



San Francisco Health Network
Behavioral Health Services

San Francisco Department of Public Health

Avatar CalAIM Wave 1 Documentation Changes

October 11, 2022



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Problem List Overview

The Problem List is intended to facilitate communication between different care providers across different platforms and Electronic Health Records. It is viewable in the following:

1. In the Consumer Portal
2. In Avatar External Documents (Care Quality)
3. In Epic Care Everywhere



Pushing a Diagnosis to the Problem List (The Easy Way)

Mental Health Only

[Chart](#) [Diagnosis](#)

Diagnosis
Additional Diagnosis Inf...

Submit

Online Documentation

Type Of Diagnosis
☒ Admission ☐ Discharge ☐ Onset ☐ Update

Date Of Diagnosis
 T Y

Time Of Diagnosis
 H M AM/PM

Select Episode To Default Diagnosis Information From

Select Diagnosis Entry To Default Information From

Diagnoses

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
---------	-------------	--------	-----------------	----------------	----------	------------	------------	--------

Show Active Only
☐ Yes ☐ No



Pushing a Diagnosis to the Problem List (The Easy Way)

Mental Health Only

Diagnosis Search

Code Crossmapping

Status

☐ Active ☐ Working ☐ Rule-out ☐ Resolved ☐ Void

Estimated Onset Date

Resolved Date

Ranking

☐ Primary ☐ Secondary ☐ Tertiary

Bill Order

Present On Admission Indicator

Classification

Diagnosing Practitioner

Remarks

Add To Problem List

☒ Yes ☐ No



Pushing a Diagnosis to the Problem List (The Easy Way)

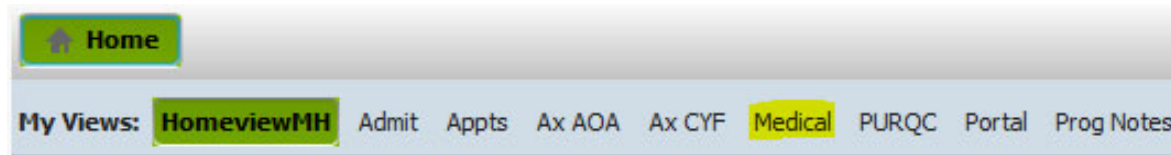
Notes

- Pushing a diagnosis to the Problem List is one directional
- Any subsequent changes made to the diagnosis will not be reflected on the Problem List
- Only the first time a Problem for the Problem List is identified will be recorded.
- If you attempt to enter a Problem to the Problem List that has already been added, you will get an error message stating that the Problem has already been added to the Problem List
- The only way to edit a Problem on the Problem list is to use the Problem List form (presented later in this presentation)
- **SUD currently CANNOT use the Problem List in Avatar because it currently does not abide by 42CFR privacy requirements. We are awaiting development from the vendor to resolve the issue.**



Viewing the Problem List Widget

1. Click on the Medical Console



2. Select the client by highlighting the client from My Clients or Recent Clients

The screenshot shows the medical console interface. The top navigation bar includes 'Home', 'My Views', and various tabs like 'Admit', 'Appts', 'Ax AOA', 'Ax CYF', 'Medical' (highlighted), 'PURQC', 'Portal', and 'Prog Notes'. The main area is divided into several sections. On the left, there are 'My Clients' and 'Recent Clients' lists. The 'My Clients' list shows 'Testing, Hans D (999057915)' and 'Three, Test (999090021)'. The 'Recent Clients' list shows 'Test, Kimberly (999052408)'. Below these is a 'Search Clients' section with an 'advanced' search option and a 'Close Open Clients' button. The main content area is divided into 'Current Medications' and 'Lab Results' sections. The 'Current Medications' section displays an error message: 'Widget exceeded the time limit allowed to return results. Please notify your system administrator.' The 'Lab Results' section shows a table with columns for 'Start Date', 'End Date', 'Filter By', and 'Lab Test'. The 'Problem List by Client' widget is highlighted with a red circle. The 'Forms & Data' section on the left shows 'Recent Forms' and 'Search Forms'.

My Views: PURQC Portal Prog Notes TPOC MH To Do [PSC-35] Selected Client Episode:

Client Staff

My Clients edit

- >Testing, Hans D (999057915)
- >Three, Test (999090021)

Recent Clients

Test, Kimberly (999052408)

Search Clients advanced

Close Open Clients

Current Medications

Widget exceeded the time limit allowed to return results. Please notify your system administrator.

