



# DMC-ODS Service Request & Disposition Log (SRDL) Training

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## Target Audience

- ▶ All direct service providers within the Santa Cruz County DMC-ODS network including: compliance, direct care providers, supervisors, intake coordinators, all others who will be responding and/or monitoring compliance of initial client requests for services.

## Objectives

- ▶ **Urgent Service Requests for all levels of care (LOC)**- Providers will gain a working knowledge of what qualifies as an urgent request for services and how to correctly log both urgent requests that require prior authorization (96 hour) and urgent requests that do not require prior authorization (48 hours).
- ▶ **Narcotic Treatment Program (NTP)/ Opiate Treatment Program (OTP) Service Requests**- Providers will learn how to correctly log client requests for NTP/ OTP services into the SRDL.
- ▶ **Routine Service Requests**- Providers will learn how to correctly log client requests for routine services into the SRDL (10 business days).
- ▶ **SRDL Revisions**- Learn about recent revisions and updates made to the SRDL and how to log information using new fields.
- ▶ **Timeliness SRDL Reports**- Providers will learn how to run and interpret timeliness SRDL reports in order to provide ongoing program monitoring of adherence to timeliness requirements and SRDL log accuracy.

# Clarification of Acronyms SRDL & SRADL.

- ▶ These two acronyms mean the same thing and will be used interchangeably throughout the training as some of the information in this training is pulled from the SRADL manual that uses the SRADL acronym.
- ▶ SRDL= Service Request Disposition Log
- ▶ SRADL= Service Request and Disposition Log

## Common SRDL Errors

- ▶ 1.) Not creating a SRDL when a client/legal guardian calls for services.
- ▶ 2.) Not finalizing a SRDL that was created.
- ▶ 3.) Selecting incorrect urgency level.
- ▶ 4.) Not entering a first appointment offered date.
- ▶ 5.) Not entering the correct clinical disposition.
- ▶ 6.) Not entering the correct reason for inquiry.  
Example: selecting informational only when a client calls requesting services or vice versa.

# POP QUIZ



If a client is calling directly requesting services what “reason for inquiry” do you select?



A. ) Routine request for services



B.) Urgent request for services (no prior authorization required)



C.) Client/legal guardian request for services.



D.) Urgent request for services (prior authorization required)

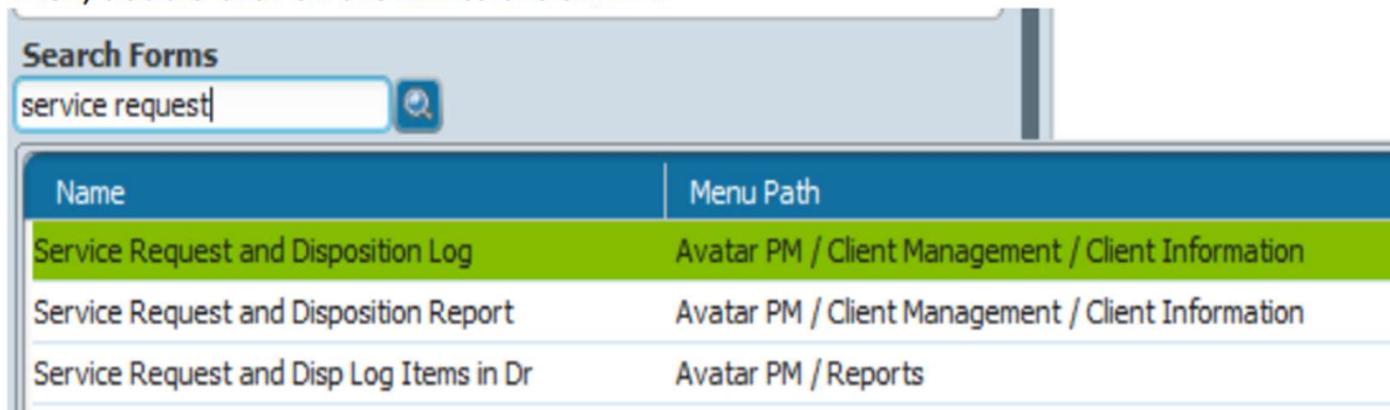
**“Data are just summaries of thousands of stories – tell a few of those stories to help make the data meaningful.”**

- Chip and Dan Heath

# How to complete the clerical portion of the SRDL (slide 1 of 11)

## Completing the Clerical Portion of a Service Request and Disposition Log form

1. **Open the Service Request and Disposition Log form.** Search for the form in your Forms Widget. Then, double-click on the link to the SRADL.



The screenshot shows a 'Search Forms' widget with a search bar containing 'service request' and a magnifying glass icon. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The first row is highlighted in green.

Name	Menu Path
Service Request and Disposition Log	Avatar PM / Client Management / Client Information
Service Request and Disposition Report	Avatar PM / Client Management / Client Information
Service Request and Disp Log Items in Dr	Avatar PM / Reports

# How to complete the clerical portion of the SRDL (slide 2 of 11)

- ▶ **2. Select Program:** Before opening the Service Request and Disposition Log you will see a pop-up asking you to select a program.
- ▶ Type in your program and then double click to select. Note that the client does not have to actually be open to the program at this point.

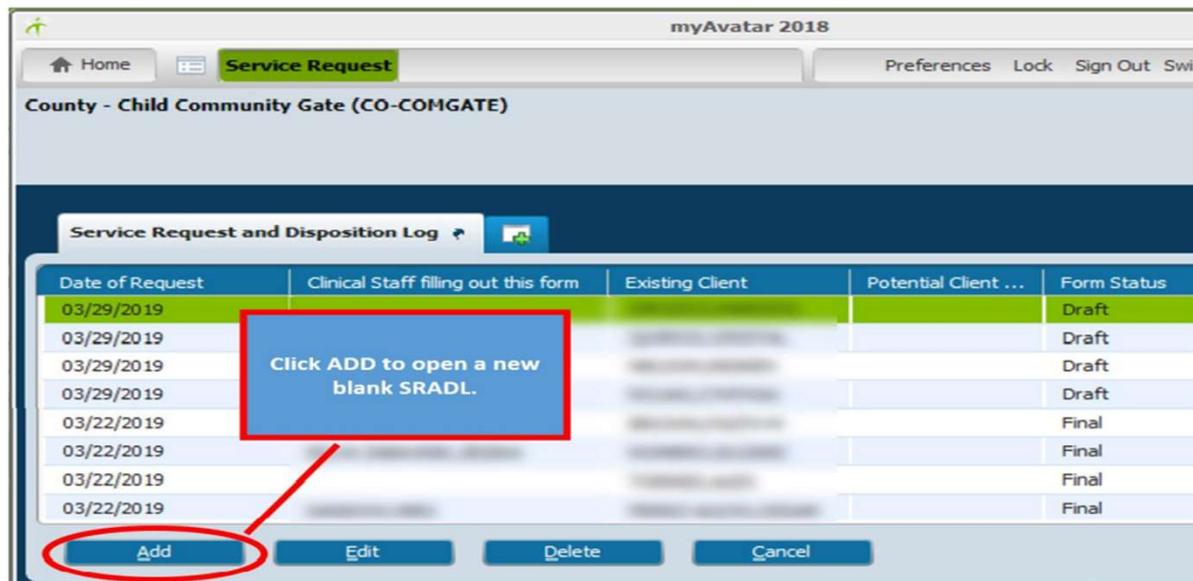


**IMPORTANT:** Pick the program carefully. Once you open the form, you cannot change the Program. If you make an error, redo the SRADL in the correct program, and then request that the SRADL with the wrong program be deleted. See the section titled, "[Request for a SRADL Entry be Put Back to Draft or Deleted](#)," for more information.

