



# PERFORMANCE OBJECTIVES

## Avatar Reports

6/2/2016

## **Preface**

Measuring client improvement and successful completion of target objectives is an important part of SFDPH. The implementation of the Avatar Electronic Health Record in Fiscal Year 2010-2011 increased the ability to collect quality data on a client's presenting issues, demographics, interventions, symptom changes, and discharge status. The Performance Objectives for Fiscal Year 2015-16 are designed to maximize the use of Avatar data entered by providers for client admission, assessment, treatment planning, services provided, updates and discharge information. BHS intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives – to the extent possible.

This document contains explanations and samples of reports that are available through the Avatar application. Some of the reports are new while others are not. The purpose of this document is to assist program staff in reviewing their programs' standing in meeting the various Performance Objectives. Some reports may require that they be generated more regularly than others, based on need.

Programs are able to proactively address areas of concerns by reviewing the reports and communicating with impacted staff. For example, the AOA & CYF Treatment Plan of Care reports provide a listing of each client and the status of their TPOC as well as when the next one will be due. The report also provides a summary of the programs' overall performance.

Reports not available through Avatar will continue to be available through our website. See the last page of this manual for additional information and how to obtain support.

### **Adult and Older Adult Outpatient Mental Health Programs**

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### **Adult and Older Adult Residential Mental Health Programs**

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### **Adult and Older Adult Outpatient Substance Abuse Programs**

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### **Adult and Older Adult Residential Substance Abuse Programs**

| <b>Objective</b> | <b>Report Title</b>                           | <b>Page</b> |
|------------------|---|-------------|
| B.1              | CalOMS Discharge Status Report                | 27          |
| D.11             | CalOMS Admission Errors by Program Report     | 31          |
| D.12             | CalOMS Discharge Timely Status Report         | 33          |
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## **CYF Outpatient Mental Health and Intensive Outpatient**

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| D.10             | Vitals Entry Status Report                | 13          |

## **CYF Outpatient Substance Abuse**

| <b>Objective</b> | <b>Report Title</b>                           | <b>Page</b> |
|------------------|---|-------------|
| B.1              | CalOMS Discharge Status Report                | 27          |
| D.11             | CalOMS Admissions Errors by Program Rpt       | 31          |
| D.12             | CalOMS Discharge Timely Status Report         | 33          |
| D.16             | CalOMS Administrative Discharge Status Report | 35          |
| D.18             | CalOMS Frequency of Use Report                | 37          |

|         |    |
|---------|----|
| Support | 49 |
|---------|----|

## C.2

### A/OA Vocational Program Enrollments

**Description:** Report will display clients that were enrolled in a vocational related activity. The user will be able to select a program and specify a date range to review status.

On the last page of the report, the user will be able to see a summary of how many clients were enrolled.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult C.2 objective: *Of those clients not previously enrolled and who remain in an Adult/Older Adult Mental Health Outpatient Program (AOA MHOP) for  $\geq 365$  days, at least 10% will be newly enrolled in a vocational related meaningful activity (defined as any vocational, training, education program, volunteer opportunity, or employment position not necessarily funded by BHS).*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Monthly

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM / New Forms

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Enter the first day of the current Fiscal Year (i.e., 7/1/2015)
3. *End Date* – Enter the current date.

## C.2

## A/OA Vocational Program Enrollments



San Francisco Department of Public Health  
Community Behavioral Health Services

### A/OA Vocational Program Enrollments

Enrollment between 7/1/2010 and 5/26/2016

#### Confidential Patient Information

| Client Name | Date of Enrollment | Enrollment Type    | Admit Date | Discharge Date |
|-------------|--------------------|--------------------|------------|----------------|
| [REDACTED]  | 4/1/2013           | Vocational Program | 8/16/2012  |                |

#### Summary:

|  |       |
|--|-------|
| Clients with New Enrollment for Vocational services in the selected time period: | 1     |
| Total Clients admitted to this AODA MHOP program for at or more then 365 days:   | 398   |
| Percent of Clients who fulfilled Requirement                                     | 0.25% |

**A/OA Vocational Rehabilitation C.2 Objective not satisfied**

#### Note:

- This report is designed to assist programs in monitoring their performance on the A/OA Adult C.2 objective:  
*"10% of clients admitted of an MHOP program for longer then a year shall be newly enrolled in a vocational activity"*

## D.2

## AOA Initial TPOC Status

**Description:** Report will display all open episodes in a selected Adult/Older Adult Mental Health program, as well as the respective status of the initial Treatment Plan of Care. The user will be able to select a program to see the episodes that have admissions within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.2 objective: *100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR within 60 days of episode opening but no later than the first planned service.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Enter the first day of the current Fiscal Year (i.e., 7/1/2015)
3. *End Date* – Enter the current date.

## D.2

## AOA Initial TPOC Status



San Francisco Department of Public Health  
Behavioral Health Services

### A/OA Initial TPOC Status

[Redacted]

Admitted Between 6/30/2014 and 7/1/2015

### Confidential Patient Information

Admitting Practitioner: [Redacted]

| Client Name    | Client ID | Epi # | Episode Opening | First Planned Service | Plan Finalized | Days From Episode Opening |
|----------------|-----------|-------|-----------------|-----------------------|----------------|---------------------------|
| CLIENT, CLIENT | UNIQUEID  | 2     | 11/3/2014       | 3/19/2015             | 1/22/2015      | 80                        |
| CLIENT, CLIENT | UNIQUEID  | 2     | 10/29/2014      | 4/7/2015              |                |                           |

#### Summary:

|   |        |
|---|--------|
| Episodes with initial TPOC finalized within 60 days of episode opening but no later than first planned service: | 48     |
| Total number of episodes:   | 200    |
| Percentage of episodes who fulfilled the requirement:   | 24.00% |

**Adult/Older Adult D.2 Objective not satisfied**

Note:

- This report is designed to assist programs in monitoring their performance on the A/OA Adult D.2 objective:  
*"100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR within 60 days of episode opening but no later than the first planned service"*



## D.7

### A/OA Annual Assessment Status

**Description:** Report will display the A/OA annual assessments that are due for all open episodes of a specified program. The user will be able to select a program and specify a date range for the due date.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.7b objective: *On any date, 100% of episodes will have a current finalized annual assessment in AVATAR.*

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of A/OA reassessment due date range
3. *End Date* – End of A/OA reassessment due date range

## D.7

## A/OA Annual Assessment Status



San Francisco Department of Public Health  
Behavioral Health Services

## A/OA Annual Assessment Status

Admitted between 7/1/2010 and 6/30/2011

## Confidential Patient Information

Admitting Practitioner PRACTITIONER, PRACTITIONER (ID)

| Client Name    | Client ID | EPI # | Episode Opening | Annual Assessment Due | Finalized Date | Status  | Finalized by 12 Month Anniversary? |
|----------------|-----------|-------|-----------------|-----------------------|----------------|---------|------------------------------------|
| CLIENT, CLIENT | UNIQUEID  | 12    | 9/10/2009       | 09/10/2010            |                | Missing |                                    |

## Confidential Patient Information

Admitting Practitioner PRACTITIONER, PRACTITIONER (ID)

| Client Name    | Client ID | EPI # | Episode Opening | Annual Assessment Due | Finalized Date | Status | Finalized by 12 Month Anniversary? |
|----------------|-----------|-------|-----------------|-----------------------|----------------|--------|------------------------------------|
| CLIENT, CLIENT | UNIQUEID  | 2     | 9/16/2009       | 09/16/2010            | 8/17/2015      | Final  | No                                 |
| CLIENT, CLIENT | UNIQUEID  | 2     | 1/4/2010        | 01/04/2011            | 1/6/2016       | Final  | No                                 |
| CLIENT, CLIENT | UNIQUEID  | 2     | 7/17/2009       | 07/17/2010            | 7/25/2014      | Final  | No                                 |

## Confidential Patient Information

## Summary:

|  |       |
|--|-------|
| Annual Assessments completed on time:                  | 0     |
| Total active episodes:                                 | 13    |
| Percentage of episodes that fulfilled the requirement: | 0.00% |

**A/OA Annual Assessment D.7 Objective not satisfied.**

## Notes:

1. This report provides information in support of A/OA Performance Objective "D.7". Where it is expected that 100% of clients have an annual assessment finalized in AVATAR by the 12 month anniversary date of the episode opening.
2. Some clients may have multiple assessments in one episode; report only displays first finalized assessment.