Recent 10 Vitals

Medication Consent by Client

Lab Results

Start Date End Date Filter By Lab Test

10/04/2021 10/04/2022 No Filter

Problem List by Client



Problem List Widget

Problem List by Client								
Code	Description	Other	Date Entered	Date of Onset	Status	Resolved Date	Identified By	Provider Type
V95.43XA	Victim of spacecraft accident		09/28/2022	09/11/2022	Active		CROSBY,PAUL	Unlicensed Worker
F25.0	Schizoaffective disorder, bipolar type		11/05/2021		Active		YIP,JACKSON	Unlicensed Worker
F41.0	Panic attack		09/28/2022		Active		CROSBY,PAUL	Unlicensed Worker
T75.00XA	Effects of lightning		09/29/2022		Active		CROSBY,PAUL	Unlicensed Worker
Y93.23	Accident while engaged in sports activity		09/29/2022		Active		CROSBY,PAUL	Unlicensed Worker



Viewing Problem List Report

In the Forms and Data Widget, Search Forms box

1. Type Problem List
2. Select Problem List Report
3. Enter client BIS#
4. Click "Process"

The screenshot shows a web application interface. At the top, there is a navigation bar with a 'Home' button and a 'Problem List Re' button. Below this, there is a 'Problem List Report' section. On the left, there is a 'Problem List Report TEST' button. To the right of this button is a 'BIS#' label and an empty text input field. Below the 'Problem List Report TEST' button is a 'Process' button. At the bottom left, there is a grid of six icons: a lightbulb, a document, a speech bubble, a red 'X', a star, and a star.



Problem List Report



San Francisco Department of Public Health
Behavioral Health Services

Problem List Report

Client Name: TEST, SEPTEMBER

Client BIS: 999085799

Confidential Patient Information

Code	description	Entry Date	Onset Date	status	resolved	Identified By	Type
F32.A	Depressive disorder	09/29/2022	9/28/2022	Active		VOELKER, KIMBERLY	Unlicensed V
F41.0	Anxiety attack	09/29/2022	2/1/2022	Active		VOELKER, KIMBERLY	Unlicensed V
T75.01XA	Electric shock caused by lightning	09/29/2022	1/1/2022	Active		VOELKER, KIMBERLY	Unlicensed V
F25.0	Schizoaffective disorder, bipolar type	09/29/2022		Active		VOELKER, KIMBERLY	Unlicensed V
F41.9	Anxiety	09/29/2022		Active		VOELKER, KIMBERLY	Unlicensed V



Editing the Problem List (not for the faint of heart)

Mental Health Only

1. In the Search Form box of the Forms and Data Widget, type Problem List
2. Select "Problem List"
3. Enter client name or BIS#
4. Click "View/Enter Problems"



Editing the Problem List (not for the faint of heart)

Mental Health Only

1. You can edit any entry in the Problem List
2. Highlight the segment in the row you want to edit

Problem List										
Row ID	Problem	Other	Type	Date Identified	Date of Onset	Time Of Onset	Status	Severity	Chronicity	Date Resolved
1	Posttraumatic stress disorder (SNOMED-47505003)				10/28/2015		Active (A) ...			
2	Homeless (SNOMED-32911000)				10/28/2015		Active (A) ...			
3	Mild depression (SNOMED-310495003)				01/14/2016		Active (A) ...			
4	Depressive disorder (SNOMED-35489007)				03/01/2016		Active (A) ...			
5	Alcohol abuse (SNOMED-15167005)				03/01/2016		Active (A) ...			
6	Reactive depression (situational) (SNOMED-87414006)				03/29/2017		Active (A) ...			
7	Homeless (SNOMED-32911000)				03/28/2017		Active (A) ...			
8	Anxiety (SNOMED-48694002)				03/30/2017		Active (A) ...			
9	Psychoactive substance-induced organic hallucinosis (SNOMED-28368009)				08/09/2017		Active (A) ...			
10	Sucked into jet engine, subsequent encounter (SNOMED-269686009)				09/04/2018		Active (A) ...			
11	Anxiety disorder of childhood or adolescence (SNOMED-109006)				01/01/2018		Active (A) ...			
12	General psychoses (SNOMED-69322001)				04/23/2019		Active (A) ...			
13	Psychosis not due to substance or known physiological condition (SNOMED-191525009)				04/23/2019		Inactive (I...			
14	Social isolation (SNOMED-422650009)				04/23/2019		Inactive (I...			
15	Mood disorder (SNOMED-46206005)				08/01/2018		Active (A) ...			
16	Anxiety with depression (SNOMED-231504006)						Active (A) ...			