# How to complete the clerical portion of the SRDL (slide 3 of 11)

3. Click "Add" in the Pre-Display to open the form.

**Pre-Display:** You will now see a Pre-Display that shows all the other times the SRADL has been filled out for the program you have selected. Click "Add" (in the far lower left) to Open a new Service Request and Disposition Log form.

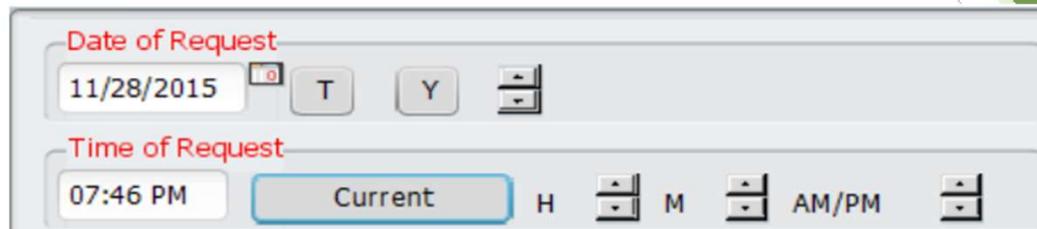


The screenshot shows the 'myAvatar 2018' application window. The main menu includes 'Home', 'Service Request', 'Preferences', 'Lock', 'Sign Out', and 'Switch'. The current view is for 'County - Child Community Gate (CO-COMGATE)'. Below this is a 'Service Request and Disposition Log' section with a table of records. The table has columns for 'Date of Request', 'Clinical Staff filling out this form', 'Existing Client', 'Potential Client ...', and 'Form Status'. The 'Add' button at the bottom left is circled in red, and a blue callout box with a red border points to it, containing the text 'Click ADD to open a new blank SRADL.' Other buttons at the bottom are 'Edit', 'Delete', and 'Cancel'.

Date of Request	Clinical Staff filling out this form	Existing Client	Potential Client ...	Form Status
03/29/2019				Draft
03/22/2019				Final
03/22/2019				Final
03/22/2019				Final

## How to complete the clerical portion of the SRDL (slide 4 of 11)

4. Fill in the current **Date of Request** and the **Time of Request**. These questions note the time and date of the actual request (or other contact), not the time/date you are entering the information in the log.



The screenshot shows two input fields for the SRDL form. The first field is labeled "Date of Request" and contains the date "11/28/2015" with a calendar icon to its right. The second field is labeled "Time of Request" and contains the time "07:46 PM" with a "Current" button, a dropdown menu for hours (H), a dropdown menu for minutes (M), and a dropdown menu for AM/PM.

- If you are entering information from a call picked up by an answering service, note the time and date the call came in, not the current time and date.
- If you are entering information received via e-mail, note the time and date stamp on the e-mail.
- If you are entering information from a fax, note the time and date stamp on the fax, not the current time and date.

**IMPORTANT: Once you save a draft of the form, you cannot change the Date.** If you make an error, redo the SRADL with the correct date, and then request that the SRADL with the wrong information be deleted. See the section titled, "[Request for a SRADL Entry be Put Back to Draft](#)," for more information.

# How to complete clerical portion SRDL

(slide 5 of 11)

## 5. Request Method

This question answers how we received this request for services, or if not a request, how the contact was made. For example, a clinician may be noting a crisis contact that was made, in the community, for a client who is not open to services.

**Request Method**

Call       Walk-in       Answering Service  
 Email/fax       Other

## 6. Indicate Request Source.

Leave blank if "Referring Party Role" is "self."

**Request Source** 

AB 109  
Access  
**Adult Protective Services**  
Beacon  
CalWORKS

12

# How to complete clerical portion of SRDL (slide 6 of 11)

## 7. Enter the Reason for Inquiry

- ▶ **IMPORTANT:** If you click "Client/Legal Guardian Req for Services" to you **must** also enter an urgency level in addition to the first appointment offered and scheduled dates.
- ▶ When you click "Client/Legal Guardian Request for Services," Avatar uses the date of the SRDL to calculate "timeliness".
- ▶ If you receive information about a client from a 3<sup>rd</sup> party including referrals from a person or entity select "**community information/referral received**". Counselor **must** call client within 24 hours of receiving the referral.
- ▶ If someone calls requesting information but is not currently interested in getting into services, select "**info requested or provided to**".

### Reason for Inquiry

- Community Information/Referral Received
- Engagement/Outreach Contacts
- Crisis Services
- CSP Lobby Contact
- Info requested or provided to
- Client/Legal Guardian Req for Services
- Req for 2nd opinion from client/guardian
- Request for Psychiatry (15 days)

# What happens if you cannot reach a client?

The screenshot shows a software interface with two main sections. The top section is titled 'CLINICAL DISPOSITION' and contains a list of checkboxes for 'Clinical Disposition'. The bottom section is titled 'Reason for Inquiry' and contains a list of radio buttons for selecting a reason.

**CLINICAL DISPOSITION**

**Clinical Disposition**

- Health Navigation
- Denied (no Medi-Cal)
- Referred to Other SUDS Provider
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Acce
- CSP Only - Ref'd to Community Reso
- SUD Interim Perinatal Services (48 hr
- In Custody ASAM Brief Completed
- Medi-Cal NOABD
- Provided/Received Information
- Referred (Approved) for Services
- Referred to BEACON
- Referred to Integrated BH
- Referred to Community Resources/S
- Unable to Contact
- Assessment in Progress/Scheduled
- Crisis Services
- 5150 Lifted
- 5150 Upheld

**Urgency Level**

- NTP (3 days)
- Screening (SUDS)
- Psychiatry (15 days)
- Urgent-Psychiatry (48 hrs)
- NA - Information Only
- Emergent (Immediate)
- Routine (10 days)
- Urgent-Prior Auth Needed (96 hours)
- Urgent-Prior Auth Not Needed (48 hrs)

**Reason for Inquiry**

- Community Information/Referral Received
- NTP/OTP Req for Svcs (3 days)
- Engagement/Outreach Contacts
- Crisis Services
- SUD Interim Perinatal Services (48 hrs)
- CSP Lobby Contact
- Info requested or provided to
- Client/Legal Guardian Req for Services(or MH Screening)
- Req for 2nd opinion from client/guardian
- Request for Psychiatry (15 days)

► If a client/legal guardian calls inquiring about services or an outside provider makes a referral and there is no one available to take the call, then their needs to be an attempt to return the call as soon as possible, but no later than 24 hours from the initial call/referral.