## D.9

### A/OA Closing Summary Status

**Description:** Report will display the A/OA closing summaries that are due for all closed episodes of a specified program. The user will be able to select a program and specify a date range for the due date.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the A/OA D.9 objective: *100% of episodes will have an A/OA closing summary completed no later than 30 days after episode closing.*

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of ANSA assessment due date range
3. *End Date* – End of ANSA assessment due date range

## D.9

## A/OA Closing Summary Status



San Francisco Department of Public Health  
Behavioral Health Services

## A/OA Closing ANSA Status

Closing Due Date between 7/1/2010 and 6/30/2011

## Confidential Patient Information

Admitting Practitioner PRACTITIONER, PRACTITIONER (ID)

| Client Name    | Client ID | EPI # | Episode Closing | Closing ANSA Due | Finalized Date | Status  | Finalized in 30 Days of Episode Closing? |
|----------------|-----------|-------|-----------------|------------------|----------------|---------|--|
| CLIENT, CLIENT | UNIQUEID  | 2     | 02/07/2011      | 03/09/2011       |                | Missing |  |

## Confidential Patient Information

Admitting Practitioner PRACTITIONER, PRACTITIONER (ID)

| Client Name    | Client ID | EPI # | Episode Closing | Closing ANSA Due | Finalized Date | Status  | Finalized in 30 Days of Episode Closing? |
|----------------|-----------|-------|-----------------|------------------|----------------|---------|--|
| CLIENT, CLIENT | UNIQUEID  | 1     | 11/04/2010      | 12/04/2010       | 11/14/2011     | Final   | No                                       |
| CLIENT, CLIENT | UNIQUEID  | 1     | 11/15/2010      | 12/15/2010       | 11/23/2011     | Final   | No                                       |
| CLIENT, CLIENT | UNIQUEID  | 1     | 04/20/2011      | 05/20/2011       |                | Missing |  |
| CLIENT, CLIENT | UNIQUEID  | 1     | 11/16/2010      | 12/16/2010       | 10/31/2011     | Final   | No                                       |
| CLIENT, CLIENT | UNIQUEID  | 1     | 02/25/2011      | 03/27/2011       | 11/10/2011     | Final   | No                                       |
| CLIENT, CLIENT | UNIQUEID  | 2     | 12/09/2010      | 01/08/2011       | 04/25/2011     | Final   | No                                       |
| CLIENT, CLIENT | UNIQUEID  | 1     | 05/19/2011      | 06/18/2011       |                | Missing |  |

## Summary:

ANSA assessment completed on time (no later than 30 days after episode closing) 2

Total close episodes: 75

Percentage of episodes that fulfilled the requirement: 2.67%

**A/OA Closing ANSA Status D.9 not satisfied**

## Notes:

1. This report provides information in support of A/OA Performance Objective "D.9". Where it is expected that 100% of clients have an ANSA completed in AVATAR no later than 30 days after the episode closing.
2. Report only displays clients who have had at least 5 face-to-face encounters within the reporting

## D.10

## Vitals Entry Status

**Description:** Report will display all episodes of clients of a program who have received at least one medication service, as well as their height, weight, and blood pressure. The user will be able to select a program from the menu in AVATAR to display the relevant data.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the D.10 objective: *Record height, weight, and blood pressure using the new AVATAR Vitals Entry Form for at least 50% of all clients who receive medication services at least once during the fiscal year.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR

## D.10

## Vitals Entry Status



San Francisco Department of Public Health  
Community Behavioral Health Services

### Vitals Entry Status

#### Confidential Patient Information

| Client Name (ID)          | Entry Date | Entry Time | Height (ft in) | Weight (lbs) | Blood Pressure |
|---------------------------|------------|------------|----------------|--------------|----------------|
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |
| CLIENT, CLIENT (UNIQUEID) | 7/10/2015  | 04:44 PM   | 5' 2.2"        | 143 lbs      | 120/78 mmHg    |
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |
| CLIENT, CLIENT (UNIQUEID) | 8/10/2015  | 10:35 AM   | 6' 2.0"        | 206 lbs      | 92/60 mmHg     |
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |
| CLIENT, CLIENT (UNIQUEID) | 8/10/2015  | 11:05 AM   | 5' 11.0"       | 206 lbs      | 102/66 mmHg    |
| CLIENT, CLIENT (UNIQUEID) | 8/10/2015  | 11:33 AM   | 5' 11.0"       | 206 lbs      | 102/66 mmHg    |
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |
| CLIENT, CLIENT (UNIQUEID) | ---        | ---        | ---            | ---          | ---            |

#### Summary:

|   |        |
|---|--------|
| Clients who have vitals entry for height, weight, and blood pressure: | 34     |
| Total number of clients:  | 41     |
| Percentage:   | 82.93% |

Adult/Older Adult D/10 Objective satisfied

Note: Data reflects clients who have received a medication service(s) and who are 2 years or older. This report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.10 objective.

## D.17

### Timely Access Report (Program)

**Description:** Report will display all clients that were entered into Avatars' Timely Access form. The form serves to document clients that have approached your program seeking behavioral health services and whether an appointment was offered.

On the last page of the report, the user will be able to see a summary of how many clients approached the program seeking behavioral health services, how many of those were offered an appointment within 10 business days.

**Purpose:** Report is designed to assist programs in monitoring their performance on the D.17 objective: One hundred percent of clients must be offered an appointment within 10 business days of the initial request for services.

**Who uses:** Clinic manager (or designee) and quality assurance staff.

**When to run:** Monthly.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > New Options

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Enter the first day of the reporting period
3. *End Date* – Enter the last day of the reporting period.

## Timely Access Report (Program)



San Francisco Department of Public Health  
Community Behavioral Health Services

## Timely Access by Specific Program

for Date Range 7/1/2015 to 5/23/2016

## Confidential Patient Information

Data Entry By [REDACTED]

Client Name

[REDACTED]

Walk-in/Call-in Date  
9/2/2015AppointmentDate Offered  
9/2/2015DaysDifference  
0AttestationAppointment ProgramAppointment Type

Medical Evaluation

Total Walk-in/Call-in Clients: 1

## Confidential Patient Information

[REDACTED]

|  | Number | Percentage |
|--|--------|------------|
| All appointments from 7/1/2015 to 5/23/2016: | 66     | 100%       |
| Appts offered w/in 10 business days:         | 66     | 100.00%    |
| Appts w/ attestation:                        | 0      | 0.00%      |
| Appts that did not meet 10 day expectation:  | 0      | 0.00%      |
| Summary of Performance:                      | 66     | 100.00%    |

Notes:

Please note that holidays are not counted in this report.