New Row

Delete Row

Save

Close/Cancel

Copy/Paste Row

Copy Cell

Paste Cell



Editing the Problem List (not for the faint of heart)

Mental Health Only

1. You cannot delete any problems
2. Double click to get the drop down list
3. You can double click to select the value that you want or single click and then press the “Submit” button
4. Be sure to click “Save” to save any changes you have made

10/28/2015 Active (...)

Status search results:

Code	Description
A	Active
NTSTPVOID	Auto Delete From Treatment Plan
I	Inactive
M	Monitoring
R	Resolved
U	Unresolved

Select Cancel

New Row Delete Row **Save** Close/Cancel Copy/Paste Row Copy Cell Paste Cell



Care Plan Overview

How you are required to document Care Planning activities is dependent upon the modality of service you provide as well as whether your program/agency is bound by other accrediting or funding requirements.

The following is provided to you as general guidance. Please be sure to review the BHS Medi-Cal Documentation Requirements Policy (3.10-14) or check with your Program Director or SOC Liaison with any specific questions about your program.

DHCS has removed the requirement to obtain client signature on the Treatment Plan of Care with exceptions (noted in the policy referenced above). This does not negate other funder's, licensing, or credentialing bodies from requiring client signature.


In order to reduce documentation burden on providers, San Francisco Department of Public Health – Behavioral Health Services no longer requires use of the treatment plan form within Avatar. Access to the treatment plan form will not be removed in case you still to want/need to utilize the TPOC within Avatar.

For most, instead Care Plan note types and templates have been created that can be accessed through the Progress Notes (Group and Individual) form.

For MH Residential, a new MH Residential Care Plan will be developed and rolled out in Wave 2.









Care Plan Note Type in Progress Notes (Group and Individual)

Progress Notes (Group and Individual) 

Individual Progress Notes
Group Default Notes

Submit

**CSI Assessment
Online Documentation**

Select Client

Select Episode

Progress Note Entry
Progress Note For

☐ Existing Service ☐ Existing Appointment
☐ Independent Note ☐ New Service

File Note

Notes Field

Group Name or Number

Note Date

T Y

Select Note To Edit

Note Addresses Which Existing Service/Appointment

Note Type

User To Send Co-Sign To Do Item To



Care Plan – TCM, Certified Peer, and SUD Template

1. Select the “Care Plan” note type.
2. Right click in the “Notes Field” to get to the templates.
3. Select “Care Plan – TCM, Certified Peer, and SUD”

Care Plan: TCM, Certified Peer, and SUD

GOAL. What is the primary focus of the work with your client?

OBJECTIVES. Please state specific and observable action steps that meet the goal above.

COURSE OF ACTION. Interventions, service activities, and assistance that addresses the objectives of the plan and the medical, social, educational and other services needed by the client.

CLIENT PARTICIPATION. The client and/or caregiver actively participated in these goals/objectives as evidenced by:

TRANSITION PLAN. Identify the next steps when client meets goals/objectives:



Care Plan – ICC, IHBS, and TFC Template

1. Select the “Care Plan” note type.
2. Right click in the “Notes Field” to get to the templates.
3. Select “Care Plan – ICC, IHBS, and TFC”

Care Plan: ICC, IHBS, TFC

GOAL. What is the primary focus of the work with your client?

OBJECTIVES. Please state specific and observable action steps that meet the identified goal.

INTERVENTIONS AND STRATEGIES. Include the frequency/duration of treatment, support, and service activities to address client needs and functional impairments.

CLIENT PARTICIPATION. The client and/or caregiver actively participated in these goals/objectives as evidenced by:

TRANSITION PLAN. Identify the next steps when client meets goals/objectives:



General Progress Notes Template

1. Right click in the “Notes Field” to get to the templates.
2. Select “General Progress Notes”

General Progress Notes template:

PROBLEM / INTERVENTIONS. Describe the service provided to the client. Include how the service addresses the client’s behavioral health need (e.g., symptom, condition, diagnosis and/or risk factors):

PLAN. Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate:



A/OA Comprehensive Rpt Due

The A/OA Comprehensive Rpt Due reports have been updated to reflect that Adult Re-Assessments are due every 3 years.