► At minimum, **3 reasonable attempts** need to be made to contact the client/ legal guardian. Each attempt must be documented in the SRDL.

► In most situations the reason for inquiry would either be “Community Information/Referral Received” or “Info requested or provided to”, due to not yet having made contact with the client and not knowing if they are interested in getting services.

► If still unable to reach the client/ legal guardian after documenting 3 attempts on the SRDL, then the “Urgency Level” would be “NA-Information Only” and the clinician **must** select “unable to contact” for the clinical disposition section of the SRDL.

# Frequently Used Reason for Inquiry Options and Definitions

- **COMMUNITY INFORMATION/REFERRAL RECEIVED** - This item is for information about a client, that was provided by a third party. This includes all outside referrals from a person or entity that is not the client and not a parent/guardian (examples: jail, probation, school, hospital).
- **CLIENT/LEGAL GUARDIAN REQ FOR SERVICES**
  - (1) Only click if the actual client or their parent/legal guardian is calling with a request for services, and you intend to proceed with an intake assessment (MH-Access Assessment; SUDS-ASAM).
  - (2) When you click this item, this triggers "timeliness" measurements that compare today's date to the client's first appointment offered/scheduled. Once you select this item, make every effort to have a scheduled appointment for the client, or to refer to a program/clinician that will assess the client.
- **INFO REQUESTED OR PROVIDED TO** - This usually involves a situation where a third party, not a client or their legal representative, calls about services for someone else. This may also be when a client calls about something other than services provided by the agency or workgroup, e.g. call to about housing referrals only. In this case, this is not a service request.

# How to complete clerical portion of SRDL (slide 7 of 11)

8. Enter the **Caller Contact Number**, if this is a call. If the request comes through another method, you may also enter the contact information of the person making the request here.

Caller Contact Number

9. **Referring Party Role:** Depending on the answer to this question, other questions are enabled or disabled downstream.

**Referring Party Role**

- Self
- Relative (not legal guardian)
- Legal Rep (parent/guardian/conservator)
- Staff (person in SC Avatar)
- Outside Provider (not in BH SOC)
- Other

# Referring Party Role Definitions

## Referring Party Role List Item Definitions / Instructions

- **SELF**: Typically a non-conserved adult calling about services. May be a minor youth calling about SUDS or in some cases, MH services.
- **RELATIVE (NOT LEGAL GUARDIAN)**: May be parent if client is in foster care or a ward of the court. This could be a relative caring for child, but not the legal guardian, such as a grandparent who does not have legal custody.
- **LEGAL REP (PARENT/GUARDIAN/CONSERVATOR)**: Has ability to authorize services. For children, it may not be the parent. It could be a court representative, Social Worker, Foster Parent. Adults are typically their own Legal Guardian unless conserved.
- **STAFF (person in SC Avatar)**: This is any staff person who has a practitioner role inside SCCBH Avatar. Find this person in the question, "Referring Staff," by typing the person's last name. Note a practitioner is someone who has the ability to write a progress note. Not all staff who use SCCMH Avatar are practitioners. If staff person cannot be found, use "Outside Provider" or "Other."
- **OUTSIDE PROVIDER (NOT IN BH SOC)**: Treatment provider who is not in County Avatar, e.g. client's primary care physician.
- **OTHER**: Any other party with concerns about client/child who is not a legal rep, and not a treatment provider, e.g. teacher, probation officer, landlord, friend, court officer, spouse.

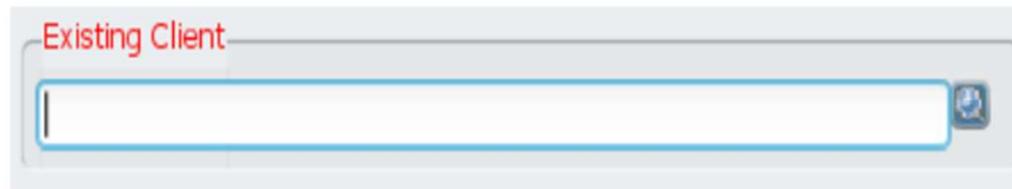
# How to Complete clerical portion of SRDL (slide 8 of 11)

10. Enter **Existing Client** or **Potential Client** information.

## **Existing Client - client is already in Avatar**

This is a client that has at least been admitted to Client Registration and Financial and has a client number. It is preferred that the client is admitted first, because then all logs for the client will be connected in the SRADL Widget by the client number, and this information can be easily found by others.

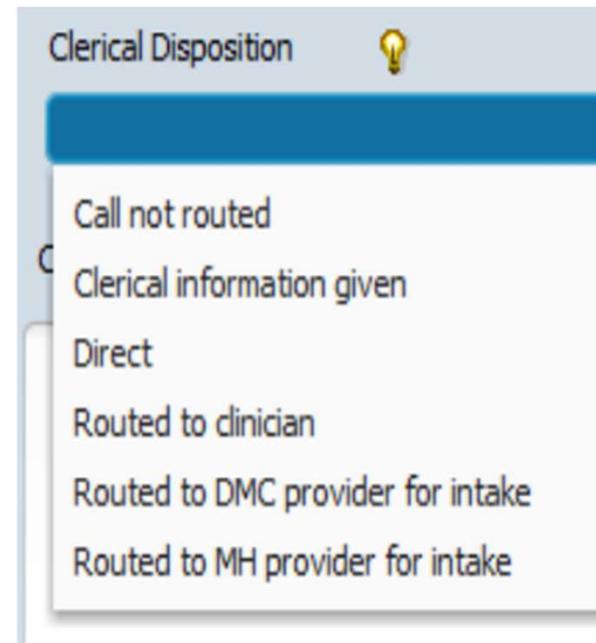
Most individuals can be admitted. If so, **enter the client name in the Existing Client field.**

A screenshot of a software interface showing a text input field. The field is labeled "Existing Client" in red text above it. The input field itself is empty and has a blue border. To the right of the input field is a small blue icon of a globe.

