



COUNTY OF SANTA CLARA
Behavioral Health Services

**AOT 'NEW ADMISSION' AND 'PROGRAM SURVEY
TREATMENT AND DISCHARGE' FORMS**

REV. 10/10/24

REVISIONS

Date	Slides	Revisions

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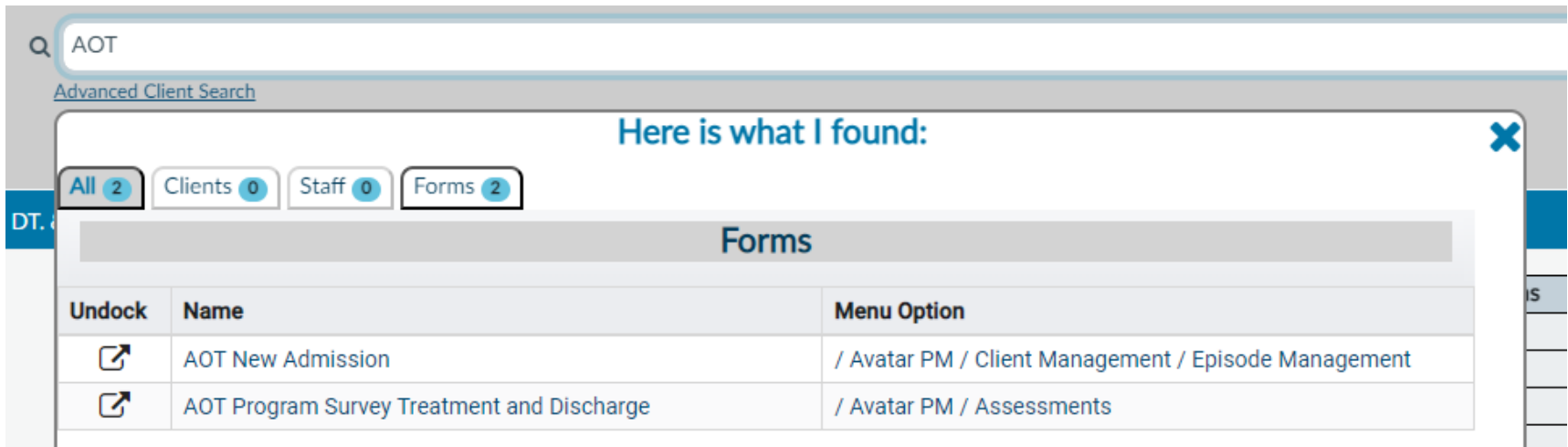
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HOW TO ACCESS

After login click on **Search** and type **AOT**. Select either the **'New Admission'** or **'Program Survey Treatment and Discharge'** form.



The screenshot shows a search interface with a search bar containing 'AOT'. Below the search bar, there are filters for 'All 2', 'Clients 0', 'Staff 0', and 'Forms 2'. The results are displayed under the heading 'Here is what I found:'. A table lists the search results:

Undock	Name	Menu Option
	AOT New Admission	/ Avatar PM / Client Management / Episode Management
	AOT Program Survey Treatment and Discharge	/ Avatar PM / Assessments

After selecting the applicable AOT form, enter Client's name in the Search bar, and select client.

Select Client

Q Test, Steph

Client Name / Client ID	Gender	Date Of Birth	Social Security Number
TEST,STEPH (000002790)	Female	01/01/1990	

Select corresponding Episode.

✓ Selected Client : TEST,STEPH (000002790)

Select Episode

Name: STEPH TEST
ID: 2790
Sex: Female
Date of Birth: 01/01/1990

Episode ↕	Program ↕	Start ↕	End ↕
2	yMH MH SYSTEMS - MH	01/01/2022	
1	yMH TELECARE - MH	04/13/2023	

NEW ADMISSION

The first part of the Admission form collects demographic data. All questions in red are required.

AOT NEW ADMISSION Draft Submit Backup Discard Add to Favorites

Demographics

- Demographics
- Survey Questions
- Survey Questions

Demographics

Birth Date * **Initial Contact Date ***

Race *

- White or Caucasian
- Black or African-American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Another Race/Two or More Races
- Unknown, Not Reported

AOT Program Admission Date *

Gender *

- Female
- Transgender
- Unknown/Not Reported
- Male
- Non-Binary

Ethnicity *

- Hispanic or Latino
- Unknown/Not Reported
- Not Hispanic or Latino

Petition Type *

- Court-Ordered
- Court-Settlement
- Court-Involved, served previous year
- Voluntarily accepted services, without petition
- Voluntarily accepted services, when re-petitioned

Primary Language *

- English
- Vietnamese
- Spanish
- Korean

NEW ADMISSION

The second part of the Admission form contains survey questions. All questions in red are required. Additional fields may become required depending on answers to the previous question.