Instructions:

1. In Forms and Data, type in A/OA Comprehensive
2. Select the appropriate report for your access

Name	Menu Path
A/OA Comprehensive Rpt Due by Program	Avatar PM / Operations Reports
A/OA Comprehensive Rpt Due by Supvr	Avatar PM / Operations Reports
A/OA Comprehensive Rpt Due by Clinician	Avatar PM / Operations Reports

<= Previous 25 1 through 3 of 3 Next 25 =>

3. If you select the Program level, enter your program
4. If you select the Supervisor level, enter the name of your supervisee
5. If you select the Clinician level, it will default to the logged in clinician



A/OA Comprehensive Rpt Due



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Department of Public Health | Behavioral Health Services A/OA Comprehensive Report Due by Program

CONFIDENTIAL PATIENT INFORMATION

Admitting Practitioner

Client	BIS	Episode	Admit Date	Last Assess Finalized	Next Assess Due	Last TPOC Finalized	TPOC Client Sign	Next TPOC Due	Last Diagnosis	Last Service	PURQC Due
		1	08/03/18	08/10/22	08/03/25	08/03/22	- None -	08/03/23	08/10/22	09/14/22	- No Entry -
		2	09/18/09	10/22/21	09/18/25	09/18/22	- None -	EXP 09/18/22	09/09/21	09/20/22	- No Entry -
		2	07/18/19	08/10/22	07/18/25	07/22/22	- None -	07/18/23	07/22/22	09/29/22	- No Entry -
		1	03/22/21	03/24/21	03/22/25	03/24/22	- None -	03/22/23	03/22/21	08/18/22	- No Entry -
		1	12/24/07	12/30/20	12/24/24	01/07/22	- None -	12/24/22	12/24/20	09/28/22	- No Entry -
		4	06/14/18	06/16/20	06/14/25	06/29/22	- None -	06/14/23	06/04/20	09/21/22	- No Entry -
		30	11/08/21	11/15/21	11/08/24	12/10/21	- None -	11/08/22	11/10/21	09/30/22	- No Entry -
		1	11/01/00	08/31/22	11/01/24	10/27/21	- None -	11/01/22	08/31/22	09/14/22	- No Entry -
		1	04/20/05	04/24/20	04/20/25	04/27/22	- None -	04/20/23	04/08/20	04/27/22	- No Entry -
		21	06/16/14	06/23/22	06/16/25	06/23/22	- None -	06/16/23	06/23/22	08/16/22	- No Entry -
		1	06/01/22	06/16/22	06/01/25	- None -	- None -	- None -	06/01/22	09/21/22	- No Entry -
		1	10/23/98	09/30/21	10/23/24	09/30/21	11/26/19	10/23/22	09/29/21	09/21/22	- No Entry -
		1	03/28/19	04/01/22	03/28/25	03/24/22	- None -	03/28/23	03/10/22	09/28/22	- No Entry -
		4	09/03/20	09/22/21	09/03/25	09/06/22	- None -	09/03/23	09/01/21	09/27/22	- No Entry -
		3	09/09/20	09/21/21	09/09/25	09/08/21	- None -	EXP 09/09/22	08/20/21	06/24/22	- No Entry -
		1	05/27/98	06/03/22	05/27/25	06/03/22	- None -	05/27/23	06/03/22	08/18/22	- No Entry -
		5	10/01/19	10/29/21	10/01/25	10/06/21	- None -	EXP 10/01/22	10/15/21	09/15/22	- No Entry -

Total Clients

47

Assessments

Expired: 18 (38%)
Missing: 0 (0%)

TPOCs

Expired: 7 (15%)
Missing: 2 (4%)

PURQCs

Expired: 0 (0%)
Missing: 47 (100%)



A/OA Assessment Due Widget

The Adult/Older Adult Assessment Due Widget has been updated to reflect that Adult Re-Assessments are due every 3 years.

My Views: PURQC Portal Prog Notes TPOC MH **To Do** [PSC-35] Selected Client Episode:

Adult/Older Adult Assessments - Caseload

Client Name & Number	Episode	Admission Date	Last Finalized	Next DUE
TESTING,HANS D (999057915)	10	07/07/2020	None	N/A
THREE,TEST (999090021)	1	05/25/2021	None	N/A
THREE,TEST (999090021)	2	03/23/2022	None	N/A
TESTING,HANS D (999057915)	6	09/20/2018	09/20/22	09/20/25

CANS CYF Assessments - Caseload

Client Name & Number	Episode	Admission Date	Last Finalized	Next DUE
TESTING,HANS D (999057915)	10	07/07/2020	None	N/A
THREE,TEST (999090021)	1	05/25/2021	None	N/A
THREE,TEST (999090021)	2	03/23/2022	None	N/A
TESTING,HANS D (999057915)	6	09/20/2018	None	N/A