## D.21

## A/OA Initial ANSA Assessment Status

**Description:** Report will display the A/OA initial ANSA assessments that are due for all open episodes of a specified program. The user will be able to select a program and specify a date range for the due date.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.21 objective: *100% of episodes will have an initial ANSA finalized in AVATAR within 60 days of episode opening.*

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of ANSA assessment due date range
3. *End Date* – End of ANSA assessment due date range

## D.21

## A/OA Initial ANSA Assessment Status



San Francisco Department of Public Health  
Behavioral Health Services

### A/OA Initial ANSA Status

Initial ANSA Due between 6/30/2014 and 7/1/2015

#### Confidential Patient Information

Admitting Practitioner

| Client Name    | Client ID | EPI # | Episode Opening | Initial ANSA Due | Finalized Date | Status  | Finalized In 60 Days of Epi Opening? |
|----------------|-----------|-------|-----------------|------------------|----------------|---------|--------------------------------------|
| CLIENT, CLIENT |           | 2     | 11/03/2014      | 01/02/2015       | 1/22/2015      | Final   | No                                   |
| CLIENT, CLIENT |           | 5     | 05/15/2014      | 07/14/2014       | 8/27/2014      | Final   | No                                   |
| CLIENT, CLIENT |           | 2     | 10/29/2014      | 12/28/2014       |                | Missing | No                                   |

#### Summary:

|  |        |
|--|--------|
| Initial ANSAs completed on time:                       | 49     |
| Total active episodes:                                 | 85     |
| Percentage of episodes that fulfilled the requirement: | 57.65% |

**Initial ANSA Assessment D.21 Objective not satisfied.**

Note:

- This report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.21 objective:  
*"100% of episodes will have an initial ANSA finalized in AVATAR within 60 days of episode opening."*

## D.22

## A/OA Annual ANSA Status

**Description:** Report will display the A/OA ANSA annual assessments that are due for all open episodes of a specified program. The user will be able to select a program and specify a date range for the due date.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.22 objective: *On any date, 100% of episodes will have a current annual ANSA finalized in AVATAR.*

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of ANSA reassessment due date range
3. *End Date* – End of ANSA reassessment due date range

**Additional Notes:**

1. Report only retrieves data from assessment forms updated on July 5<sup>th</sup>, 2015.

## D.22

## A/OA Annual ANSA Status



San Francisco Department of Public Health  
Behavioral Health Services

### A/OA Annual ANSA Assessment Status

Clients Active between 7/1/2015 and 6/3/2016

#### Confidential Patient Information

Admitting Practitioner

| Client Name | Client ID | EPI # | Episode Opening | Annual ANSA Assessment Due | Finalized Date | Status  | Finalized In 1 Year of Epi Opening? |
|-------------|-----------|-------|-----------------|----------------------------|----------------|---------|-------------------------------------|
|             |           | 77    | 4/24/2015       | 4/24/2017                  |                | Missing |                                     |
|             |           | 31    | 2/6/2015        | 2/6/2017                   |                | Missing |                                     |
|             |           | 11    | 4/26/2016       | 4/26/2017                  |                | Not Due |                                     |

#### Confidential Patient Information

##### Summary:

|  |       |
|--|-------|
| Annual Assessments completed on time:                  | 6     |
| Total active episodes :                                | 830   |
| Percentage of episodes that fulfilled the requirement: | 0.72% |

Annual ANSA Assessment Status D.22 Objective not satisfied

##### Notes:

1. This report provides information in support of A/OA Performance Objective "D.22". Where it is expected that 100% of clients have an annual ANSA finalized in AVATAR within one year of the episode opening date.
2. Some clients may have multiple assessments in one episode; report only displays last finalized assessment.

## D.2.a      A/OA Residential Initial TPOC Status Report

**Description:** Report will display all open episodes in a selected Adult/Older Adult Residential Mental Health program, as well as the respective status of the initial Treatment Plan of Care. The user will be able to select a program to see the episodes that have admissions within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Residential Adult D.2.a objective: *100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR within 3 days of episode opening but no later than the first planned service.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Daily

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM / Performance Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Enter the first day of the desired reporting period.
3. *End Date* – Enter the last day of the desired reporting period.

## D.2.a

## A/OA Residential Initial TPOC Status Report



San Francisco Department of Public Health  
Behavioral Health Services

## A/OA Residential Initial TPOC Status

Admitted Between 1/1/2016 and 5/26/2016

## Confidential Patient Information

Admitting Practitioner: [REDACTED]

| Client Name | Client ID  | Epi # | Episode Opening | First Planned Service | Plan Finalized | Days From Episode Opening |
|-------------|------------|-------|-----------------|-----------------------|----------------|---------------------------|
| [REDACTED]  | [REDACTED] | 12    | 3/18/2016       | 3/18/2016             | 3/24/2016      | 6                         |
|             |            | 23    | 3/21/2016       | 3/21/2016             | 3/22/2016      | 1                         |
|             |            | 91    | 4/28/2016       | 4/28/2016             | 4/29/2016      | 1                         |
|             |            | 11    | 1/13/2016       | 1/13/2016             | 1/15/2016      | 2                         |
|             |            | 11    | 3/10/2016       | 3/10/2016             | 3/10/2016      | 0                         |
|             |            | 35    | 4/14/2016       | 4/17/2016             | 4/15/2016      | 1                         |
|             |            | 17    | 4/25/2016       | 4/25/2016             | 4/26/2016      | 1                         |
|             |            | 15    | 2/29/2016       | 2/29/2016             | 3/1/2016       | 1                         |
|             |            | 10    | 5/5/2016        | 5/5/2016              | 5/6/2016       | 1                         |
|             |            | 14    | 2/22/2016       | 2/22/2016             | 2/24/2016      | 2                         |
|             |            | 10    | 1/5/2016        | 1/5/2016              | 1/8/2016       | 3                         |
|             |            | 9     | 5/20/2016       | 5/20/2016             | 5/23/2016      | 3                         |
|             |            | 69    | 4/11/2016       | 4/17/2016             | 4/13/2016      | 2                         |
|             |            | 12    | 4/7/2016        | 4/7/2016              | 4/8/2016       | 1                         |
|             |            | 21    | 2/9/2016        | 2/9/2016              | 2/10/2016      | 1                         |
|             |            | 126   | 4/5/2016        | 4/5/2016              | 4/6/2016       | 1                         |
|             |            | 23    | 3/1/2016        | 3/1/2016              | 3/1/2016       | 0                         |

## Summary:

|   |        |
|---|--------|
| Episodes with initial TPOC finalized within 60 days of episode opening but no later than first planned service: | 4      |
| Total number of episodes:   | 17     |
| Percentage of episodes who fulfilled the requirement:   | 23.53% |

**A/OA Residential Initial TPOC Status D.2 Objective not satisfied**

## Note:

- This report is designed to assist programs in monitoring their performance on the A/OA Adult D.2a objective:  
*"100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR within 3 days of episode opening but no later than the first planned service"*

## D.8

### Adult TPOC Due by Program/Staff Report

**Description:** Report will display all open episodes in a selected Adult/Older Adult Mental Health program, as well as the respective status of the Treatment Plan of Care. The user will be able to select a program to see the episodes that have admissions within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.8 objective: On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar.

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Daily

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR CWS / Treatment Planning

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Enter the first day of the desired reporting period.
3. *End Date* – Enter the current date.



San Francisco Department of Public Health  
Community Behavior (Text Object) Services

### ADULT TPOC Due by Program/Staff Report

#### Confidential Patient Information

Admitting/Primary Clinician:

| Client Name | Client ID | Epi# | Admission | Last POC Finalized | Next POC Anniversary | Last Date of Service |
|-------------|-----------|------|-----------|--------------------|----------------------|----------------------|
|             |           |      |           | 1/20/2016          | 12/24/2016           | 4/26/2016            |
|             |           |      |           | 4/18/2016          | 3/2/2017             | 5/5/2016             |
|             |           |      |           | 5/19/2016          | 4/27/2017            | 5/19/2016            |
|             |           |      |           | 5/9/2016           | 2/24/2017            | 5/9/2016             |
|             |           |      |           | 6/15/2015          | 6/18/2016            | 5/9/2016             |
|             |           |      |           | 2/24/2016          | 1/16/2017            | 5/20/2016            |
|             |           |      |           | No POC             | N/A                  | 5/17/2016            |
|             |           |      |           | 2/23/2016          | 1/26/2017            | 5/19/2016            |
|             |           |      |           | 1/11/2016          | 12/11/2016           | 5/16/2016            |
|             |           |      |           |                    |                      |                      |

#### Program Summary

|                             | Number | Percentage |
|-----------------------------|--------|------------|
| Open Episodes on 5/23/2016: | 753    | 100%       |
| Total Current POC:          | 557    | 73.97%     |
| Total Expired POC:          | 91     | 12.08%     |
| Total No POC:               | 94     | 12.48%     |
| Total Pending Approval:     | 0      | 0.00%      |
| Total Draft:                | 11     | 1.46%      |

Avatar Data as of 5/23/2016

ADULT TPOC Due by Program/Staff Report

Page 30 of 31

CAUTION: Federal and State confidentiality laws apply to protected health information contained in this report. It is the recipient's responsibility to lawfully secure and destroy it.