AOT NEW ADMISSION

 Draft

Submit

Backup

Discard

Add to Favorites

- Demographics
- Demographics
- Survey Questions**
- Survey Questions

Survey Questions

1. Did this client receive any crisis intervention during this period? *

Yes No

1a. Source

2. Did this client report being homeless during this period? *

Yes No

2a. Source

3. Was this client stably housed during this period? *

Yes No

3a. Source

4. Did this client have any contact with law enforcement that led to an arrest, citation, and/or booking during this period? *

Yes No

PROGRAM SURVEY TREATMENT AND DISCHARGE

The Treatment and Discharge form contains 10 sections. All questions in red are required. Additional fields may become required depending on answers to the previous question.

AOT PROGRAM SURVEY TREATMENT AND DISCHARGE

Main

- Housing
- Outreach and Engagement
- Treatment
- Hospital/ER
- Harm
- Justice
- Social Functioning and Living Skills
- Employment and Education
- Discharge
- Additional Comments

Today's Date *

Referral Received Date *

Initial Contact Date *

AOT Program Admission Date *

Birth Date *

Court mandated treatment has been completed *

Yes No

Petition Type *

- Court-Ordered
- Court-Involved, served previous year
- Court-Settlement
- Voluntarily accepted services, without petition
- Voluntarily accepted services, when re-petitioned
- In outreach, no petition filed

Select the following indicators of successful engagement demonstrated (check all that apply) *

- Probation/parole compliance
- Substance use treatment
- Participation in treatment
- Established supportive relationship
- CPS/Child Welfare compliance
- Other Indicators

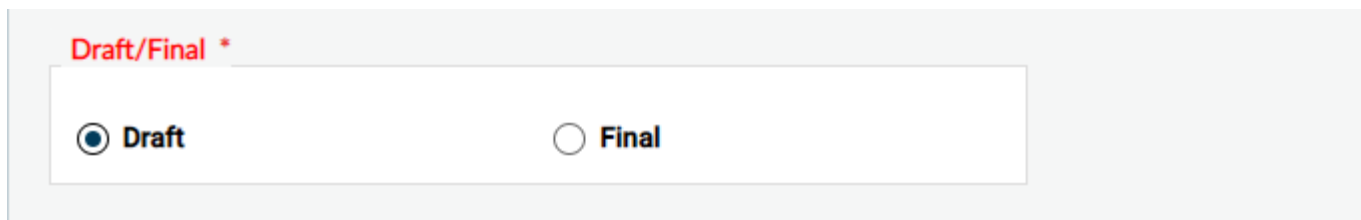
Other

SUBMITTING FORMS

At the bottom end of the form, indicate if form is to be saved in **Draft*** or **Final**** status. Click **Submit** on the top right of the form to save and close.

*If saving as **Draft**, the form can be edited and will show up in your “To Dos” until form is finalized.

Once a form is saved as **Final, it can no longer be edited.



Draft/Final *

Draft Final



Submit Notes Discard

EDITING FORMS

To edit a submitted form that was saved in draft form, 1) **Click** on the form you want to edit then click 2) **Edit**. You will be taken to the form. Make your edits and click **Submit**. Forms that were saved as **Final** cannot be edited.

Select Record

Name: RAYNA TEST
ID: 55555
Sex: Female
Date of Birth: 01/01/1990

Data Entry Date	Episode	Data Entry User Id	Draft/Final
05/05/2023	2	rayna.patel	Draft
04/14/2023	2	test.rayna.patel	Final

[Add](#) [Edit](#) [Delete](#) [Cancel](#)

ADDING ADDITIONAL PROGRAM SURVEY TREATMENT AND DISCHARGE FORMS

The **'Treatment and Discharge form'** is a recurrent measurement so one client record may contain multiple Treatment and Discharge forms over time. To add additional forms search and type **AOT**. Select the **'Program Survey Treatment and Discharge'** form.