# How to complete clerical portion of SRDL (slide 9 of 11)

**11. Enter the Clerical Disposition.**

If no clerk, then enter **Direct**.



Clerical Disposition 

- Call not routed
- Clerical information given
- Direct
- Routed to clinician
- Routed to DMC provider for intake
- Routed to MH provider for intake

# Clerical Disposition Definitions

- **CALL NOT ROUTED:** Caller hung up or call could not otherwise be connected. If walk-in client, client left before being seen.
- **CLERICAL INFORMATION GIVEN:** Information, like directions or phone numbers provided to client who did not need any other help.
- **ROUTED TO CLINICIAN:** Caller was referred to a clinician from clerical support person.
- **DIRECT:** Use if you are a clinician who does not have clerical support, and you are filling out the entire form yourself.
- **ROUTED TO DMC (SUDS) PROVIDER FOR INTAKE:** Referral brokered to other DMC (SUDS) unit/agency for assessment and intake.
- **ROUTED TO MH PROVIDER FOR INTAKE:** Referral brokered to other MH unit/agency for assessment and intake.

**\* Routed to Clinician should be selected when clerical staff are referring to DMC-ODS provider for ASAM brief Screening.**

## How to complete clerical portion of SRDL (slide 10 of 11)

12. Enter **Clerical Notes**. This is a brief (1 or two sentences) description of why the individual or representative is calling. There is a Clinical Notes field to elsewhere in this form to document the details of the call.

### Clerical Notes

Client called to request assessment.

**Clerical Notes should be brief and not contain clinical information. Just information about who called, why, and where the call/inquiry was directed.**

## How to complete clerical portion of SRDL (slide 11 of 11)

### 13. Save Form as a Draft IF TWO DIFFERENT PEOPLE ARE FILLING OUT THE FORM, OTHERWISE

**CONTINUE:** At this point, clerical staff will go to the end of the form, click **Draft**, and then click **Submit**. This saves a draft version of the form for the clinical staff person who completes the form.



The image shows a 'Form Status' selection interface. It features a light gray background with the text 'Form Status' in red at the top left. Below this, there are two radio button options: 'Draft' and 'Final'. The 'Draft' option is selected, indicated by a filled green circle next to the text. The 'Final' option is unselected, indicated by an empty white circle next to the text.



# STRETCH Break

# How to activate “Clinical Review” questions

- ▶ After the clerical portion is completed and saved as a draft the bottom portion of the form will be greyed out.
- ▶ To activate the clinical questions, click “yes” under “Activate Review Questions Below”.



▼ CLINICAL REVIEW

Activate Review Questions Below 

Yes  No

This question "opens up" all of the clinical questions below. Click "Yes" to proceed. Any staff person, either clerical or clinical may click "Yes."

## How to complete “brokering a referral” section

2. If we are brokering a referral is client giving us permission to share this information?

If we are brokering a referral is client giving us permission to share this information?

Yes

No

N/A

Select the appropriate item or click N/A if this does not apply to your workflow.

- For SUD programs if you have completed an ASAM brief screening and need to refer the client to a different LOC **you need to get consent to make the referral.**
- If the ASAM brief was **not** done in person and the clinician is unable to have client sign ROI then they need to verify with the client that they are giving consent and click “yes” that the client has given permission above and on the brief ASAM form.
- It is okay to use verbal consent for the purpose of referral if the client is unable to sign ROI. \* Any ongoing communication between providers about the case would require signed consent.

# How to complete “Is Client Currently Using Any Substances?” section

## 3. Is Client Currently Using Any Substances?

Is Client Currently Using Any Substances?

- Denies
- NA
- No
- Unknown
- Yes

# How to complete “Urgency Level” section

## 4. Indicate Urgency Level as appropriate.

**Pick the Urgency Level carefully. Behind the scenes, Avatar is measuring whether or not clients get services in the promised timeframe. For example, if you click “Routine (10 days)” the client must be at least *offered* an appointment within 10 days. If the client declines, that is OK, but you will note the date of the offered appt later in the SRADL.**

### Urgency Level

- NTP (3 days)
- Screening
- Psychiatry (15 days)
- Urgent-Psychiatry (48 hrs)
- NA - Information Only
- Emergent (Immediate)
- Routine (10 days)
- Urgent-Prior Auth Needed (96 hours)
- Urgent-Prior Auth Not Needed (48 hrs)

# Urgency Level Definitions

(found in lightbulb)

- **NTP (3 days)** - For medication assisted opioid tx where imminent withdrawal will occur without medication.
- **SCREENING** - For SUD programs, use "Screening" only if unable to schedule due to client being in-custody or if after conducting ASAM brief screening, client is found to not meet criteria for LOC and needs to be referred to another provider.
- **ROUTINE PSYCHIATRY (15 days)** - Appointment with psychiatry must be scheduled within 15 business days of request.
- **URGENT-PSYCHIATRY (48 HOURS)** - Request for urgent psychiatric evaluation, diagnosis, and treatment within 48-hours (prior authorization is not required) when the client condition, illness or injury is not life-threatening, but needs psychiatric care for which treatment cannot be delayed.
- **NA - INFORMATION ONLY** - No request for services. Information provided or received.
- **EMERGENT (immediate)** - Referral for 72 hr. Psychiatric Eval for Hospitalization
- **ROUTINE (10 days)** - Routine appointment with non-physician must be scheduled within 10 business days of request. Includes SUD, other than opioid tx (NTP), which is 3 days.
- **URGENT - PRIOR AUTH NEEDED (96 hrs)** - Urgent appointment with non-physician or physician for services requiring prior authorization (such as residential services) within 96 hours (4 calendar days) for a condition which requires prompt attention to ameliorate serious threat to health. Normal timeframe for the decision-making process would be detrimental to the client's health.
- **URGENT - PRIOR AUTH NOT NEEDED (48 hrs)** Urgent appointment with non-physician or physician within 96 hours (4 calendar days) for a condition which requires prompt attention to ameliorate serious threat to health. Normal timeframe for the decision-making process would be detrimental to the client's health.

## When to use “Screening” as an Urgency Level?

- ▶ “**Screening**” should be selected as an “Urgency Level” only in situations when it is not possible to provide the client with an offered and scheduled intake appointment, which includes when the client is in custody and not releasable yet and when a client is found to not meet criteria for LOC and is agreeable to being referred to a different LOC/provider.
- ▶ **Note:** If the client is found to not meet criteria for LOC at provider location where ASAM screening was conducted and is not agreeable to being referred to the indicated LOC than the clinician needs to be careful to clearly that the client was offered services at indicated LOC and that the client declined services / declined referral.