#### Notes:

- Report includes all clients with an open episode at a program as of the date report is requested, shown at bottom left of each page of report.
- Clients with an open episode are listed below their Admitting/Primary Clinician.
- Last POC Finalized column may contain:
  - A date in mm/dd/yyyy format.
  - No POC = A Treatment Plan of Care has not been created OR the client is a MED only client and the psychiatrist may have completed the Psychiatric POC. Check with the client's psychiatrist to ensure that one of you completes the POC.
  - Draft = A POC has been created, but remains in Draft status.
  - Pending Approval = A POC has been created, but remains in Pending Approval status.
- Next POC Anniversary date is determined by the Admission date. A new POC is required annually before (within 30 days of) the anniversary of the Admission date.
- Next POC Anniversary column may contain:
  - A date in the future in mm/dd/yyyy format. Appears for current POC and POC in Pending Approval status.
  - Exp mm/dd/yyyy = Most recent POC expired on date shown.
  - N/A = Not applicable. Displays for No POC and POC in Draft status.
- Last Date of Service shows the last date a service was provided to a client, as recorded in Avatar. "None" indicates that no services have been recorded in Avatar for the client/episode. This information may help you determine when an episode needs to be closed.
- A Program Summary of open episodes and their corresponding POC status appears at the bottom of the report. The summary displays the number of open episodes, and shows the number and percentage of POC that are current, expired, episodes with No POC, POC in Draft status, and POC in Pending Approval status.
- Refer to FY 15-16 Transition Plan memo dated 6/18/2015 for information about the conversion from TPOC due date based on "Last POC Finalized" date to "Admission Anniversary Date".



## D.21.a

## A/OA Residential Initial TPOC Status

**Description:** The “A/OA Residential initial TPOC Status” report provides a listing of clients and the status of their A/OA Residential Initial TPOC Status in Avatar for the specified program and date range.

The page of the report provides staff with a summary of program totals in meeting this requirement.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult Residential D.21.a objective: 100% of clients will have an initial ANSA finalized in Avatar within 3 days of episode opening.

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Daily

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start date of admission
3. *End Date* – End date of admission

## D.21.a

## A/OA Residential Initial TPOC Status



San Francisco Department of Public Health  
Behavioral Health Services

## A/OA Residential Initial TPOC Status

Admitted Between 4/1/2016 and 5/27/2016

## Confidential Patient Information

Admitting Practitioner: [Redacted]

| Client Name | Client ID  | Epi # | Episode Opening | First Planned Service | Plan Finalized | Days From Episode Opening |
|-------------|------------|-------|-----------------|-----------------------|----------------|---------------------------|
| [Redacted]  | [Redacted] | 91    | 4/28/2016       | 4/28/2016             | 4/29/2016      | 1                         |
|             |            | 35    | 4/14/2016       | 4/17/2016             | 4/15/2016      | 1                         |
|             |            | 17    | 4/25/2016       | 4/25/2016             | 4/26/2016      | 1                         |
|             |            | 10    | 5/5/2016        | 5/5/2016              | 5/6/2016       | 1                         |
|             |            | 9     | 5/20/2016       | 5/20/2016             | 5/23/2016      | 3                         |
|             |            | 69    | 4/11/2016       | 4/17/2016             | 4/13/2016      | 2                         |
|             |            | 12    | 4/7/2016        | 4/7/2016              | 4/8/2016       | 1                         |
|             |            | 126   | 4/5/2016        | 4/5/2016              | 4/6/2016       | 1                         |

## Confidential Patient Information

## Summary:

|   |        |
|---|--------|
| Episodes with initial TPOC finalized within 60 days of episode opening but no later than first planned service: | 2      |
| Total number of episodes:   | 8      |
| Percentage of episodes who fulfilled the requirement:   | 25.00% |

A/OA Residential Initial TPOC Status D.2 Objective not satisfied

## Note:

- This report is designed to assist programs in monitoring their performance on the A/OA Adult D.2a objective:  
*"100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR within 3 days of episode opening but no later than the first planned service"*

## B.1

## CalOMS Discharge Status

**Description:** Report will display all episodes with clients who have successfully completed treatment or have left before treatment in a specified Adult/Older Adult Substance Abuse program with their respective CalOMS discharge codes and statuses. The user will be able to select a program to see the clients that have been discharged within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult B.1 objective: *At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of discharge
3. *End Date* – End of discharge

## B.1

## CalOMS Discharge Status



San Francisco Department of Public Health  
Community Behavioral Health Services

### CalOMS Discharge Status

Discharged from 6/30/2014 to 7/1/2015

#### Confidential Patient Information

| Client Name (ID)          | Epi # | Admission Date | Discharge Date | Discharge Code and Status                            |
|---------------------------|-------|----------------|----------------|--|
| CLIENT, CLIENT (UNIQUEID) | 28    | 6/17/2014      | 7/2/2014       | (3) Incomplete, Satisfactory/Referred                |
| CLIENT, CLIENT (UNIQUEID) | 5     | 11/5/2014      | 2/2/2015       | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 16    | 1/1/2015       | 3/31/2015      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 4     | 7/17/2014      | 10/1/2014      | (5) Incomplete, Unsatisfactory/Referred              |
| CLIENT, CLIENT (UNIQUEID) | 3     | 5/5/2014       | 7/5/2014       | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 3     | 10/24/2014     | 1/22/2015      | (2) Complete Treatment/Recovery Plan, Goals/Not Ref  |
| CLIENT, CLIENT (UNIQUEID) | 4     | 10/21/2014     | 1/18/2015      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 14    | 11/4/2014      | 1/1/2015       | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 4     | 10/7/2014      | 1/4/2015       | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 13    | 7/29/2014      | 9/10/2014      | (5) Incomplete, Unsatisfactory/Referred              |
| CLIENT, CLIENT (UNIQUEID) | 16    | 8/6/2014       | 11/3/2014      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 7     | 4/3/2015       | 4/24/2015      | (5) Incomplete, Unsatisfactory/Referred              |
| CLIENT, CLIENT (UNIQUEID) | 6     | 1/5/2015       | 3/26/2015      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 3     | 2/13/2015      | 3/10/2015      | (2) Complete Treatment/Recovery Plan, Goals/Not Ref  |
| CLIENT, CLIENT (UNIQUEID) | 7     | 9/8/2014       | 11/4/2014      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 3     | 8/15/2014      | 11/12/2014     | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 65    | 3/16/2015      | 3/24/2015      | (5) Incomplete, Unsatisfactory/Referred              |
| CLIENT, CLIENT (UNIQUEID) | 7     | 3/24/2015      | 6/15/2015      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 14    | 10/10/2014     | 1/4/2015       | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 13    | 4/23/2014      | 7/21/2014      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 16    | 9/12/2014      | 12/10/2014     | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 13    | 6/25/2014      | 9/22/2014      | (1) Complete Treatment/Recovery Plan, Goals/Referred |
| CLIENT, CLIENT (UNIQUEID) | 9     | 9/26/2014      | 12/3/2014      | (1) Complete Treatment/Recovery Plan, Goals/Referred |

#### Summary:

|   |        |
|---|--------|
| Clients who successfully completed treatment based on discharge codes 1, 2, 3, and 4: | 35     |
| Total number of clients:  | 44     |
| Percentage of clients who fulfilled the requirement:                                  | 79.55% |

Adult/Older Adult B.1 Objective satisfied

#### Notes:

1. Data reflects clients who were in treatment for 3 days or more.
2. This report is designed to assist programs in monitoring their performance on the Adult/Older Adult B.1 objective.
3. Clients with multiple episodes during the reporting period appear in bold.

