Avatar Process Improvement Meeting Agenda		
Meeting Date **Friday, 6/7/2019** **9:00-10:00 AM, 1400 Emeline, Conference Room 207**		

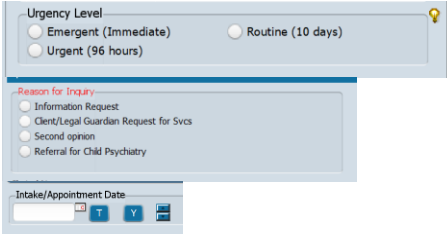| <u>Meeting Identity and Mission:</u> <u>Opportunity to:</u> <u>Commitment to:</u>		Inclusive, collaborative, agenda driven Continued Process Improvement meeting focused on new state and federal requirements, as well as improving client care and staff experience. Share both our voice and needs to impact 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 6/7/19: https://meet.lync.com/santacruzcountyca-co/barea/9688WWYN		

1. Service Request and Disposition Log Form	All Staff	• Date to "Intake/Appointment Date 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 <u>Current suggestions under discussion:</u> • Is Client currently using any substances? Proposing to eliminate or transform into yes/no, only available when Referring Party Role = Self • Clinical disposition clarification of scenarios, perhaps change option titles • Gates, clarify list or programs who are gates and must use SRDL • Move Urgency Level to highlight its importance • Rename Intake/Appointment offered:" Make required when "Referred for Services" disposition is selected • Add a new date field to capture appointment date client accepted, if different • Reason for Inquiry, key field, needs to match to different workflows we are using the form and will drive timeliness reporting. Consider following language o Client/Legal Guardian Request for Svc (no change)	In general, the Service Request Disposition Log is intended to record contacts with clients prior to becoming established in the system, for continuity of care, communication between staff. Tracking who is asking for what service for which client and when they receive it. We want the form and workflows to make it easy for the staff to do the right thing and eliminate duplication and waste. "Reason for Inquiry" field will be used to direct the workflow and "Disposition" to determine the outcome of each interaction. Both fields have a clear and close relationship with each other and will be used in reporting In the "<u>Clinical Disposition</u>" field, we recommend renaming "Assessment in progress" to "Assessment Scheduled", to clearly identify the disposition for the first contact SRDL with Reason for Inquiry=Request for Services, triggers the compliance window. With the purpose of clarifying when to use Request for Services and Request for information and avoid a client receiving multiple "Request for Services" we discussed the following scenarios: <u>Workflow scenarios:</u> • When a Parent calls and is requesting medication for their child: o *Live conversation*: Clinician explains best practice includes thorough assessment first. o *Reason for Inquiry*: Request for Services o *Disposition*: Assessment Scheduled • When a client asks for something that is not a fit: o *Live conversation*: Discuss why it's not a fit and give information for the correct level of care. Welcome to have an assessment and they may or may not fit criteria, would you

		○ Request for Psychiatry Svcs (Although this might fit better as a disposition) ○ Referral from other ○ Engagement/Crisis Encounter ○ Information request ○ Follow up SRDL - 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	like to receive these community referrals instead, if they accept. ○ *Reason for Inquiry*: Request for Information ○ *Disposition*: Referred to Community Support - When a client asks for something that is not a fit: ○ *Live conversation*: Discuss why it's not a fit and give information for the correct level of care. Welcome to have an assessment and they may or may not fit criteria, would you like to receive these community referrals instead, if they want to proceed with assessment. ○ *Reason for Inquiry*: Request for Services ○ *Disposition*: Assessment scheduled (also fill out Intake/Appointment date) - Contact with client who missed assessment appointment ○ *Live conversation*: Contact client 3 times to reschedule assessment. ○ *Reason for Inquiry*: (New option) "Outreach/engagement" ○ *Disposition*: Assessment scheduled (also fill out Intake/Appointment date) - Contacting clients after discharge from hospital, MH Liasons contacts with clients not engaged, HOPES team engagement ○ *Live conversation*: Depending on the circumstance, in general follow up, outreach and engagement. It is also important to document the appropriate Referring party, sometimes we are receiving information from 3rd parties. ○ *Reason for Inquiry*: (New option) "Outreach/engagement" ○ *Disposition*: depending on the circumstance, Health navigation, Assessment scheduled, Referred to Community Support, Crisis services
2. CANS ANSA	Child MH Staff	Edited form moves to LIVE on 6/7/19	QI will review documentation and information message prior to release. We will be pushing back the release into LIVE until 6/13/19
3. PSC-35 State required form	Child MH Staff	- Status of form availability in UAT - County will enter forms saved since 7/1/18. Deliver these to Adriana Bare at 1400 Emeline Bldg K - Once form is available County will develop training documentation and share with contractors - Assessment engine, once installed will also include the following forms as part of a bundle ○ PHQ-9	Assessment Engine expected today or Monday (installed in UAT later on Friday, still have issues, not available for use in LIVE yet)

		- Fagerstrom - PHQ-2 - Audit C - Brief Addiction Monitor (BAM)	
Next Meeting:	Friday **6/14/19** in Room 207, 1400 Emeline 2nd Floor		
Attendees:	<u>In person:</u> Esther Orellana, Linda Cosio, Eli Chance, Adriana Bare, Nancy Mast, David Chicoine, Lynn Harrison, Cybele Lolley, Sarah Tisdale, Latha Nair, Briana Kahoano <u>Remotely:</u> Gian Wong, Grace Saldivar-Napoles		