The screenshot shows the 'Advanced Client Search' interface. At the top, a search bar contains the text 'AOT'. Below the search bar, the text 'Here is what I found:' is displayed. Underneath, there are four filter buttons: 'All 2', 'Clients 0', 'Staff 0', and 'Forms 2'. The 'Forms 2' button is highlighted with a red box. Below the filters, a table titled 'Forms' is shown. The table has three columns: 'Undock', 'Name', and 'Menu Option'. The first row shows 'AOT New Admission' with a menu option of '/ Avatar PM / Client Management / Episode Management'. The second row shows 'AOT Program Survey Treatment and Discharge' with a menu option of '/ Avatar PM / Assessments'. The 'AOT Program Survey Treatment and Discharge' row is highlighted with a red box.

Undock	Name	Menu Option
	AOT New Admission	/ Avatar PM / Client Management / Episode Management
	AOT Program Survey Treatment and Discharge	/ Avatar PM / Assessments

ADDING ADDITIONAL PROGRAM SURVEY TREATMENT AND DISCHARGE FORMS

Click on the form and the below screen will pop up. Ensure that you see the correct **AOT Program Survey Treatment and Discharge** form and **client information** before selecting **your program/episode**.

Opening: AOT Program Survey Treatment and Discharge

Home > Select Client > Select Episode >

✓ Selected Client : TEST,RAYNA (000055555)

Select Episode

Name: RAYNA TEST
ID: 55555
Sex: Female
Date of Birth: 01/01/1990

Episode	Program	Start	End
4	yMH SENECA - MH	05/01/2023	
3	yMH SENECA - MH	01/01/2023	05/01/2023
2	yMH MH SYSTEMS - MH	01/01/2022	
1	yMH TELECARE - MH	04/13/2023	

ADDING ADDITIONAL FORMS

Click on **Add** to pull up a new **AOT Program Survey Treatment and Discharge Form**. Please note: the **Data Entry Date** is the date the form was submitted.


✓ Selected Client : TEST,RAYNA (000055555)
✓ Selected Episode: 2

Select Record

Name: RAYNA TEST
ID: 55555
Sex: Female
Date of Birth: 01/01/1990

Data Entry Date ▾	Episode ▾	Data Entry User Id ▾	Draft/Final ▾
04/14/2023	2	test.rayna.patel	Final

Add **Edit** **Delete** **Cancel**



ADDING ADDITIONAL FORMS

The form will populate with data from a previous entry, select an episode to default the information from. Please, review the information carefully and make any necessary edits.

?

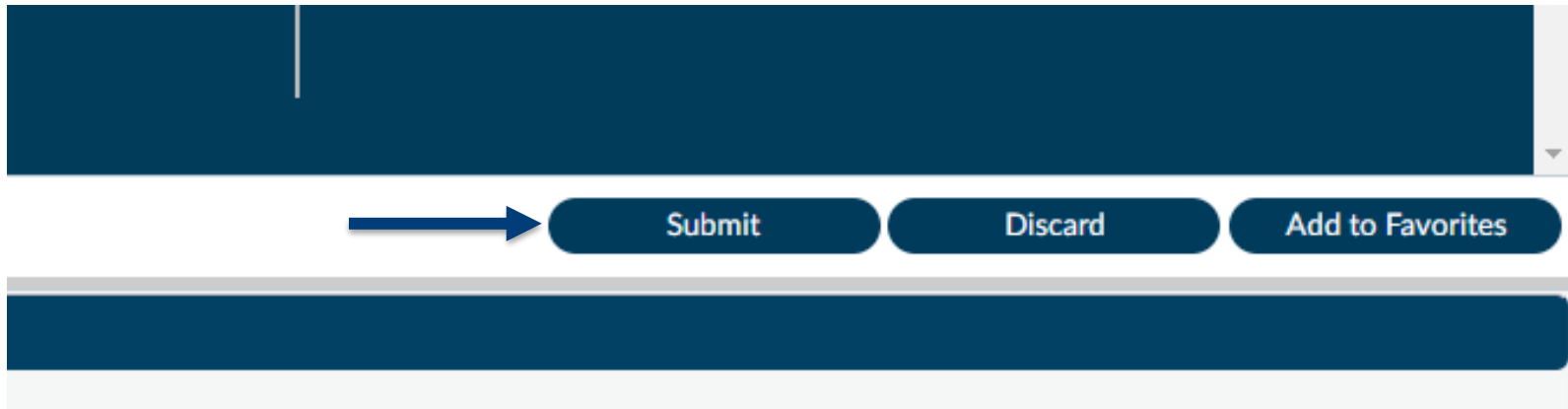
Select Row to Default Information From

Episode	Data Entry Date	Episode	Data Entry User Id	Draft/Final
4	05/05/2023	4	rayna.patel	Draft
2	04/14/2023	2	test.rayna.patel	Final

OK

ADDING ADDITIONAL FORMS

Click Submit (located in the top right of the screen) to complete to process.