# SRDL Treatment Request Timeframes (Routine & Urgent)

<p><b>DMC-ODS (SUDS) ROUTINE requests</b></p>	<p>10 business days from request to first assessment</p>	<ul style="list-style-type: none"> <li>• New adult client request for OP / IOP SUD treatment.</li> <li>• Parent or youth calling for non-urgent services for youth.</li> <li>• Request for Residential or Withdrawal Management (client's health will not deteriorate further in 10 days / client is not in imminent risk)</li> </ul>
<p><b>DMC-ODS Urgent Condition – No Prior Authorization Needed</b></p>	<p>48 hours</p>	<ul style="list-style-type: none"> <li>• Without timely SUD treatment services, the client's health will deteriorate further / client is at imminent risk.</li> <li>• Client is at risk for dangerous physical withdrawal symptoms as a result of SUD use.</li> </ul>

## Treatment Request Timeframes (Routine & Urgent) Continued

<p><b>DMC-ODS Urgent Condition- Prior Authorization Required</b></p>	<p>96 hours</p>	<ul style="list-style-type: none"> <li>• Client or DMC-ODS provider requesting medically necessary residential services; without SUD treatment, client likely to decompensate as a result of their SUD use, with adverse consequences such hospitalization or incarceration.</li> </ul>
<p><b>DMC-ODS Narcotic Treatment Programs (NTP) or Opioid Tx Programs (OTP)</b></p>	<p>3 business days</p>	<ul style="list-style-type: none"> <li>• Client calls seeking NTP/OTP services and has history of/ or current opioid use</li> </ul>
<p><b>DMC-ODS <u>Perinatal / Parenting Request</u> WM / IOP (No Prior Authorization Needed) Residential (Prior Authorization Needed)</b></p>	<p>48 hours – 10 business days from request to first assessment</p>	<ul style="list-style-type: none"> <li>• If treatment cannot be offered within 48 hours of client request, Interim Services and appropriate referrals must be offered.</li> <li>• See DHCS Perinatal Practice Guidelines FY 2018-2019: <a href="#">PPG FY 18-19 (ca.gov)</a></li> </ul>

## POP QUIZ

- ▶ What urgency level should be selected if a client is at risk of experiencing dangerous physical withdrawal symptoms as a result of their SUD use?
- ▶ A.) Urgent-Prior Auth needed (96 hours)
- ▶ B.) Routine (10 days)
- ▶ C.) Urgent-prior Authorization not needed (48 hours)
- ▶ D.) Emergent (immediate)

# How to complete “Charitable Choice (SUD Only):” section

## 5. Charitable Choice (SUDS Only): Is client requesting a religious accommodation?

This question is for SUDS programs only.

Check “SUD Services” in the previous question to enable the Charitable Choice question.

System of Service Requested 

SUD Services     Mental Health     Managed Care

**Charitable Choice (SUD Only): Is client requesting religious accommodation?**

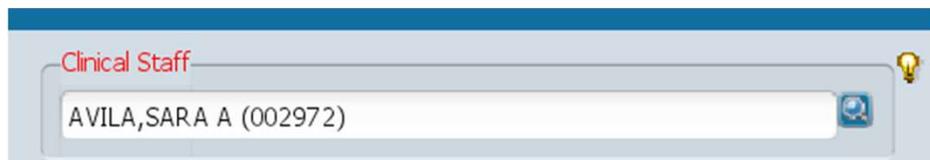
- Client requests religious accommodation
- No request for religious accommodation

# How to complete “Clinical Staff” section

Enter one of the following:

- Clinical staff person filling out this form
- Clinical staff person that the form is being filled out on behalf of
- Clinical supervisor - Enter the team supervisor's name only if you do not know the name of the specific clinician who will fill out the rest of this form.

- ▶ 6. **Clinical Staff**, this field does not have to be completed by the person completing the clinical review questions and can be entered on behalf of someone else. Please see below lightbulb information to the left.



Clinical Staff

AVILA, SARA A (002972)

The screenshot shows a form field with a blue header bar. The field is labeled "Clinical Staff" in red text. Below the label is a text input box containing "AVILA, SARA A (002972)". To the right of the input box is a magnifying glass icon. Above the input box is a lightbulb icon.

# How to complete “Clinical Disposition” section

## 7. Clinical Disposition

**This is the outcome of the call, contact or referral.**

Remember that there may be multiple contacts in the log for the client. For each contact, there will be a new log and a new disposition.

▼ CLINICAL DISPOSITION

Clinical Disposition

- Health Navigation
- Denied (no Medi-Cal)
- Referred to Other SUDS Provider
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Access
- CSP Only - Ref'd to Community Resources
- SUD Interim Perinatal Services (48 hrs)
- In Custody ASAM Brief Completed
- Medi-Cal NOABD
- Provided/Received Information
- Referred (Approved) for Services
- Referred to BEACON
- Referred to Integrated BH
- Referred to Community Resources/Supports
- Unable to Contact
- Assessment in Progress/Scheduled
- Crisis Services
- 5150 Lifted
- 5150 Upheld

# SUD Program Clinical Disposition Options and Definitions (found in lightbulb)

- **HEALTH NAVIGATION:** Helping clients who do not qualify for services navigate their own health systems, such as private insurance.
- **DENIED (no Medi-Cal):** Client does not qualify, is denied services but does not require a NOABD. (No county Medi-Cal.) Service denial based on client not meeting medical necessity criteria.
- **REFERRED TO OTHER SUDS PROVIDER (SUD PROGRAMS ONLY):** Select when, after completing an ASAM brief screening, you have determined that the client needs referral to a different provider, either due to needing a different LOC or due to provider not having capacity.
- **SUDS ONLY - BEACON THERAPY:** Only for SUD programs referring to subcontracted therapy services.
- **SUDS ONLY - REFERRAL TO COUNTY ACCESS:** Only for SUD programs referring to County MH.
- **CSP ONLY REFERRAL TO COMMUNITY RESOURCES:** CSP only
- **SUD INTERIM PERINATAL SERVICES (48 hrs)**
- **IN CUSTODY ASAM BRIEF COMPLETED (SUD PROGRAMS ONLY):** For in-custody screenings. Use when Documenting ASAM brief screening results and potential follow up plan after release. Include coordinating with jail staff regarding scheduling future provider appointments after client is released.
- **MEDI-CAL NOABD:** Select any time a NOABD, of any type, is provided to the client/guardian. Indicate the type of NOABD issued, and why it was issued in the Clinical Notes field.
- **PROVIDED/RECEIVED INFORMATION:** No request for services. Info provided and or/info received.
- **REFERRED (APPROVED) FOR SERVICES:** Client qualifies for, and is referred to, County BH or County BH contracted services. If you click this, you MUST complete referral info at end of this form. This item triggers "timeliness" measure (time from the date of initial request to offered appointment).
- **REFERRED TO BEACON:** Client was screened and does not qualify for Specialty MH Services. Client referred to Beacon Health Options for therapy and/or psychiatry.
- **REFERRED TO INTEGRATED BH:** Client does not qualify, is denied services, and is referred to IBH for therapy and/or psychiatry.
- **REFERRED TO COMMUNITY RESOURCES/SUPPORTS:** Client does not qualify or is requesting services not provided by BH and is referred to more appropriate resources (e.g. homeless shelter, physical health).
- **UNABLE TO CONTACT:** Note attempts to contact. Try to contact more than once if possible. Includes clients hanging up, and walk-ins who leave before being seen.
- **ASSESSMENT IN PROGRESS/SCHEDULED:** Client has been referred for assessment to determine if they meet criteria, but determination has not yet been made. Once determination has been made, return to the draft SRADL and click whatever applies. Don't forget to finalize the form.
- **CRISIS SERVICES:** This may involve referring client on 5150 to the CSP or to the ER/ED. Or Access clinicians may be called to help with a 5150 in another department. If the client is open to services already, also write a progress note.

