

# Agenda



## Avatar DBHS Clinical Forum

**Date:** August 23, 2012

**Time:** 3:00-4:30

**Location:** 7001 A East Parkway,  
Sacramento, CA 95823  
Conference room 1

**Facilitator:** Kacey Vencill

**Scribe:** Gay Teurman

**Attendees:** (See sign in sheet)

Topic	Presenter	Start Time	Length
<b>Welcome/Introductions</b> <ul style="list-style-type: none"><li>A head count was requested of the types of attendees represented. A wide distribution of MH providers, MHTC, ADS providers, QM and Program Coordinators were in attendance.</li></ul>	Kacey	3:00 PM	5 min
<b>Report/Reporting/Widgets</b> <ul style="list-style-type: none"><li>Quarterly release month: The inventory has been updated as of today. The support page contains the release dates and information. Next release month is November.</li><li>Several new reports were released and are available right now including the Phase II lost 835 report that was mentioned last month at the forum. This report is based on 19 835s that the State held for over a year and we just got those 835's back. Those services that need replacing can be found on this report.</li><li>You can give us information for the next release for reports and widgets for the November release cycle through the <a href="mailto:Avatar@saccounty.net">Avatar@saccounty.net</a> e-mail box.</li><li>The reports available and used currently and their content will be covered in training. There will be emphasis on which reports might be beneficial for which role.</li></ul>	John	3:05 PM	10 min
<b>Demonstration</b> <ul style="list-style-type: none"><li><b>Customizing Home Views</b></li><li>Next Month we will be unlocking the customization and let people customize their own homepage. A minor demonstration on how to customize was</li></ul>	John	3:15 PM	10 min

<p>conducted. Please come next month for a full demonstration.</p>			
<p><b>SachIE Update</b></p> <ul style="list-style-type: none"> <li> <p><b>UAT Summary</b>  Thank you again for participating in UAT. Recap of our experience: We received approximately 725 line item issues. About 300 issues have been assigned to be taken care of at this time. We will review the remainder tomorrow.</p> <p>It looks about 50% that the issues are ADS and the MHTC. This is expected as they have never tested the system before.</p> <p>There was a lot of feedback on MSE's. Particularly the values for MSE's. Remember that the values that are in there are the values that were asked for last time.</p> <p>Given that we have one week prior to training and go live It is not likely that all the feedback will be incorporated in the MSE's by that time. There will be quarterly releases and things will continue and evolve. Your feedback is not lost forever if you do not see it by the time you go live. There will be a response to every issue.</p> </li> <li> <p><b>Training and Go-Live Planning</b>  All staff will have two weeks to get trained. All staff does not have to attend training for two weeks but will have a total of two weeks to attend their training modules prior to go live.</p> <p>Again, every provider site will have two weeks to get their training. Providers have asked how long to allow for their staff to be in training. The staff can expect to be in training as follows:  CSW-1 day all service delivery staff  Group Notes-1 hour will be for select staff  Order Connect, anyone who currently does a health questionnaire- 2 or 3 hours depending on whether the person is a non prescriber or a prescriber. (prescriber: Docs or their agents i.e. like nurses )  Document Management-1 hour-Agency decision-scanning forms  Schedular-2 hours--Agency Decision who will attend if they attend and if they will use this function.</p> <p>The ongoing training is for those new hires or folks that are not available when others are trained.</p> <p>The training plan is posted on the website in draft. The final plan will include information about auditing classes. Providers will be allowed to bring</p> </li> </ul>	<p>Kacey</p>	<p>3:25 PM</p>	<p>30 min</p>

<p>up to two people to audit. Also, the other update will be on call or temporary staff requirements; there will be clarification around this issue.</p> <p>It is helpful if Providers utilize a central liaison to be the central point of contact for Avatar related questions or concerns. Please organize your agency's communications to identify a few liaisons to help streamline communications.</p> <ul style="list-style-type: none"> <li>○ <b>Introduction to Computers</b> The form for this class is more straight forward than the typical training form. This form is on the website on the training tab. These people do not have to be Avatar users. You can use the other form but this form is much easier. The syllabus is also on the website and the class is not one that has to be repeated unless staff desires a repeat. The class is the second and fourth Friday of each month. It covers a range of basic computer information including zip and encrypting information as well as how to send a screen shot to the avatar team.</li> <li>○ <b>New registration Form – Updated for EHR</b> The old account form is not on the web site any longer yet a lot of the information on the new form is the same. The new form also has some updated information. This form is used also for training and will allow for scheduling up to four training classes. Please be sure to include staff ID or we can not schedule them. If you have staff that does not currently have a staff ID they will need to be registered through QM. Any one who writes a note will need to have a staff ID. You can also tell us the staff's comfort level with computers so we can tailor the class towards them. Please fill out the form in its entirety.</li> </ul> <p>Please give us your registration for go-live training at least two weeks ahead of time. Of course you can do it now if desired.</p>			
<p><b>Open Forum</b></p> <ul style="list-style-type: none"> <li>• The location on a progress note changes once the note is sent to the supervisor for review, why does this happen? The default is unknown and we want it to be unknown so that the service coordinator will chose the location. However it should not change once it has been sent to the supervisor for review. We will spot test this.</li> </ul>	All	3:55 PM	35 min

<ul style="list-style-type: none"><li>• Edit Service Function discussion and finalizing notes is too labor intensive.</li><li>• A treatment plan in pending approval and is not on the to do list. The clinical supervisor can not approve and finalize because it is not in his to do's. He will need to send a list of them zipped to avatar e-mail box so we can bump back to draft for approval.</li><li>• Ability to approve progress notes quicker? Need a follow up on this item to Turning Point ISA. 625 in her to do list at 3 minutes each.</li></ul>			
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