Initiatives Report

Name	Name	Section/Column	Priority 1-10
Add/delete items at scale (example: figure out a way to quickly add more than 1 staff/user to a new program)	Right now when creating a new program, you can't add staff to the program in the program set-up. You have to go to each staff/user profile and add the new program manually. This is very tedious and time consuming. There are numerous other examples of not being able to work at scale. This includes being able to add multiple programs to a user's account at once but having to remove programs one at a time. We're trying to make these types of processes more user-friendly and efficient. This is on Streamline's roadmap for 2026.	SysAdmin/System Level	8
ALL COUNTIES - Coordinated Care Consent (and ROI) in Spanish (and other languages)	With all legal forms, we need to provide the document in the client's language. If someone only speaks Spanish, they can't be expected to understand a document in English and agree to something. We've had the form translated and are using a paper version to provide the client with the information in their language. We then scan that in and associate it with the SmartCare version. That is a workaround, and we are hoping to get these forms in multiple languages in SmartCare.	TBD	TBD
General - Add ability to track all changes made in the system	We would like to be able to track all changes that occur in the system, including what user made the change and when. Right now, this amount of audit tracking would greatly impact performance. However, we still see this as a need. We are currently in compliance with all tracking regulations regarding client chart access, but feel the ability to track changes is key to quality assurance.	SysAdmin/System Level, Compliance	3
AOT	CalMHSA was hoping that AOT needs would be met via the Care Coordination process. Since the Care Coordination process has been put on hold, we're re-starting this as a separate and distinct project. As we learn more about AOT needs, we may create separate tasks as needed.	Clinical Documentation/Workflows, Compliance, State Reporting	TBD
C-SSRS - Need "Unknown/Didn't Answer" option	We have heard that many counties use the C-SSRS documents but are having an issue when a client refuses to complete the assessment. One county reached out to Columbia to confirm the appropriate practice when a client was unable or unwilling to continue when mid-way through a screening. In response to Columbia's feedback, we are requesting that a checkbox be added on each C-SSRS document that indicates that the client was unable/unwilling to complete the screen and that this checkbox may be selected at any given time during the assessment. Checking this box will remove the validations requiring the rest of the document to be completed and will add a notation on the PDF indicating why some questions are not answered. We are also requesting that when this change is made it be applied to any in-progress C-SSRS documents so that users will not have to delete the in-progress document and start over. While the C-SSRS forms are not required by DHCS, we understand that many of our counties use them, and therefore are taking steps to ensure they can use them fully.	Clinical Documentation/Workflows	5
Add language and interpreter fields to Inquiry Details screen	Add Language and Translator information to Inquiry. Language and translation service tracking is required for the NACT.	State Reporting	5
Service Request - List pages don't seem to be working accurately (workgroup issue)	Known Issue: List pages don't seem to be showing the correct results. List pages don't match widget. Some of this is related to workgroups, as it doesn't seem to be filtering by assigned staff or workgroup correctly. Streamline is working on a fix. UPDATE 5/21/25: This is in design	Compliance	2
12. Reviewer Process [INTERNAL] 33041	This is the process in which documents must first be reviewed by a supervisor before being marked complete in the system. This includes the Resident/Attending process. This also includes a service not billing until the Reviewer has signed.	Medical	5