

## NEED TO KNOW FOR YOUTH ANNUAL/UPDATE ASSESSMENT:

The new Annual Assessment has 7 tabs a total of 10 pages. There is no bundle. The MSE, DX, & LOCUS are part of the main form. The current Annual that this new form is replacing has 10 pages (3 forms) + LOCUS -6 pages, DX- 7 pages = 23 pages. This is a reduction of 14 pages.

When you select **Annual**, required fields will become red on all pages and tabs.

When you select **Update**, you are able to complete **only** the fields that you are updating.



**WARNING:** Do NOT enter information **first** before you select **Update** as the Assessment Type. Otherwise, ALL information except the Diagnosis will get **erased!**

Tab 1 Assessment Information

### ANNUAL:

- The Annual Assessment pulls forward information from the **last** assessment, regardless of which assessment form used (Old long or New V2). LOCUS, MSE and Clinical Formulation **do not** pull forward - you must complete them.
- The Diagnosis and Original Date/Time of Diagnosis **is** pulled forward. If you need to make changes to any diagnosis field, manually enter the date/time for the change.

### UPDATE:

- Use **Update** to add additional information midyear, to change the diagnosis, to change the LOCUS and/or to update a specific field.
- MD can use Update to paste in adjunct PIN, but must fill in the date/type of assessment and source of information.
- If significant information needs to be added and/or corrected, it is best to complete an Annual or Initial Assessment.

Tab 2

Assessment Update

Complete any updates on this page

AVPLIVE (LIVE) - TESTONE,TEST (000930000)/YOUTH Annual Update Assessment v2

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 1 of 1

TESTONE,TEST (000930000) Episode: 23 Date Of Birth: 05/08/1999; Sex: Male; Social Security Number: 222-55-999P

Assessment Information Assessment Update **CALOCUS** MSE/Behavioral Observation Diagnosis Clinical Formulation Finalize

Updates to Psychosocial History

Updates to Psychiatric and Medical History (specify changes in the past)

Overall Concerns of Risk  
 Yes  No  Undetermined

Does TRAUMA impact Child / Family Presenting Problem or Function?  
 Yes  No  Unknown

Risk Evaluation / Trauma Info (incl. PTSD Symptoms) / AOD Use (Drug Name, Frequency, Age of 1st Use, Date of last use)

Youth's Gender Identity? (RESTRICTED)  
 Female  Male  Transgender  
 Intersex  Decline to State  Other  
 Other

Youth's Sexual Orientation? (RESTRICTED)  
 Heterosexual  Bisexual  Gay/Lesbian  
 Questioning  Decline to state  Other  
 Other

Right click to select staff identifier to insert your name if contributing/completing

System Templates Staff Section Identifier

Complete

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Tab 3

CALOCUS

AVPLIVE (LIVE) - TESTONE,TEST (000930000)/YOUTH Annual Update Assessment v2

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Page 1 of 1

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Assessment Information Assessment Update **CALOCUS** MSE/Behavioral Observation Diagnosis Clinical Formulation Finalize

Is Youth Emancipated?  
 Yes  No

1. Risk Of Harm  
 1-Low Risk  2-Some Risk  3- Significant Risk  4-Serious Risk  5-Extreme Risk

2. Functional Status  
 1-Minimal  2-Mild  3-Moderate  4-Serious  5-Severe

3. Co-morbidity  
 1-None  2-Minor  3-Significant  4-Major  5-Severe

4a. Recovery Environment - Environmental Stressors  
 1-Minimally Stress...  2-Midilly  3-Moderately  4-Highly  5-Extremely Stress...

4b. Recovery Environment - Environmental Support  
 1-Highly Supportive  2-Supportive  3-Limited  4-Minimally  5-No Support

5. Resiliency and Treatment History  
 1-Full  2-Significant  3-Moderate/Equivo...  4-Poor  5-Negligible

6a. Treatment, Acceptance, Engagement - Child/Adolescent  
 1-Optimal  2-Constructive  3-Obstructive  4-Adversarial  5-Inaccessible

6b. Treatment, Acceptance, Engagement - Parent/Care-taker  
 0-N/A  1-Optimal  2-Constructive  3-Obstructive  4-Adversarial  5-Inaccessible

Calculate CALOCUS Total Score

Complete

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TESTONE,TEST (000930000) Episode: 23 Date Of Birth: 05/08/1999; Sex: Male; Social Security Number: 222-55-999P

Assessment Information Assessment Update CALOCUS MSE/Behavioral Observation Diagnosis Clinical Formulation Finalize

May ONLY be completed by Licensed/Waivered- MD/NP, MFT/LCSW/ASW, Psy(PhD/PyD), RN w/Psych MS, or Trainee w/co-signature