## B.3

## Methadone Maintenance TX Duration

**Description:** Report will display all episodes of a selected methadone maintenance treatment program, as well as the duration of treatment within the program. The user will be able to select a program to see the episodes with admission/discharge dates and the duration of treatment.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult B.3 objective: *At least 70% of clients admitted into a methadone maintenance treatment program will stay in treatment for 12 months.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of admission
3. *End Date* – End of admission

## B.3

## Methadone Maintenance TX Duration



San Francisco Department of Public Health  
Community Behavioral Health Services

### Methadone Maintenance Treatment Duration

Admitted Between 6/30/2014 and 7/1/2015

#### Confidential Patient Information

| Client Name (ID)          | Epi # | Admission Date | Discharge Date | Treatment Total Duration (months) |
|---------------------------|-------|----------------|----------------|-----------------------------------|
| CLIENT, CLIENT (UNIQUEID) | 7     | 9/25/2014      |                | 15                                |
| CLIENT, CLIENT (UNIQUEID) | 17    | 7/22/2014      | 7/22/2014      | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 49    | 7/29/2014      |                | 17                                |
| CLIENT, CLIENT (UNIQUEID) | 5     | 9/5/2014       | 10/26/2014     | 1                                 |
| CLIENT, CLIENT (UNIQUEID) | 4     | 7/18/2014      | 7/19/2014      | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 10    | 3/31/2015      |                | 8                                 |
| CLIENT, CLIENT (UNIQUEID) | 5     | 12/17/2014     | 3/2/2015       | 2                                 |
| CLIENT, CLIENT (UNIQUEID) | 4     | 11/20/2014     | 1/2/2015       | 1                                 |
| CLIENT, CLIENT (UNIQUEID) | 17    | 2/20/2015      | 4/6/2015       | 1                                 |
| CLIENT, CLIENT (UNIQUEID) | 31    | 7/1/2014       | 8/28/2014      | 1                                 |
| CLIENT, CLIENT (UNIQUEID) | 4     | 10/15/2014     | 9/22/2015      | 11                                |
| CLIENT, CLIENT (UNIQUEID) | 10    | 5/11/2015      |                | 7                                 |
| CLIENT, CLIENT (UNIQUEID) | 10    | 8/22/2014      | 11/18/2014     | 2                                 |
| CLIENT, CLIENT (UNIQUEID) | 12    | 1/13/2015      | 3/10/2015      | 1                                 |
| CLIENT, CLIENT (UNIQUEID) | 54    | 11/12/2014     | 3/16/2015      | 4                                 |
| CLIENT, CLIENT (UNIQUEID) | 32    | 6/11/2015      | 7/8/2015       | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 4     | 1/26/2015      |                | 11                                |
| CLIENT, CLIENT (UNIQUEID) | 15    | 7/11/2014      | 2/28/2015      | 7                                 |
| CLIENT, CLIENT (UNIQUEID) | 18    | 6/30/2015      |                | 5                                 |

#### Summary:

|   |        |
|---|--------|
| Clients in methadone maintenance treatment for 12 months or more: | 60     |
| Total number of clients:  | 568    |
| Percentage of clients who fulfilled the requirement:              | 10.56% |

Adult/Older Adult B.3 Objective not satisfied

#### Notes:

1. This report is designed to assist programs in monitoring their performance on the Adult/Older Adult B.3 objective.
2. Clients with multiple episodes during the reporting period appear in bold.

## D.11 CalOMS Admission Errors by Program Report

**Description:** Report will display clients that in three grouping consisting of clients who: have no CalOMS Admissions Record, are missing the CalOMS Annual Update Record and/or have Errors in their CalOMS Admission Record.

**Purpose:** Report is designed to assist programs in monitoring the status of CalOMS Admission records and address corrections as needed.

The report will also assist programs in monitoring their performance on the Adult/Older Adult D.11 objective: No more than 5% of open clients will have errors on their CalOMS Admission Form.

**Who uses:** Clinic manager (or designee), quality assurance staff and appropriate support staff.

**When to run:** Usually at the end of every month.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Client Management / Client Information

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of admission date range
3. *End Date* – End of admission date range

## D.11 CalOMS Admission Errors by Program Report



San Francisco Department of Public Health  
Community Behavioral Health Services

### CalOMS Admission 'Missing and Errors' by Program Report

From: 7/1/2015 to 5/25/2016

#### Confidential Patient Information

##### CalOMS Admission Records missing

| Client ID | Episode # | Name | Admit Date | Discharge Date |
|-----------|-----------|------|------------|----------------|
|-----------|-----------|------|------------|----------------|

CalOMS Admission Records missing

##### CalOMS Admission Annual Update Records missing

| Client ID | Episode # | Name | Admit Date |
|-----------|-----------|------|------------|
|-----------|-----------|------|------------|

CalOMS Admission Annual Update Records missing 0

##### CalOMS Admission record(s) in error

Client ID: Episode Number: 79

##### Record Type: Admission

Birth First Name: A value must be provided that is either one of the specified numeric values, or an alpha name.  
Birth Last Name: A value must be provided that is an alpha name.  
Zip Code At Current Residence: Missing required field.  
Place of Birth - County: Missing required field.  
Place of Birth - State: Missing required field.  
Driver's License Number: Missing required field.  
Driver's License State: Missing required field.

### SUMMARY

|  |       |
|--|-------|
| Missing Admission records              | 0     |
| Missing Annual update records          | 0     |
| **Error records less Admission records | 3     |
| Episodes opened during this period     | 705   |
| Percentage in Error                    | 0.43% |

\*\* Missing admission records are also in the Error records section by default.

Text Object



## D.12

### CalOMS Discharge Timely Entry (D.12)

**Description:** Report will display all episodes of clients who have been discharged from an Adult/Older Adult program and calculate how many days the Discharge Status field has been completed from the discharge date. The user will be able to select a program to see the episodes with discharges within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.12 objective: *100% of clients discharged during FY 15-16 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of discharge date range
3. *End Date* – End of discharge date range