# New/Revised SUD Program Clinical Disposition Options

- ▶ **REFERRED TO OTHER SUDS PROVIDER (SUD PROGRAMS ONLY):** Select when, after completing an ASAM brief screening, you have determined that the client needs referral to a different provider, either due to needing a different LOC or due to provider not having capacity.
- ▶ **IN CUSTODY ASAM BRIEF COMPLETED (SUD PROGRAMS ONLY):** For in-custody screenings. Use when Documenting ASAM brief screening results and potential follow up plan after release. Include coordinating with jail staff regarding scheduling future provider appointments after client is released.
- ▶ **MEDI-CAL NOABD:** Select any time a NOABD, of any type, is provided to the client/guardian. Indicate the type of NOABD issued, and why it was issued in the Clinical Notes field.
- ▶ **ASSESSMENT IN PROGRESS/SCHEDULED:** Client has been scheduled for an assessment/intake appointment to determine if they meet criteria for services, but determination has not yet been made.

SA0

## Slide 37

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**SA0** Ask Nancy about updating in Avatar lightbulb change to not say keep in draft can be finalized if needed.  
Sara Avila, 2023-03-03T23:51:08.460

## How to complete the clinical disposition if client is referred/ denied or given NOABD.

**IMPORTANT  
INFORMATION**

- ▶ **If the client is denied services, given a NOABD and /or referred to another SUD provider for treatment:**

The clinical note **must** justify the denial or referral and include relevant information that was used to inform the clinical disposition, such as insurance status, reason for NOABD including if unable to offer appointment within timely access timeframes, indicated LOC based on ASAM brief and where the client was referred to.

▼ CLINICAL DISPOSITION

Clinical Disposition

- Health Navigation
- Denied (no Medi-Cal)
- Referred to Other SUDS Provider
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Access
- CSP Only - Ref'd to Community Resources
- SUD Interim Perinatal Services (48 hrs)
- In Custody ASAM Brief Completed
- Medi-Cal NOABD
- Provided/Received Information
- Referred (Approved) for Services
- Referred to BEACON
- Referred to Integrated BH
- Referred to Community Resources/Supports
- Unable to Contact
- Assessment in Progress/Scheduled
- Crisis Services
- 5150 Lifted
- 5150 Unheld

## How to complete clinical disposition of the SRDL if client is approved/scheduled for Services

- ▶ If the Client is approved and admitted into treatment on the same date as the request for services, click **“referred (approved) for services”**.
- ▶ If the client was screened and full assessment/ intake is being scheduled, you can now select **“Assessment in Progress/Scheduled”**.
- ▶ Clicking either "Referred (Approved) for Services" or "Assessment in Progress/Scheduled" activates the question, "Referring Client To".

**Referring Client To**

Specific provider  Specific Program

Managed Care Provider

**CLINICAL DISPOSITION**

**Clinical Disposition**

- Health Navigation
- Denied (no Medi-Cal)
- Referred to Other SUDS Provider
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Access
- CSP Only - Ref'd to Community Resources
- SUD Interim Perinatal Services (48 hrs)
- In Custody ASAM Brief Completed
- Medi-Cal NOABD
- Provided/Received Information
- Referred (Approved) for Services
- Referred to BEACON
- Referred to Integrated BH
- Referred to Community Resources/Supports
- Unable to Contact
- Assessment in Progress/Scheduled
- Crisis Services
- 5150 Lifted
- 5150 Upheld

# How to complete “Clinical Notes to support Disposition” section

## 8. Clinical Notes to support Disposition:

**This question documents the outcome of the call/contact/inquiry. Add any helpful/informative information about the case for others who may be working with the client. Justify any clinical decision-making (referring in for authorized services or referring out if client does not meet criteria). If an Access Assessment or Intake Assessment was completed, refer the reader to the Assessment, noting the date of the assessment.**

**Include:** Date brief ASAM was conducted and indicated LOC.

# POP QUIZ

If you are going to schedule the client for an intake/ assessment appointment after conducting the brief ASAM, what clinical disposition do you select?

A.) Provided/ Received Information

B.) Assessment in Progress/Scheduled

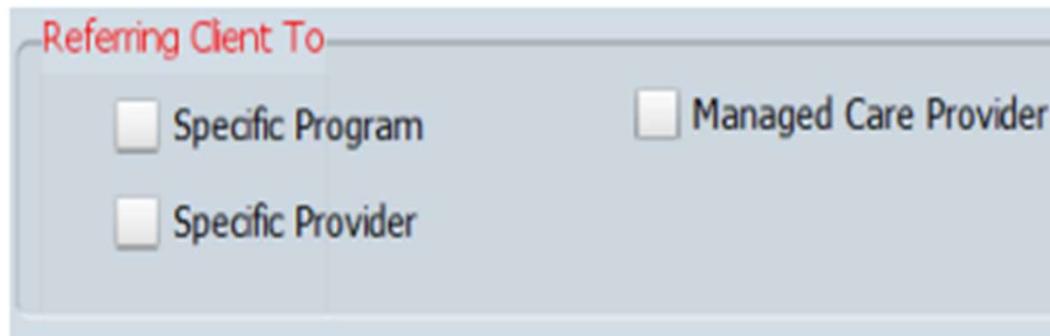
C.) Referred (approved) for services

D.) Referred to integrated BH

# How to complete “referring client to” section

## 9. Referring Client To

Clicking “Referred to Services” as shown above, opens up this question. “Referring Client To.”



The screenshot shows a form section titled "Referring Client To" in red text. Below the title, there are three checkboxes with corresponding labels: "Specific Program", "Specific Provider", and "Managed Care Provider". All three checkboxes are currently unchecked.

