



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

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

05/10/2023

# REVISIONS

Date	Slides	Revisions

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# SIGN ONTO PROVIDERCONNECTNX


Enter the System Code, Username, and Password that were provided to you.

 **Netsmart**  
ProviderConnect NX


**System**

 SCC LIVE 



**System Code**

 Enter System Code

**Username**

 Enter Username

**Password**

 Enter Password 

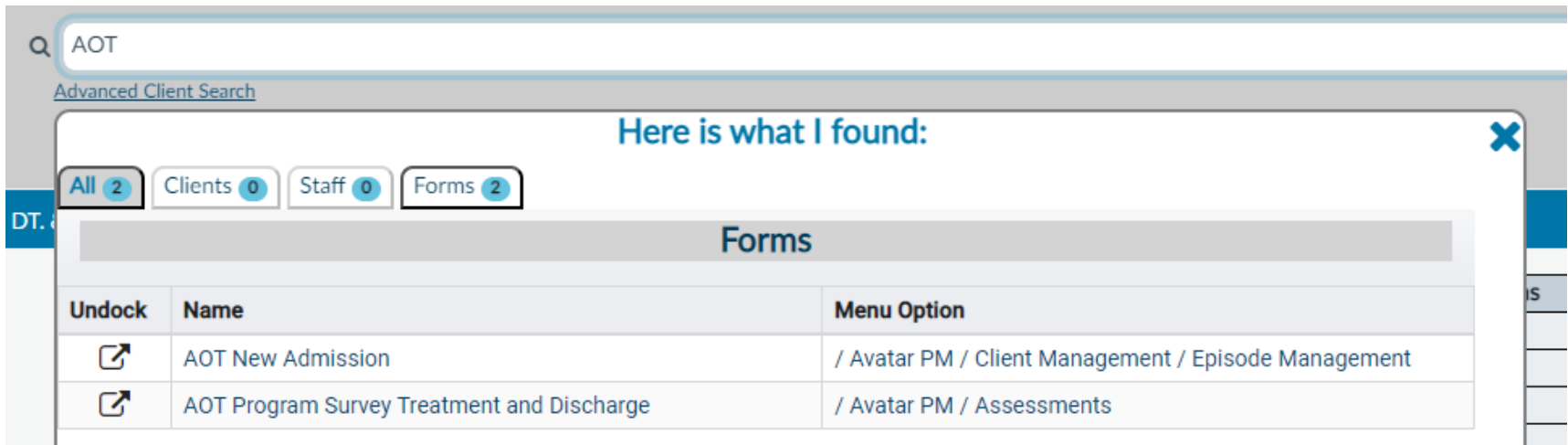
Login

**Attention**



The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

# 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 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. There are four filter buttons: 'All 2', 'Clients 0', 'Staff 0', and 'Forms 2'. The 'Forms' filter is selected. Below the filters, a table titled 'Forms' is shown. The table has three columns: 'Undock', 'Name', and 'Menu Option'. There are two rows of data in the table.

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

 Draft  Submit  Discard  Add to Favorites

**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

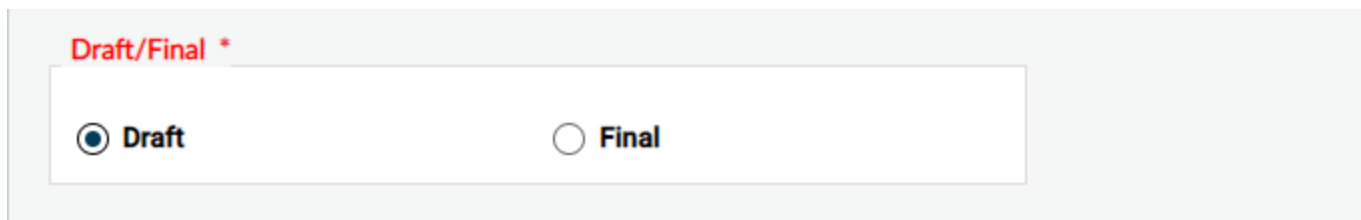
Other

## 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. A search bar at the top contains the text 'AOT'. Below the search bar, the text 'Here is what I found:' is displayed. There are four filter buttons: 'All 2', 'Clients 0', 'Staff 0', and 'Forms 2'. The 'Forms 2' button is highlighted. Below the filters, a table titled 'Forms' is shown. The table has three columns: 'Undock', 'Name', and 'Menu Option'. There are two rows of data in the table.