## D.12

## CalOMS Discharge Timely Entry



San Francisco Department of Public Health  
Community Behavioral Health Services

### CalOMS Discharge Timeliness Status

Discharged from 6/30/2014 to 7/1/2015

#### Confidential Patient Information

| Client Name (ID)          | Epi # | Admission Date | Discharge Date | Discharge Code | Discharge Status Completed on | Days to complete Discharge Status |
|---------------------------|-------|----------------|----------------|----------------|-------------------------------|-----------------------------------|
| CLIENT, CLIENT (UNIQUEID) | 18    | 9/12/2014      | 12/10/2014     | 1              | 1/13/2015                     | 34                                |
| CLIENT, CLIENT (UNIQUEID) | 13    | 6/25/2014      | 9/22/2014      | 1              | 9/22/2014                     | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 67    | 6/23/2014      | 7/23/2014      |                |                               |                                   |
| CLIENT, CLIENT (UNIQUEID) | 16    | 8/6/2014       | 11/3/2014      | 1              | 11/3/2014                     | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 14    | 10/10/2014     | 1/4/2015       | 1              | 1/13/2015                     | 9                                 |
| CLIENT, CLIENT (UNIQUEID) | 65    | 3/16/2015      | 3/24/2015      | 5              | 4/1/2015                      | 8                                 |
| CLIENT, CLIENT (UNIQUEID) | 20    | 7/25/2014      | 10/22/2014     | 1              | 10/23/2014                    | 1                                 |
| CLIENT, CLIENT (UNIQUEID) | 30    | 3/2/2015       | 4/30/2015      |                |                               |                                   |
| CLIENT, CLIENT (UNIQUEID) | 3     | 5/26/2015      | 6/25/2015      |                |                               |                                   |
| CLIENT, CLIENT (UNIQUEID) | 13    | 4/23/2014      | 7/21/2014      | 1              | 9/30/2015                     | 436                               |
| CLIENT, CLIENT (UNIQUEID) | 30    | 9/22/2014      | 9/24/2014      | 5              | 9/24/2014                     | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 5     | 11/5/2014      | 2/2/2015       | 1              | 2/3/2015                      | 1                                 |
| CLIENT, CLIENT (UNIQUEID) | 112   | 1/18/2015      | 4/15/2015      |                |                               |                                   |
| CLIENT, CLIENT (UNIQUEID) | 98    | 4/29/2014      | 7/9/2014       | 5              | 7/9/2014                      | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 3     | 8/15/2014      | 11/12/2014     | 1              | 11/12/2014                    | 0                                 |
| CLIENT, CLIENT (UNIQUEID) | 6     | 10/3/2014      | 10/10/2014     |                |                               |                                   |
| CLIENT, CLIENT (UNIQUEID) | 10    | 1/4/2015       | 4/3/2015       | 1              | 4/6/2015                      | 3                                 |
| CLIENT, CLIENT (UNIQUEID) | 28    | 6/17/2014      | 7/2/2014       | 3              | 7/2/2014                      | 0                                 |

#### Summary:

|   |         |
|---|---------|
| Clients with CalOMS Discharge Status field completed within 30 days of episode closing: | 14      |
| Total number of clients:  | 14      |
| Percentage:   | 100.00% |

Adult/Older Adult D.12 Objective satisfied

Note: This report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.12 objective.

## D.16

## CalOMS Administrative Discharge Status

**Description:** Report will display all episodes of clients who have been discharged from an Adult/Older Adult Mental health program with their respective CalOMS discharge codes and statuses. The user will be able to select a program to see the episodes with discharges within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.16 objective: *No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 15-16.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of discharge date range
3. *End Date* – End of discharge date range

## D.16

## CalOMS Administrative Discharge Status



San Francisco Department of Public Health  
Behavioral Health Services

### CalOMS Administrative Discharge Status

Discharged from 7/1/2015 to 6/2/2016

#### Confidential Patient Information

Admitting Practitioner: [REDACTED]

| Client Name | Client ID  | Epi # | Episode Opening | Episode Closing | Discharge Code and Status                            |
|-------------|------------|-------|-----------------|-----------------|--|
| [REDACTED]  | [REDACTED] | 8     | 5/4/2015        | 7/14/2015       | (3) Incomplete, Satisfactory/Referred                |
|             |            | 8     | 7/30/2015       | 10/31/2015      | (5) Incomplete, Unsatisfactory/Referred              |
|             |            | 1     | 3/18/2016       | 4/4/2016        | (5) Incomplete, Unsatisfactory/Referred              |
|             |            | 5     | 9/21/2015       | 4/30/2016       | (3) Incomplete, Satisfactory/Referred                |
|             |            | 2     | 7/14/2015       | 4/30/2016       | (4) Incomplete, Satisfactory/Not Referred            |
|             |            | 2     | 2/19/2016       | 4/30/2016       | (3) Incomplete, Satisfactory/Referred                |
|             |            | 1     | 10/8/2015       | 11/9/2015       | (1) Complete Treatment/Recovery Plan, Goals/Referred |
|             |            | 6     | 11/30/2015      | 3/31/2016       | (3) Incomplete, Satisfactory/Referred                |
|             |            |       |                 |                 |  |

#### Summary:

|  |        |
|--|--------|
| Episodes coded as CalOMS Administrative Discharge:           | 1      |
| Total number of episodes:                                    | 9      |
| Percentage of episodes that did not fulfill the requirement: | 11.11% |

CalOMS Administrative Discharge Status D.16 Objective satisfied

#### Notes:

- This report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.16 objective:  
"No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 15-16"
- Multiple episodes for one client during the reporting period appear in bold.
- Administrative Discharge Codes: 4, 6
- Discharge Codes:

#### Code:

#### Description:

- Completed Treatment/Recovery Plan Goals - Referred
- Completed Treatment/Recovery Plan Goals - Not Referred
- Left Before Completion with Satisfactory Progress - Referred
- Left Before Completion with Satisfactory Progress - Not Referred
- Left Before Completion With Unsatisfactory Progress - Referred
- Left Before Completion with Unsatisfactory Progress - Not Referred
- Death
- Incarceration

## D.18

## CalOMS Frequency of Use

**Description:** Report will display all episodes of clients who have been discharged from an Adult/Older Adult Mental health program with their respective CalOMS fields for frequency of use at admission and discharge. The user will be able to select a program to see episodes with admissions within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Adult/Older Adult D.18 objective: *At least 50% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of admitted date range
3. *End Date* – End of admitted date range

## D.18

## CalOMS Frequency of Use



San Francisco Department of Public Health  
Community Behavioral Health Services

### CalOMS Frequency of Use

Admitted From 6/30/2014 to 7/1/2015

#### Confidential Patient Information

| Client Name (ID)          | Epi # | Admission Date | Discharge Date | Freq. of Use at Admission | Freq. of Use at Discharge |
|---------------------------|-------|----------------|----------------|---------------------------|---------------------------|
| CLIENT, CLIENT (UNIQUEID) | 16    | 9/12/2014      | 12/10/2014     | 6                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 16    | 8/6/2014       | 11/3/2014      | 17                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 14    | 10/10/2014     | 1/4/2015       | 14                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 18    | 6/29/2015      | 9/26/2015      | 17                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 20    | 7/25/2014      | 10/22/2014     | 30                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 5     | 11/5/2014      | 2/2/2015       | 7                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 112   | 1/18/2015      | 4/15/2015      | 10                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 3     | 8/15/2014      | 11/12/2014     | 0                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 13    | 6/10/2015      | 8/25/2015      | 2                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 10    | 1/4/2015       | 4/3/2015       | 0                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 16    | 1/1/2015       | 3/31/2015      | 8                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 35    | 7/24/2014      | 10/21/2014     | 8                         | 3                         |
| CLIENT, CLIENT (UNIQUEID) | 7     | 3/31/2015      | 6/29/2015      | 27                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 7     | 6/25/2015      | 9/3/2015       | 12                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 4     | 10/7/2014      | 1/4/2015       | 19                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 20    | 9/10/2014      | 12/7/2014      | 15                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 3     | 4/21/2015      | 7/2/2015       | 5                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 14    | 4/13/2015      | 7/11/2015      | 10                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 3     | 11/17/2014     | 2/13/2015      | 15                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 14    | 12/3/2014      | 2/16/2015      | 1                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 4     | 7/17/2014      | 10/1/2014      | 3                         | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 5     | 12/10/2014     | 3/2/2015       | 10                        | 0                         |
| CLIENT, CLIENT (UNIQUEID) | 9     | 9/26/2014      | 12/3/2014      | 3                         | 1                         |
| CLIENT, CLIENT (UNIQUEID) | 8     | 4/28/2015      | 7/27/2015      | 19                        | 0                         |

#### Summary:

|  |         |
|--|---------|
| Clients with completed Frequency of Use fields at admission and discharge: | 17      |
| Total number of clients:   | 17      |
| Percentage:  | 100.00% |

