Development of the CalAIM Assessment

1. **Who was involved in the development of the CalAIM Assessment? Did you include direct service staff input?**

   The CalAIM Assessment development took over a year and included the input from valuable subject matter experts internal and external to BHRS.

CalAIM Workgroup	Assessment Subgroup	Avatar Consultants
• BHRS Billing • BHRS IT • BHRS QM • BHRS Direct Service Staff	• BHRS IT • BHRS QM	• Netsmart • FiveBase

2. **Was direct staff input included in ALL aspects of the assessment?**

   Direct service staff input was incorporated wherever possible. Unfortunately, due to certain regulatory requirements and technological limitations in the Avatar software, we were unable to accommodate all requests. This is why there are some aspects of the CalAIM Assessment form and workflow that are, unfortunately, not ideal for the direct service staff experience. However, BHRS IT and BHRS QM are aware of the challenges that are presented with certain aspects of the form and continue to work with our consultants and our Avatar vendor to request improvements to the system. If you have feedback regarding the assessment as you work with it, we encourage you to email QM at HS_BHRS_ASK_QM@smcgov.org so that we can take the feedback to our vendor.

3. **What was the process like to develop the CalAIM Assessment?**

   The process involved BHRS QM reviewing the DHCS BHIN, BHRS policies, and other regulations regarding Mental Health Assessments. The Assessment Subgroup identified critical aspects of the Assessment that needed to be included in the Assessment based on the above research. The Assessment Subgroup then brought all aspects of the assessment that could be modified to the CalAIM Workgroup (which includes direct service staff) for feedback. The Assessment Subgroup then took the feedback and explored options of how to incorporate the feedback into the assessment form.

   Where technology presented an issue that was beyond the scope of BHRS IT, the Assessment Workgroup consulted with our EHR vendor (Avatar) and our third party consultant for Avatar development (FiveBase) to determine solutions to issues presented by either the Assessment Subgroup or members of the CalAIM Workgroup.

Tough Decisions

1. Why does it feel like documentation is getting longer and more complex? I thought CalAIM was supposed to simplify things?

Despite the promises of CalAIM being LESS complicated, it seems to have made some things MORE complicated. As a result, QM had the difficult task of developing an assessment that also took into consideration how the assessment could be leveraged to make other aspects of the clinical workflow easier and vice versa given all the changes that have happened and will be happening as BHRS continues to work to fully implement CalAIM. For example, we developed the Assessment to make it easier for staff to complete the Transition Tool (a new DHCS documentation requirement under CalAIM). The Transition Tool has not yet been implemented, but will be implemented in 2025.

2. Why didn't you make it so that we can choose between creating a blank new assessment or pre-populating from a previous assessment?

We absolutely wanted to be able to provide staff the option of either creating a blank assessment or prepopulate from a previous assessment because we understand that there are some circumstances under which it may be easier to start from scratch for an existing or returning client. However, the way Avatar is set up, we could only choose one or the other function. Avatar is not set up in a way that we could accommodate both functions. Therefore, after consultation with the direct service staff members of the CalAIM workgroup, it was determined that it is more beneficial to have the prepopulate option than the blank assessment option.

** Please note that QM and IT are aware that there is a current issue with the pre-population feature in Avatar where not all fields are pre-populating. We have alerted the vendor (Netsmart) who are working to resolve the issue.

3. Why didn't you keep the feature where we only had to put the diagnosis on one form? What do you mean we now have to input diagnosis in the Assessment form AND the Diagnosis Form?

With the upcoming implementation of the problem list, the diagnosis fields in the assessment would increase in number, and the complexity of the code on the backend would significantly delay implementation of the problem list and assessment and would likely result in more software error messages and difficulties with completing the form. As Netsmart has continued to develop its Avatar software, the older functions that were built into the V2 form that allowed for the embedding of the diagnosis were increasingly incompatible with the updated Avatar system. For example, more and more staff were encountering problems with finalizing the old V2 assessment due to an error (e.g., "Row 2 error..") that was resulting from the embedded diagnosis fields. After ongoing consultation with IT, Netsmart, and FiveBase, it was determined that it is not technologically feasible, reliable, or advised to continue to embed the diagnosis in the assessment.

4. **Why don't you just add the document routing feature to the Diagnosis form so trainees can get the co-signature for diagnosis? Doing so would make it much easier for trainees and supervisors.**

There are different types of forms in Avatar – some which can be modified and some which have very limited ability to be modified because of the way the forms were developed and designed by Netsmart. The Diagnosis form is one of the forms that Netsmart developed which has limited options for modifications. Document Routing is a function that cannot be enabled or built into the Diagnosis Form. BHRS QM and BHRS IT will continue to work with Netsmart to explore ways to address this issue as we understand how burdensome this can be for supervisors and staff who require co-signatures.

5. **If the "Add to Problem List" default answer of "Yes" is causing problems, why not just default it to "No" so that staff don't have to take an extra step?**

BHRS IT and our third party consultant FiveBase are able to modify some but not all things in Avatar. Some things are so deep in the coding of Avatar that BHRS IT and FiveBase do not have access to that code to modify it. In these cases, we need to reach out to our vendor (Netsmart) to resolve the issue. The "Add to Problem List" issue is one of those more complex issues that require Netsmart intervention. BHRS IT has been pressing Netsmart on a daily basis to address this issue and Netsmart is actively working on it.

6. **I thought we were moving to Epic? Why are we changing things in Avatar if we're going to have to change them again when Epic comes?**

DHCS is requiring all counties to move forward with CalAIM implementation and requires counties to demonstrate ongoing efforts to implement all the CalAIM initiatives, including documentation reform and payment reform. This means that we cannot pause or further delay implementation as we wait for Epic to be implemented. QM, IT, and Billing are also feeling the difficulties of trying to develop and implement changes in two different systems at the same time for multiple regulatory requirements (not just CalAIM) and are doing our best to make things as easy as possible for staff. We appreciate staff's hard work during this difficult transition.

7. **Let us know how we can help!**

With so many changes to keep up with – not just CalAIM but also other regulatory and programmatic changes – QM, IT, and Billing understand the difficulties staff are facing. Please let us know if you have any feedback or suggestions on future roll-outs. We won't be able to accommodate all requests and feedback, but we want to try to do what we can to address your needs. Email QM at HS_BHRS_ASK_QM@smcgov.org.