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

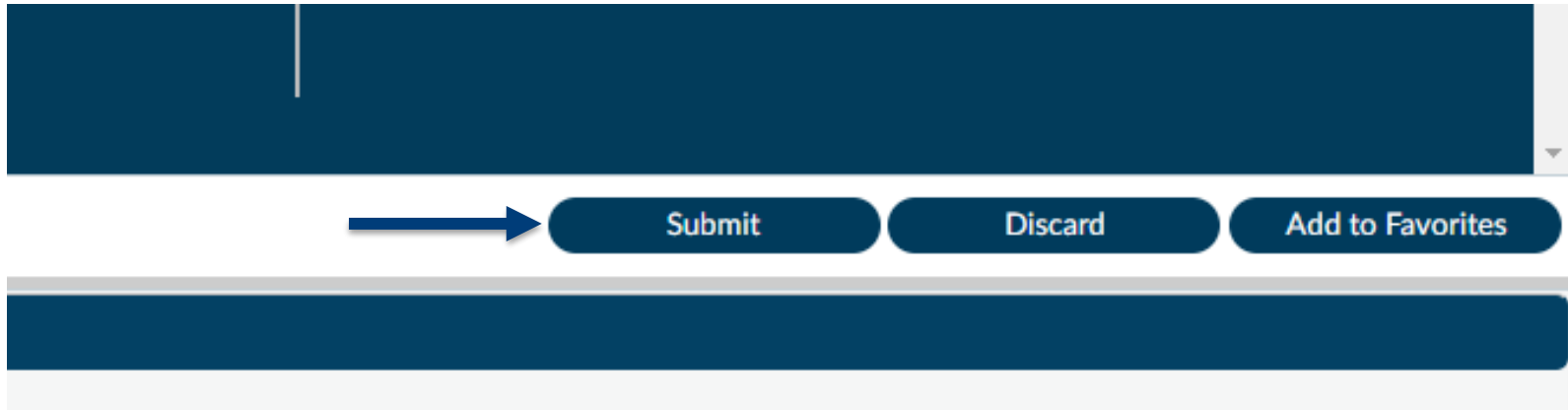
Episode	Data Entry Date	Episode	Data Entry User Id	Draft/Final
4	05/05/2023	4	rayna.patel	Draft
2	04/14/2023	2	test.rayna.patel	Final

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](mailto: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:**

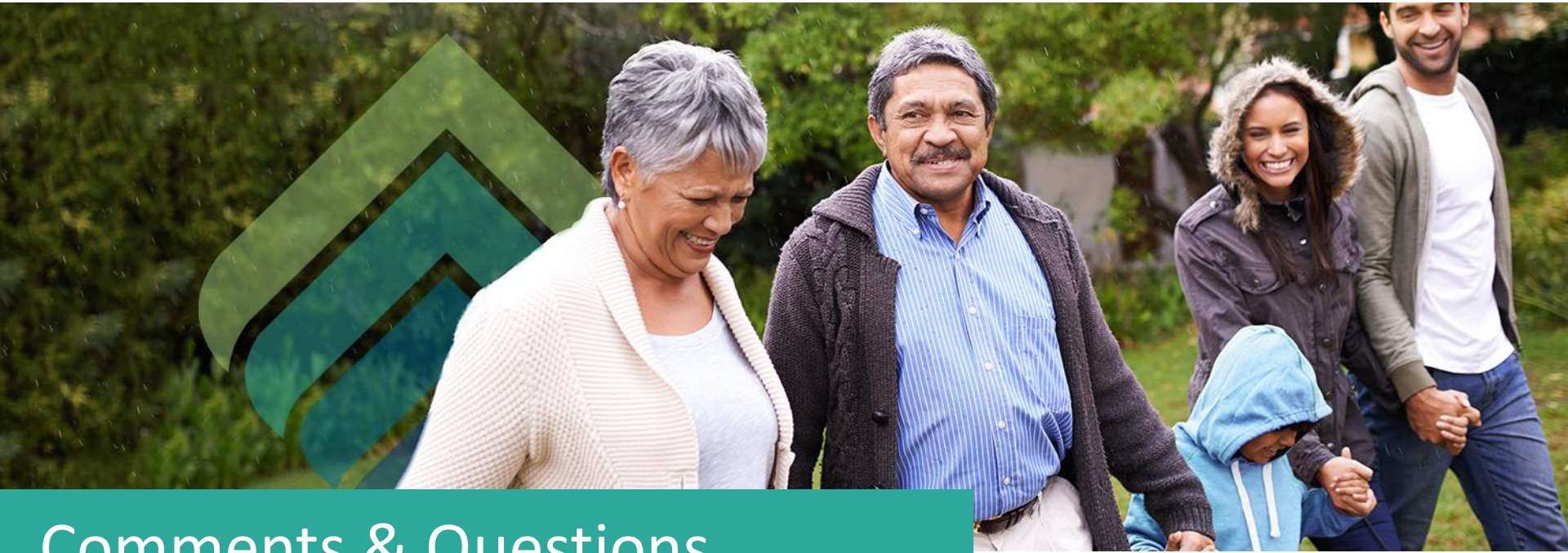
**Document / Form Name:** Either 'New Admission' or 'Program Survey Treatment and Discharge' form

**Date and Time Document/Form was Created:**

**Practitioner's Name:**

**Action Request:** Revert to Draft

**Reason for the Request:**



# Comments & Questions