Adult/Older Adult D.18 Objective Satisfied

#### Notes:

- This report is designed to assist the Adult/Older Adult D.18 objective.
- Data reflects discharged clients who remained in treatment for 60 or more days.
- Clients with administrative discharge codes (4,6,7,8) does not satisfy requirement

## D.1

## CANS CYF Initial Assessment Status

**Description:** Report will display the CYF CANS initial assessments that are due for all open episodes of a specific program. The user will be able to select a program and specify a date range for the due date.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Children, Youth, and Families D.1 objective: *100% of new episodes with an open episode will have the initial CANS assessment finalized in AVATAR within 60 days of episode opening.*

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of initial assessment
3. *End Date* – End of initial assessment

## D.1

## CANS CYF Initial Assessment Status



San Francisco Department of Public Health  
Behavioral Health Services

### CYF CANS Initial Assessment Status

CANS Assessment Due Between 6/30/2014 and 7/1/2015

#### Confidential Patient Information

Admitting Practitioner

| Client Name | Client ID | EPI# | Episode Opening | Initial Assessment Due | Status | Finalized Date | Finalized in 60 days of Epi Opening? |
|-------------|-----------|------|-----------------|------------------------|--------|----------------|--------------------------------------|
|             |           | 16   | 01/07/2015      | 03/08/2015             | Final  | 2/6/2015       | Yes                                  |

#### Confidential Patient Information

Admitting Practitioner

| Client Name | Client ID | EPI# | Episode Opening | Initial Assessment Due | Status | Finalized Date | Finalized in 60 days of Epi Opening? |
|-------------|-----------|------|-----------------|------------------------|--------|----------------|--------------------------------------|
|             |           | 1    | 11/18/2014      | 01/17/2015             | Final  | 1/14/2015      | Yes                                  |
|             |           | 3    | 10/21/2014      | 12/20/2014             | Final  | 12/8/2014      | Yes                                  |
|             |           | 3    | 03/25/2015      | 05/24/2015             | Final  | 6/5/2015       | No                                   |

#### Summary:

|  |        |
|--|--------|
| Initial Assessments completed on time:                 | 37     |
| Total active episodes :                                | 47     |
| Percentage of episodes that fulfilled the requirement: | 78.72% |

CYF CANS Initial Assessment Status D.1 not satisfied

#### Notes:

- This report is designed to assist programs in monitoring their performance on the CYF D.1 objective:  
"100% of new episodes will have the initial CANS assessment completed in the online AVATAR record within 60 days of episode opening. "



## D.2

## CYF Initial TPOC Status

**Description:** Report will display all open episodes in a selected Children, Youth, and Families Mental Health program, as well as the respective status on the initial Treatment Plan of Care. The user will be able to select a program to see the episodes with admissions within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Children, Youth, and Families D.2 objective: *100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR within 60 days of episode opening but no later than the first planned service.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Enter the first day of the quarter that you are interested in reviewing. You may also enter the first day of the fiscal year.
3. *End Date* – Enter the last date of the quarter you are interested in reviewing. You may also enter the current date.

## D.2

## CYF Initial TPOC Status



San Francisco Department of Public Health  
Behavioral Health Services

## CYF Initial TPOC Status

Admitted Between 7/1/2015 and 6/2/2016

## Confidential Patient Information

Admitting Practitioner: [REDACTED]

| Client Name | Type    | Client ID  | Epi # | Episode Opening | First Planned Service | Plan Finalized | Days to Finalize |
|-------------|---------|------------|-------|-----------------|-----------------------|----------------|------------------|
| [REDACTED]  | Initial | [REDACTED] | 2     | 2/4/2016        | 3/31/2016             | 3/31/2016      | 56               |
|             | Initial |            | 1     | 10/30/2015      | 11/20/2015            | 12/9/2015      | 40               |
|             | Initial |            | 2     | 3/28/2016       | 4/11/2016             | 4/14/2016      | 17               |
|             | Initial |            | 1     | 10/1/2015       | 11/13/2015            | 11/20/2015     | 50               |
|             | Update  |            | 1     | 10/21/2015      | 12/11/2015            | 3/29/2016      | 160              |

## Confidential Patient Information

Admitting Practitioner: [REDACTED]

| Client Name | Type    | Client ID  | Epi # | Episode Opening | First Planned Service | Plan Finalized | Days to Finalize |
|-------------|---------|------------|-------|-----------------|-----------------------|----------------|------------------|
| [REDACTED]  | Update  | [REDACTED] | 4     | 10/20/2015      | 10/29/2015            | 2/10/2016      | 113              |
|             | Initial |            | 2     | 9/21/2015       | 10/28/2015            | 10/26/2015     | 35               |
|             | Initial |            | 3     | 8/3/2015        | 9/22/2015             | 9/17/2015      | 45               |
|             | Initial |            | 3     | 5/27/2016       |                       | 6/1/2016       | 5                |

## Summary:

Episodes with finalized initial TPOC within 60 days of episode opening but no later than first planned service: 21

Total number of episodes: 75

Percentage of episodes who fulfilled the requirement: 28.00%

**CYF Initial TPOC Status D.2 Objective not satisfied**

## Note:

- This report is designed to assist programs in monitoring their performance on the Children, Youth, and Families D.2 objective:

*"100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR within 60 days of episode opening but no later than the first planned service."*

**NOTE:** Staff appear to be completing the Initial TPOC after the 60 days and as well as providing planned services before finalizing the Initial TPOC. Please see your program director for guidance or SOC manger.

## D.3

## CYF CANS Annual Assessment Status

**Description:** Report will display the CYF CANS annual assessments that are due for all open episodes of a certain program. The user will be able to select a program and specify a date range for the due date.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the Children, Youth, and Families D.3 objective: *100% of clients will have a completed and updated CANS assessment in AVATAR within 12 months from the episode opening date.*

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of reassessment due date range
3. *End Date* – End of reassessment due date range

## D.3

## CYF CANS Annual Assessment Status



San Francisco Department of Public Health  
Behavioral Health Services

### CANS CYF Annual Assessment Status

CANS CYF Annual Assessment Due Between 6/30/2014 and 7/1/2015

#### Confidential Patient Information

Admitting Practitioner: [REDACTED]

| Client Name    | Client ID | Epi # | Episode Opening | Reassessment Due | Status  | Reassessment Finalized On | Finalized in 12 Months of Epi Opening? |
|----------------|-----------|-------|-----------------|------------------|---------|---------------------------|--|
| CLIENT, CLIENT |           | 1     | 10/25/2013      | 10/25/2014       | Final   | 10/2/2014                 | Yes                                    |
| CLIENT, CLIENT |           | 1     | 7/3/2013        | 7/3/2014         | Missing |                           | No                                     |
| CLIENT, CLIENT |           | 1     | 11/8/2013       | 11/8/2014        | Final   | 8/8/2014                  | Yes                                    |
| CLIENT, CLIENT |           | 1     | 11/22/2013      | 11/22/2014       | Final   | 9/17/2014                 | Yes                                    |
| CLIENT, CLIENT |           | 1     | 5/27/2014       | 5/27/2015        | Final   | 5/28/2015                 | No                                     |
| CLIENT, CLIENT |           | 1     | 2/20/2014       | 2/20/2015        | Final   | 4/10/2015                 | No                                     |
| CLIENT, CLIENT |           | 1     | 1/17/2014       | 1/17/2015        | Final   | 1/15/2015                 | Yes                                    |

#### Summary:

|  |         |
|--|---------|
| Annual Assessments completed on time:                  | 76      |
| Total active episodes:                                 | 90      |
| Percentage of episodes that fulfilled the requirement: | 84.44 % |

**CANS Reassessment Status D.1 not satisfied**

#### Notes:

- This report is designed to assist programs in monitoring their performance on the CYF D.3 objective:  
*"100% of clients will have a completed and updated CANS assessment in AVATAR within 12 months from the episode opening date."*

