			Recommendation: Move this with other key fields up so they show their importance by their placement
			
			2) Intake/Appointment Date:
			One of the timeliness calculations is number of days from service request to first appointment offered:
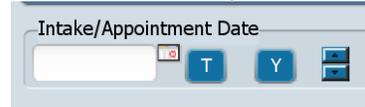			
			Recommendation: Make required when "Referred for Services" disposition is selected.
			3) Reason for Inquiry
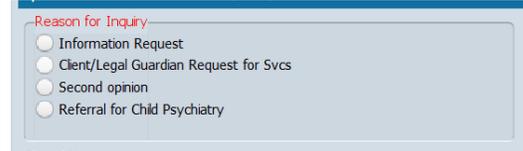			
			This key field will drive reporting. We will edit these labels, augment training documentation to clearly show which option needs to be used in which case and perhaps add new options to match current workflows
			We are considering the following language:
			- Client/Legal Guardian Request for Svc (no change)

			- Request for Psychiatry Svcs (Although this might fit better as a disposition) - Referral from other - Engagement/Crisis Encounter - Information request Other items to consider: • Consider changing the "potential client section" by adding an "Anonymous Client" option, when that is clicked force ANONYMOUS under the Client Last name and disable all other fields, so staff will not need to enter SSN/DOB/Address/Phone number • Eliminating the drug list "Is Client Currently Using any Substances?" Consider if this should become Yes/No question that is only available when filling out the form when interacting with client (Referring Party Role = Self) Or if it does not add value to be collected here, at this time in the process.	
2. CANS State Reporting	Child MH Staff	• Provide update on State reporting, including issues with current data – over 500 CANS reported, all of them errored out except 1. • Share communication plan and timeline. Form will move to LIVE delayed to June 7th, 2019. • Disabled 116 items, made 20 items required, added 10 items related to Early Childhood CANS requirements, changed labels for 25 items, added and required Program of Service to the first tab, removed the N/A-Unknown option from 33 items to comply with acceptable options relating to state reporting. • In future, and after the documentation is updated, we will switch from current 3 assessment types to (Admission, Update Discharge) to the 5 options expected in state reporting	Not discussed. Status update: Changes to the form are available in UAT. Please have staff test the form. Unless we find problems with the form, it will be moved into LIVE on **6/7/19**.	
3. PSC-35 State required form	Child MH Staff	• Status of form availability in UAT • Begin gathering forms since 7/1/18 for entry, deliver to Adriana Bare at 1400 Emeline Bldg K – County will take responsibility for entering saved forms since requirement begin until form is available in LIVE. • Once form is available County will develop training	Not discussed. Status update: Assessment engine will be installed in UAT shortly. In addition to the PSC-35 form, we will have the following forms available as part of the engine bundle. • PHQ-9 • Fagerstrom • PHQ-2	

		documentation and share with contractors • Besides the PSC-35 form the Assessment Engine includes the following 5 forms	• Audit C • Brief Addiction Monitor (BAM)
Next Meeting:		Friday **6/7/19** in Room 207, 1400 Emeline 2nd Floor	
Attendees:		<u>In person:</u> Cybele Lolley, Nancy Mast, Sarah Tisdale, Zoe Avalon, Paul Vitali, Kristen Claassen, Eli Chance, David Chicoine, Grace Saldivar, Stan Einhorn, Barbara Lehman, Jasmine Najera, Adriana Bare, Bill McCabe, Carl Graue <u>Remotely:</u> Chris McCauley, Latha Nair, Linda Cosio	