Option	Selected
Specific Program	<input type="checkbox"/>
Specific Provider	<input type="checkbox"/>
Managed Care Provider	<input type="checkbox"/>

# How to complete “referred to Program 1” section

## 10. Referred to Program

This is a required question if you are referring to services. You must refer to a program. Provider information is optional. You may also enter a specific provider if you have this information.

The screenshot shows a software interface for a referral form. At the top, there is a blue header with a downward arrow and the text "REFERRAL 1". Below the header, the form is divided into several sections. The first section is "Referred to Program 1", which has a lightbulb icon indicating a required field. Below this label is a dropdown menu currently showing "County - SUD Outpatient". To the right of this section is a "Referred to Provider 1" field, also with a lightbulb icon, which is currently empty. Below the "Referred to Program 1" section are three date and time pickers: "Appt Offered 1" with a date of "11/01/2021", "Appt Offered Time 1" with a time of "01:00 PM", and "Appt Scheduled 1" with a date of "11/01/2021". Each date picker includes a calendar icon and buttons for "T" (Today) and "Y" (Yesterday).

# How to complete appointment offered and scheduled section

REFERRAL 1

Referred to Program 1 County - SUD Outpatient

Referred to Provider 1

Appt Offered 1: 11/01/2021

Appt Offered Time 1: 01:00 PM

Appt Scheduled 1: 11/01/2021

The "Appt Offered" and "Appointment Scheduled" might be the same date or it might not. Either way, enter something in both date fields.

- ▶ **11. Appt Offered:** Enter the first appointment you **OFFER** to the client, whether the client accepts the appointment or not. This way, the time to first appointment is not affected if the client cannot come to the first appointment offered.
- ▶ **Appt Offered Time:** Enter the appointment time for the first appointment you **OFFER** to the client.
- ▶ **Appt Scheduled:** Enter the date of the scheduled appointment. This date could be later than the first offered appointment if the client was unable to attend the first appointment offered.

# TIME FOR Q & A



# STRETCH Break

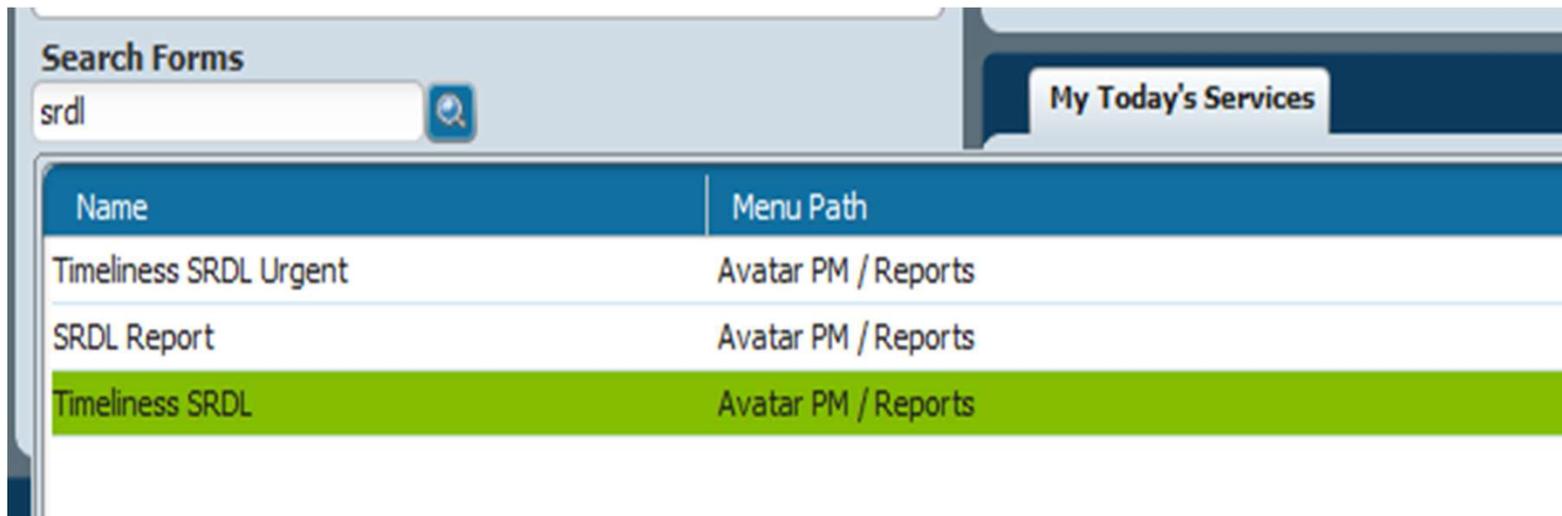
## Timeliness SRDL AVATAR Reports



- ▶ It is important to run Timeliness SRDL reports regularly to monitor SRDL entry and identify any errors in the SRDL log and ensure timely access requirements are being met.

# How to Run An Avatar Timeliness SRDL Report (Slide 1 of 3)

► **Step 1:** Search for Timeliness SRDL Report in Avatar Forms.



The screenshot shows a search interface with a search bar containing 'srdl' and a magnifying glass icon. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table lists three search results, with the third result, 'Timeliness SRDL', highlighted in green.

Name	Menu Path
Timeliness SRDL Urgent	Avatar PM / Reports
SRDL Report	Avatar PM / Reports
Timeliness SRDL	Avatar PM / Reports

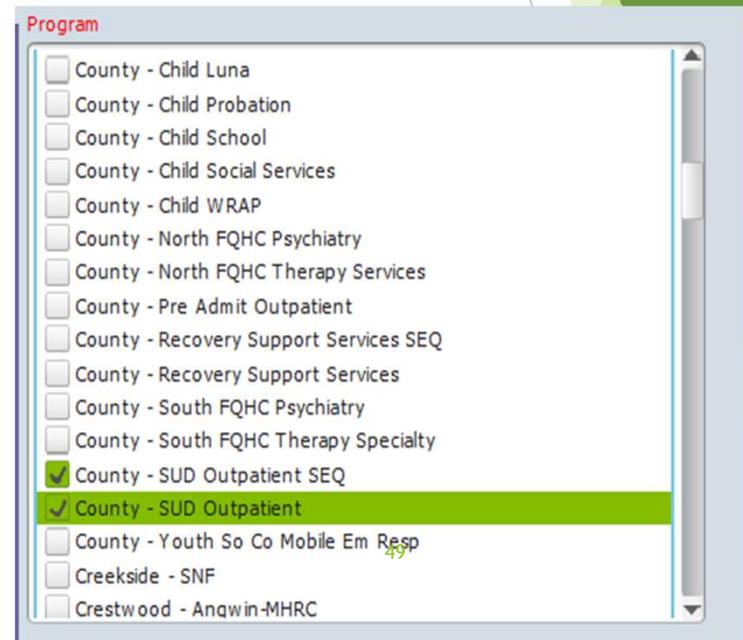
# How to Run An Avatar Timeliness SRDL Report (Slide 2 of 3)

- ▶ **Step 2:** Select start and end date of the time period you would like to review.