## D.4

### CYF TPOC Due by Program / Staff Report

**Description:** Report will display all open episodes in a selected CYF Mental Health with the corresponding Treatment Plan of Care information. The user will be able to select a program to see the episodes that have admissions within a specified date range.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the CYF D.4 objective: *100% of clients will have an updated and completed Treatment Plan of Care in Avatar within 12 months from episode opening date.*

**Who uses:** Clinic manager (or designee) and quality assurance staff

**When to run:** Monthly.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR CWS / Treatment Planning

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Enter the beginning period that you are interested in reviewing
3. *End Date* – Enter the end date of the period that you are interested in reviewing



San Francisco Department of Public Health  
Community Behavioral Health Services

### CYF TPOC Due by Program/Staff Report

#### Confidential Patient Information

Admitting/Primary Clinician: [Redacted]

| Client Name | Client ID  | Age | Epi# | Admission | Last POC Finalized | Next POC Due | Last Date of Service |
|-------------|------------|-----|------|-----------|--------------------|--------------|----------------------|
| [Redacted]  | [Redacted] | 16  | 16   | 1/7/2015  | 1/17/2016          | 1/7/2017     | 5/16/2016            |
|             |            | 14  | 3    | 12/7/2012 | 12/9/2015          | 12/7/2016    | 4/1/2016             |

Admitting/Primary Clinician: [Redacted]

| Client Name | Client ID  | Age | Epi# | Admission  | Last POC Finalized | Next POC Due  | Last Date of Service |
|-------------|------------|-----|------|------------|--------------------|---------------|----------------------|
| [Redacted]  | [Redacted] | 10  | 1    | 2/22/2013  | 3/11/2016          | 2/22/2017     | 5/19/2016            |
|             |            | 11  | 1    | 1/12/2012  | 1/25/2016          | 1/12/2017     | 4/12/2016            |
|             |            | 14  | 2    | 2/4/2016   | 3/31/2016          | 2/4/2017      | 5/13/2016            |
|             |            | 4   | 2    | 5/22/2015  | 6/12/2015          | Exp 5/22/2016 | 5/20/2016            |
|             |            | 10  | 1    | 10/30/2015 | 12/9/2015          | 10/30/2016    | 5/13/2016            |
|             |            | 17  | 2    | 3/28/2016  | 4/14/2016          | 3/28/2017     | 5/23/2016            |

#### Program Summary

|                             | Number | Percentage |
|-----------------------------|--------|------------|
| Open Episodes on 5/25/2016: | 209    | 100%       |
| Total Current POC:          | 180    | 86.12%     |
| Total Expired POC:          | 15     | 7.18%      |
| Total No POC:               | 13     | 6.22%      |
| Total Pending Approval:     | 0      | 0.00%      |
| Total Draft:                | 1      | 0.48%      |

#### Notes:

- Report includes all clients with an open episode at a program as of the date report is requested, shown at bottom left of each page of report.
- Clients with an open episode are listed below their Admitting/Primary Clinician.
- Last POC Finalized column may contain:
  - A date in mm/dd/yyyy format.
  - No POC = A Treatment Plan of Care has not been created OR the client is a MED only client and the psychiatrist may have completed the Psychiatric POC. Check with the client's psychiatrist to ensure that one of you completes the POC.
  - Draft = A POC has been created, but remains in Draft status.
  - Pending Approval = A POC has been created, but remains in Pending Approval status.
- Next POC Due date is determined by the Episode Opening date. A new POC is required annually before the anniversary of the Episode Opening date.
- Next POC Due column may contain:
  - A date in the future in mm/dd/yyyy format. Appears for current POC and POC in Pending Approval status.
  - Exp mm/dd/yyyy = Most recent POC expired on date shown.
  - N/A = Not applicable. Displays for No POC and POC in Draft status.
- Last Date of Service shows the last date a service was provided to a client, as recorded in Avatar. "None" indicates that no services have been recorded in Avatar for the client/episode. This information may help you determine when an episode needs to be closed.
- A Program Summary of open episodes and their corresponding POC status appears at the bottom of the report. The summary displays the number of open episodes, and shows the number and percentage of POC that are current, expired

## D.5

### CANS CYF Closing Summary Status

**Description:** Report will display the CANS CYF closing summaries that are due for all closed episodes of a specified program. The user will be able to select a program and specify a date range for the due date.

On the last page of the report, the user will be able to see a summary of how many episodes met the requirements for the objective out of the total number of episodes for the report criteria.

**Purpose:** Report is designed to assist programs in monitoring their performance on the CYF D.5 objective: *100% of episodes will have an A/OA closing summary completed no later than 30 days after episode closing.*

**Who uses:** Program clinical staff, administrators, and quality assurance staff

**Who can access:** Users with any level of “clinical” role

**When to run:** Usually at the end of every quarter—to see if a program has fulfilled the objective by then.

**Consequences if not run:** Programs will fail to know if they have satisfied the objective or not.

**Menu Path:** AVATAR PM > Objective Reports

**Parameters:**

1. *Select Program* – From drop down menu in AVATAR
2. *Start Date* – Start of discharge date range
3. *End Date* – End of discharge date range

## D.5

## CANS CYF Closing Summary Status



San Francisco Department of Public Health  
Behavioral Health Services

### CANS CYF Closing Summary Status

Closing Due Date between 7/1/2015 and 5/25/2016

#### Confidential Patient Information

Admitting Practitioner CHAN,JENNY

| Client Name | Client ID | EPI # | Episode Closing | Closing CANS Due | Finalized Date | Status  | Finalized in 30 Days of Episode Closing? |
|-------------|-----------|-------|-----------------|------------------|----------------|---------|--|
|             |           | 1     | 07/27/2015      | 08/26/2015       | 07/27/2015     | Final   | Yes                                      |
|             |           | 1     | 01/11/2016      | 02/10/2016       | 01/21/2016     | Final   | Yes                                      |
|             |           | 1     | 09/14/2015      | 10/14/2015       | 09/14/2015     | Final   | Yes                                      |
|             |           | 5     | 07/31/2015      | 08/30/2015       | 08/03/2015     | Final   | Yes                                      |
|             |           | 1     | 03/17/2016      | 04/16/2016       | 03/16/2016     | Final   | Yes                                      |
|             |           | 1     | 09/11/2015      | 10/11/2015       | 09/14/2015     | Final   | Yes                                      |
|             |           | 1     | 04/04/2016      | 05/04/2016       |                | Missing | No                                       |
|             |           | 1     | 12/07/2015      | 01/06/2016       | 01/04/2016     | Final   | Yes                                      |

#### Confidential Patient Information

##### Summary:

|   |        |
|---|--------|
| Closing CANS completed on time (no later than 30 days after episode closing): | 71     |
| Total episodes closed:  | 90     |
| Percentage of episodes that fulfilled the requirement:                        | 78.89% |

Closing Summary Status D.5 not satisfied

##### Notes:

- This report is designed to assist programs in monitoring their performance on the CANS CYF D.5 objective:  
"100% of episodes will have a CANS assessment completed no later than 30 days after episode closing."
- Report only displays clients who have had at least 5 face-to-face encounters within the reporting period.



## Support

### Avatar Support

- If you need assistance with accessing the Avatar reports or support documentation, please contact the Avatar Help Desk at 415-255-3788 or via e-mail at [avatarhelp@sfdph.org](mailto:avatarhelp@sfdph.org)
- If you have any questions about BHS policies, contact your System of Care Coordinator.
- Training on the use of the reports can also be scheduled through the Avatar Help Desk.

### Performance Objective indicators

- The complete list of Performance Objectives is available through our website at; <https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents.asp>

### Additional Support

- Please contact the following groups, as appropriate;
  - BOCC Manager
  - SOC Manger
  - OQM Manager