ADDING ADDITIONAL FORMS

You can see your new entry when you go into to the AOT Form.

✓ Selected Client : TEST,RAYNA (000055555)
✓ Selected Episode: 2

Select Record

Name: RAYNA TEST
ID: 55555
Sex: Female
Date of Birth: 01/01/1990

Data Entry Date ⇅	Episode ⇅	Data Entry User Id ⇅	Draft/Final ⇅
05/05/2023	2	rayna.patel	Draft
04/14/2023	2	test.rayna.patel	Final

REVERT FINAL TO DRAFT

If you need to edit/delete an AOT form in PCNX the team will need to reach out for support. Please send an email to ccppcnxdoccorrection@hhs.sccgov.org, with the following information completed, and a team member will be in contact with you to address the issue. Once the AOT form has been reverted to draft the team member can edit/delete the form accordingly.

Client's myAvatar ID:

Client's Name (Last, First):

Episode #:

Episode Name:

Document Date:

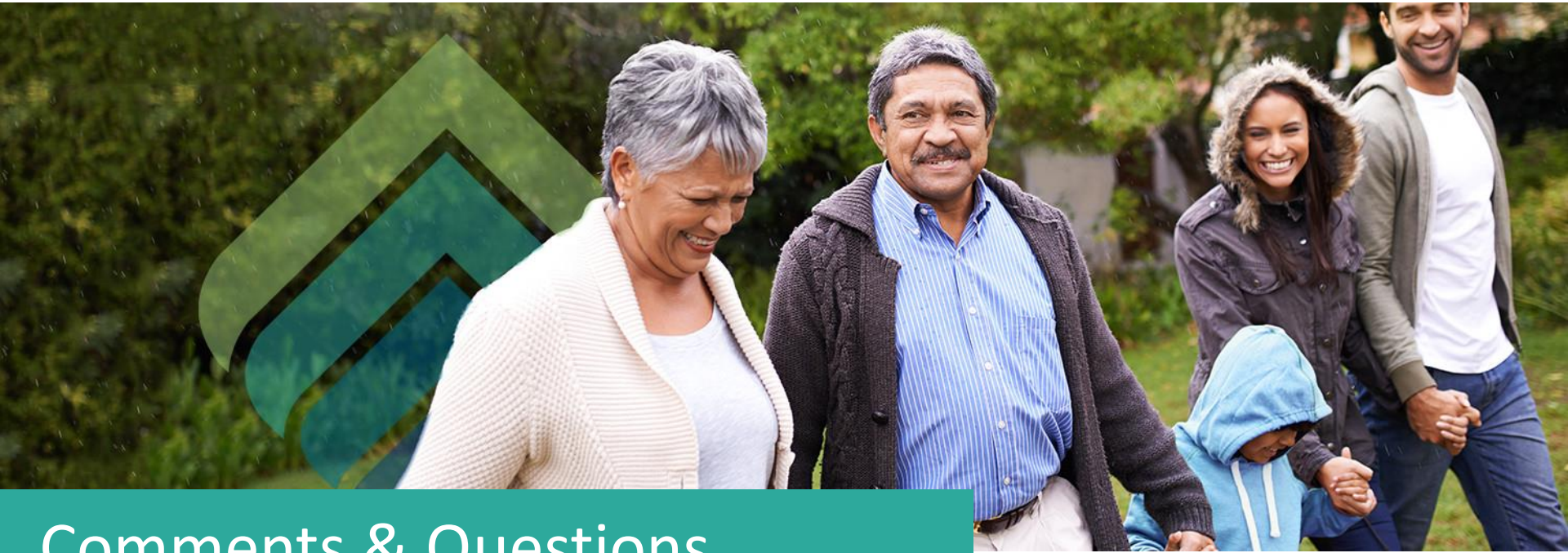
Document / Form Name: Either 'New Admission' or 'Program Survey Treatment and Discharge' form

Date and Time Document/Form was Created:

Practitioner's Name:

Action Request: Revert to Draft

Reason for the Request:



Comments & Questions