The image shows two date selection fields. The top field is labeled 'Begin Date' and the bottom field is labeled 'End Date'. Each field consists of a text input box followed by a calendar icon, a 'T' button, a 'Y' button, and a dropdown arrow.

- ▶ **Step 3:** Select program or programs that you would like to run the SRDL report for.

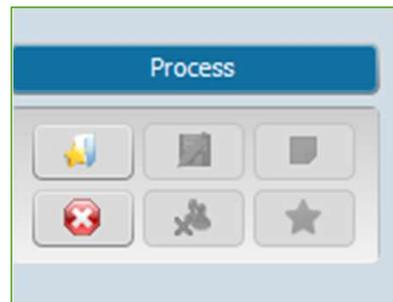


The image shows a 'Program' selection list with a scroll bar on the right. The list contains the following items:

- County - Child Luna
- County - Child Probation
- County - Child School
- County - Child Social Services
- County - Child WRAP
- County - North FQHC Psychiatry
- County - North FQHC Therapy Services
- County - Pre Admit Outpatient
- County - Recovery Support Services SEQ
- County - Recovery Support Services
- County - South FQHC Psychiatry
- County - South FQHC Therapy Specialty
- County - SUD Outpatient SEQ
- County - SUD Outpatient
- County - Youth So Co Mobile Em Resp
- Creekside - SNF
- Crestwood - Anqwin-MHRC

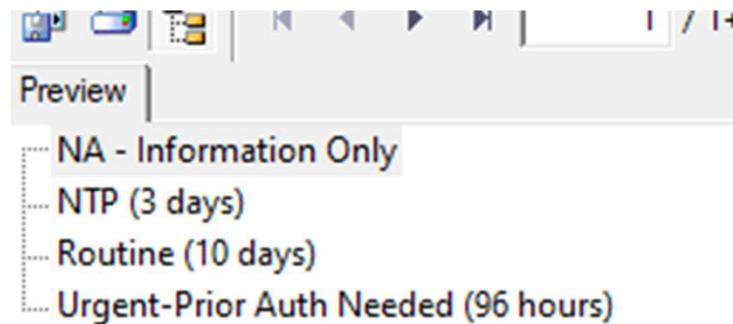
## How to Run An Avatar Timeliness SRDL Report (Slide 3 of 3)

- ▶ **Step 4:** After the dates and programs are selected, click the **process button** to run the report. This may take a few minutes to generate depending on the total duration of time and the number of programs selected.



## How to Interpret Report Results (Slide 1 of 3)

- ▶ The Left-hand side of the report will show a breakdown of logs separated by type of service request. To see individual log entries for each different type of service request and the summary of all log entries click on the name of the type of service requested.



# How to Interpret Timeliness SRDL Report (Slide 2 of 3)

System of Service	Age Group	Initial Program	Request Method	Data Entry By	ClientID	Client Name	Urgency Level	Reason for Inquiry	Clinical Disposition	Request Date	First Appt Offered	First Svc	Referred to Program	Days2 Appt
<b>Routine (10 days)</b>														
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/14/2021	7/21/2021	7/14/2021	County - SUD Outpatient	5
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/14/2021	7/20/2021	7/14/2021	County - SUD Outpatient	4
&SUD Services&	Adult	County - SUD Outpatient	Walk-In	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/15/2021	7/22/2021	8/19/2021	County - SUD Outpatient	5
&SUD Services&	Adult	County - SUD Outpatient	E-mail/Fax	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Community Information Received	Provided/Received Information	7/15/2021		8/31/2021		
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/16/2021	7/22/2021	7/16/2021	County - SUD Outpatient	4
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/20/2021	7/28/2021	7/28/2021	County - SUD Outpatient	6
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/20/2021	7/22/2021	9/9/2021	County - SUD Outpatient	2
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/28/2021	8/4/2021	8/4/2021	County - SUD Outpatient	5
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	7/29/2021	8/5/2021	7/29/2021	County - SUD Outpatient	5
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	8/3/2021	8/12/2021		County - SUD Outpatient	7
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	8/4/2021	8/11/2021	8/11/2021	County - SUD Outpatient	5
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	8/4/2021	8/11/2021	9/9/2021	County - SUD Outpatient	5
&SUD Services&	Adult	County - SUD Outpatient	Call	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	8/17/2021	8/18/2021	8/17/2021	County - SUD Outpatient	1
&SUD Services&	Adult	County - SUD Outpatient	Walk-In	[REDACTED]	[REDACTED]	[REDACTED]	Routine (10 days)	Client/Legal Guardian Req for Services	Referred (Approved) for Services	8/17/2021	8/19/2021	8/17/2021	County - SUD Outpatient	2

## How to Interpret Report Results (Slide 3 of 3)

- ▶ At the end of the end of the Timeliness SRDL report there will be a summary page that includes total client logs entered, total number of unique clients entered and number of client/legal guardian request for services being identified as reason for inquiry in the SRDL **(these three numbers should match)**

Request Dates: 7/1/2021 - 9/30/2021

Total clients for Routine (10 days): 239

Total Unique clients: 177

Total Client/Legal Guardian Req for Services: 124

Percent Client/Legal Guardian Req for Services first appointment offered within 10 days: 76 %

Mean: 3.01

Standard Deviation: 21.80

# Network Goal

- ▶ Network goal is to be at **90% or higher** for percent of client/legal guardian request for services first appointment offered within required timeframe based on type of service request.

- ▶ Timeframes:

NTP = 3 business days

Urgent, No Prior Auth = 48 hours

Urgent, Prior Auth Required = 96 hours    Routine = 10 business days.

Request Dates: 7/1/2021 - 9/30/2021

Total clients for **Routine (10 days)**: 239

Total Unique clients: 177

Total Client/Legal Guardian Req for Services: 124

Percent Client/Legal Guardian Req for Services first appointment offered within 10 days: 76 %

Mean: 3.01

Standard Deviation: 21.80

Time for Q & A



# Resources

- ▶ [Avatar Service Request and Disposition Log.pdf \(santacruzhealth.org\)](#)
- ▶ Avatar SRDL Timeliness Report Data
- ▶ SRDL Treatment Request and Disposition Log (SRDL) Timeframes ( sent out with training slides)

**Training Recording:** [DMC-ODS Monthly UR Meeting-20230223\\_100654-Meeting Recording.mp4](#)

- ▶ Please contact me at [sara.avila@santacruzcounty.us](mailto:sara.avila@santacruzcounty.us) if you have any questions or would like to request further training on this topic