MH ADULT and CYF TPOC DUE COMBINED

Client Name & Number	Episode	Age Type	Admit Date	Last POC Final	Next POC
THREE,TEST (999090021)	2	45	03/23/2022	No Plan Created	N/A
TESTING,HANS D (999057915)	10	64 Adult	07/07/2020	Draft	N/A
THREE,TEST					

AISA OUTCOMES RATING - Caseload

Client Name & Number	Episode	Admission Date	Last Finalized	Next DUE
TESTING,HANS D (999057915)	10	07/07/2020	None	N/A
THREE,TEST (999090021)	1	05/25/2021	None	N/A
THREE,TEST (999090021)	2	03/23/2022	None	N/A
TESTING,HANS D (999057915)	6	09/20/2018	None	N/A

PHI Authorization - Caseload

Client Name	Client ID	Consent Date	Expiration Date	Recipient
TESTING,HANS D	999057915	2019-09-25	12/24/2019	MMH

Missing Diagnosis and/or EGI

Client Name and number	Episode	Admit Date	Admit Diagnosis	EGI/GUAR
TESTING,HANS D (999057915)	10	07/07/2020	Missing Diagnosis	OK
THREE,TEST (999090021)	1	05/25/2021	F31.9 - Bipolar 1 disorder	Missing
THREE,TEST (999090021)	2	03/23/2022	Missing Diagnosis	OK
TESTING,HANS D	6	09/20/2018	F15.10 - Methamphetamine	OK



CYF CANS Assessment Changes

In order to reduce documentation burden, if the Mid-Year or the Annual assessment category is selected, several of the description boxes will no longer be red and required.

For brevity, this presentation does not cover every change in the CANS

The screenshot shows the 'Assessment Category' section of the CYF CANS Assessment form. The 'Date' is set to 09/27/2022. The 'Assessment Category' section has four radio buttons: 'Initial', 'Mid Year', 'Annual', and 'Closing'. The 'Annual' radio button is selected and circled in red. To the right, the 'Form Status' section has two radio buttons: 'Draft' (selected) and 'Final'. Below that, the 'Team Member to Notify' dropdown menu is set to 'Kellee Horn'.

The screenshot shows the 'Client Was Linked to Culture Specific and/or Linguistic Services' section of the CYF CANS Assessment form. The 'Yes' radio button is unselected, and the 'No' radio button is selected. Below this, there is a 'Language' dropdown menu and an 'Other' text field. A red text box at the bottom of the section states: 'This section will be greyed out and not required if Mid Year or Annual Assessment is selected'.

The screenshot shows the 'Substance Use' section of the CYF CANS Assessment form. The section is greyed out, and a red text box at the top of the section states: 'This section will be greyed out and not required if Mid Year or Annual Assessment is selected'. Below the text box, there are four rows of radio buttons for 'Severity of Use', 'Duration of Use', 'Stage of Recovery', 'Peer Influences', 'Parental/Caregiver Influences', and 'Environmental Influences'. Each row has four radio buttons labeled 0, 1, 2, and 3.



CYF CANS Assessment Changes

This section will be greyed out and not required if Mid Year or Annual Assessment is selected

Check Here If No Trauma Events Reported

☐

Trauma Events

Sexual Abuse

☐ 0 ☐ 1 ☐ 2 ☐ 3

Physical Abuse

☐ 0 ☐ 1 ☐ 2 ☐ 3

Emotional Abuse

☐ 0 ☐ 1 ☐ 2 ☐ 3

Neglect

☐ 0 ☐ 1 ☐ 2 ☐ 3

Medical Trauma

☐ 0 ☐ 1 ☐ 2 ☐ 3

Witness to Family Violence

☐ 0 ☐ 1 ☐ 2 ☐ 3

Witness to Community Violence

☐ 0 ☐ 1 ☐ 2 ☐ 3

Witness to School Violence

☐ 0 ☐ 1 ☐ 2 ☐ 3

Natural or Man-Made Disaster

☐ 0 ☐ 1 ☐ 2 ☐ 3

War/Terrorism Affected

☐ 0 ☐ 1 ☐ 2 ☐ 3

Victim/Witness to Criminal Activity

☐ 0 ☐ 1 ☐ 2 ☐ 3

Disruptions in Caregiving / Attachment Losses

☐ 0 ☐ 1 ☐ 2 ☐ 3

Parental Criminal Behaviors

☐ 0 ☐ 1 ☐ 2 ☐ 3

Describe Aggressive/Violent Behavior to Others. Include level of impairment (e.g., school suspension, law enforcement involvement/incarceration, crisis services, hospitalization). Also include an assessment of potential danger to others with the following risk factors: (a) aggressive, assaultive, or homicidal ideation; (b) a homicidal plan; (c) available means; (d) an identifiable target; (e) history of impulsivity acting out, homicide attempts, or assaults; (f) a strong urge to 'get even' or control; (g) history of substance abuse; and (h) history of violence (e.g. friendships and/or relationships with verbal/physical fighting).

These sections will be greyed out and not required if Mid Year or Annual Assessment is selected

Date of Onset

Describe Self-Destructive/Suicidal Behavior/Danger to Self. Include level of impairment (e.g., crisis stabilization, hospitalization). Also include an assessment of potential danger to self with the following risk factors: (a) ideation; (b) a plan to harm self; (c) lethality [can they die?]; (d) available means; (e) history of mental or physical illness (e.g., depression); (f) history of attempts; (g) isolation/absence of support system; (h) loss; (i) substance abuse; (j) hopelessness; (k) preoccupation with death; and (l) family history of psychopathology and suicidal behavior.

Date of Onset

Describe impact on self-care, home, school and community. Please note whether the impairments are due to symptoms/behaviors of the included DSM 5 diagnosis.

This section will be greyed out and not required if Mid Year or Annual Assessment is selected

Family Functioning

☐ 0 ☐ 1 ☐ 2 ☐ 3

Living Situation

☐ 0 ☐ 1 ☐ 2 ☐ 3

Recreational

☐ 0 ☐ 1 ☐ 2 ☐ 3

Developmental/Intellectual

☐ 0 ☐ 1 ☐ 2 ☐ 3

Legal

☐ 0 ☐ 1 ☐ 2 ☐ 3

Medical/Physical

☐ 0 ☐ 1 ☐ 2 ☐ 3

Sexual Development

☐ 0 ☐ 1 ☐ 2 ☐ 3

School Behavior

☐ 0 ☐ 1 ☐ 2 ☐ 3

School Achievement

☐ 0 ☐ 1 ☐ 2 ☐ 3

School Attendance

☐ 0 ☐ 1 ☐ 2 ☐ 3

Social Functioning

☐ 0 ☐ 1 ☐ 2 ☐ 3

Decision Making

☐ 0 ☐ 1 ☐ 2 ☐ 3

Sleep

☐ 0 ☐ 1 ☐ 2 ☐ 3

KEY: 0 = No current need; no need for action or intervention.

1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

Describe Family and Community Supports AND Caregiver / Foster Caregiver Strengths and Needs

Minor Consent / No Known Caregiver

☐

Caregiver Name

Caregiver Relationship to Child

- ☐ Relative
- ☐ Foster Caregiver
- ☐ Non-Relative Extended Family Member
- ☐ Other Paid Caregiver
- ☐ Other Unpaid Caregiver

Medical/Physical

☐ 0 ☐ 1 ☐ 2 ☐ 3

Mental Health

☐ 0 ☐ 1 ☐ 2 ☐ 3

Organization

☐ 0 ☐ 1 ☐ 2 ☐ 3

Social Resources

☐ 0 ☐ 1 ☐ 2 ☐ 3



SOC Contacts

CalAIM questions

General

BHSCalAIM@sfdph.org

Adult/Older Adult

Alex Jackson

Alexander.e.Jackson@sfdph.org

Tommy Williams

Thomas.Williams@sfdph.org

Psychiatry

Lisa Inman

Lisa.Inman@sfdph.org

Children Youth and Families

Heather Clendenin LeMoine

Heather.Clendenin.lemoine@sfdph.org

Lisa Hilley

Lisa.Hilley@sfdph.org

TAY

Maureen Edwards

Maureen.Edwards@sfdph.org

SUD

Erik Dubon

Erik.Dubon@sfdph.org



Resources

For more information:

Medi-Cal Documentation Requirements (3.10-14) at
[Medi-Cal Documentation Requirements 3.10-14](#)
[3.10-14 Attachments](#)

CBHS Policy page:

<https://www.sfdph.org/dph/comupg/oservices/mentalhlth/cbhs/cbhsnmupolyproc.asp>

For full Avatar User Manuals please visit:

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/BHIS/avatarUserDocs.asp>

If you need further assistance, please contact the Avatar Help Desk by: Phone: (415) 255-3788 or
Email: AvatarHelp@sfdph.org