Does a Co-Morbid Condition Exist?  
 Yes  No  Unknown

Is GENERAL APPEARANCE Within Normal Limits?  
 Yes  No

General Appearance  
 Inappropriate  Hygiene Problems  
 Disheveled  Odd/Eccentric  
 Other

General Appearance Comments

Is SPEECH Within Normal Limits?  
 Yes  No

Speech  
 Pressured  Mute  
 Poverty of Speech  Perseverative  
 Impairment  Other

Speech Comments

Is AFFECT Within Normal Limits?  
 Yes  No

Affect  
 Sad  Angry  Anxious  Flatten  
 Withdrawn  Incongruent  Labile  Other

Affect Comments

Is MOOD Within Normal Limits?  
 Yes  No

Mood  
 Within Normal Limits  Depressed  
 Anxious  Expansive/Euphoric  
 Irritable  Angry  
 Other

Mood Comments

Complete

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Assessment Information Assessment Update CALOCUS MSE/Behavioral Observation Diagnosis Clinical Formulation Finalize

Is BEHAVIOR Within Normal Limits?  
 Yes  No

Behavior  
 Aggressive  Hostile  Impulsive  
 Immature  Evasive  Uncooperative  
 Other

Behavior Comments

Is THOUGHT CONTENT Within Normal Limits?  
 Yes  No

Thought Content  
 Vis. Hallucinations  Aud. Hallucinations  
 Delusions  Loose Associations  
 Flight of Ideas  Paranoid Ideation  
 Other

Thought Content Comments

Are PHYSICAL and MOTOR Abilities Within Normal Limits?  
 Yes  No

Physical and Motor  
 Increased / Excessive  Decreased / Slowed  
 Posturing / Repetitive  Tremors  
 Tics  Other

Physical and Motor Comments

Is THOUGHT PROCESS Within Normal Limits?  
 Yes  No

Thought Process  
 Blocking/Slowed  Racing Thoughts  
 Impaired Concentration  Poor Insight  
 Other

Thought Process Comments

Complete

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Write any comments in the text box below the MSE category, if applicable

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Assessment Information | Assessment Update | CALOCUS | **MSE/Behavioral Observation** | Diagnosis | Clinical Formulation | Finalize

Is COGNITION / INTELLECT Within Normal Limits?  
 Yes  No

Cognition / Intellect  
 Weak Vocabulary  Concrete Thinking  
 Poor Judgement  Other

Cognition / Intellect Comments

Other MSE Information

Formal Mental Status Obtained  
 Yes  No

Formal MSE  
 Impaired S-T Memory  Impaired L-T Memory  
 Can't Do Serial 7's  Can Do Serial 7's  
 Paucity of Knowledge  Poor Orientation

Complete

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Enter other MSE info in the Other MSE Information text box, if applicable

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Assessment Information | Assessment Update | CALOCUS | MSE/Behavioral Observation | **Diagnosis** | Clinical Formulation | Finalize

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Diagnosis Type  
 Admission  Discharge  Update

Date of Diagnosis  
 T Y

Time of Diagnosis  
 H M AM/PM

Diagnosing Practitioner  
  
 Name/ID Number  Unique Practitioner ID

Axis I - 1   
 Axis I - 2   
 Axis I - 3

Trauma (CSI)  
 Yes  No  Unknown

Has Substance Abuse / Dependence Diagnosis (CSI)  
 Yes  No  Unknown / Not Reported

Substance Abuse / Dependence Diagnosis (CSI)

Axis II - 1   
 Axis II - 2

Complete

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Axis III - Medical Conditions

- Allergies
- Anemia
- Arterial Sclerotic Disease
- Arthritis
- Asthma
- Birth Defects
- Blind / Visually Impaired
- Cancer
- Carpal Tunnel Syndrome
- Chronic Pain
- Cirrhosis
- Cystic Fibrosis
- Deaf / Hearing Impaired

Axis IV - Psychological and Environmental Problems

- Problems with Primary Support Group
- Problems related to social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems with access to health care
- Problems related to legal system/crime
- Other psychosocial/environment problems
- None Known

Axis V - GAF

**DO NOT CHANGE, unless the Primary DX is an Axis II Dx. Do not make substance abuse Dx Primary unless there is no other DX**

Primary Diagnosis

Diagnosis Comments

Complete

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Enter any additional diagnoses in the Diagnosis Comments text box, if applicable

The Primary Diagnosis automatically fills in; do not change unless the Primary Diagnosis is an Axis II Diagnosis

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A probability the child will not progress developmentally as individually appropriate

Yes  No

Treatment is being Provided to address , or prevent, significant deterioration in an important area of life functioning

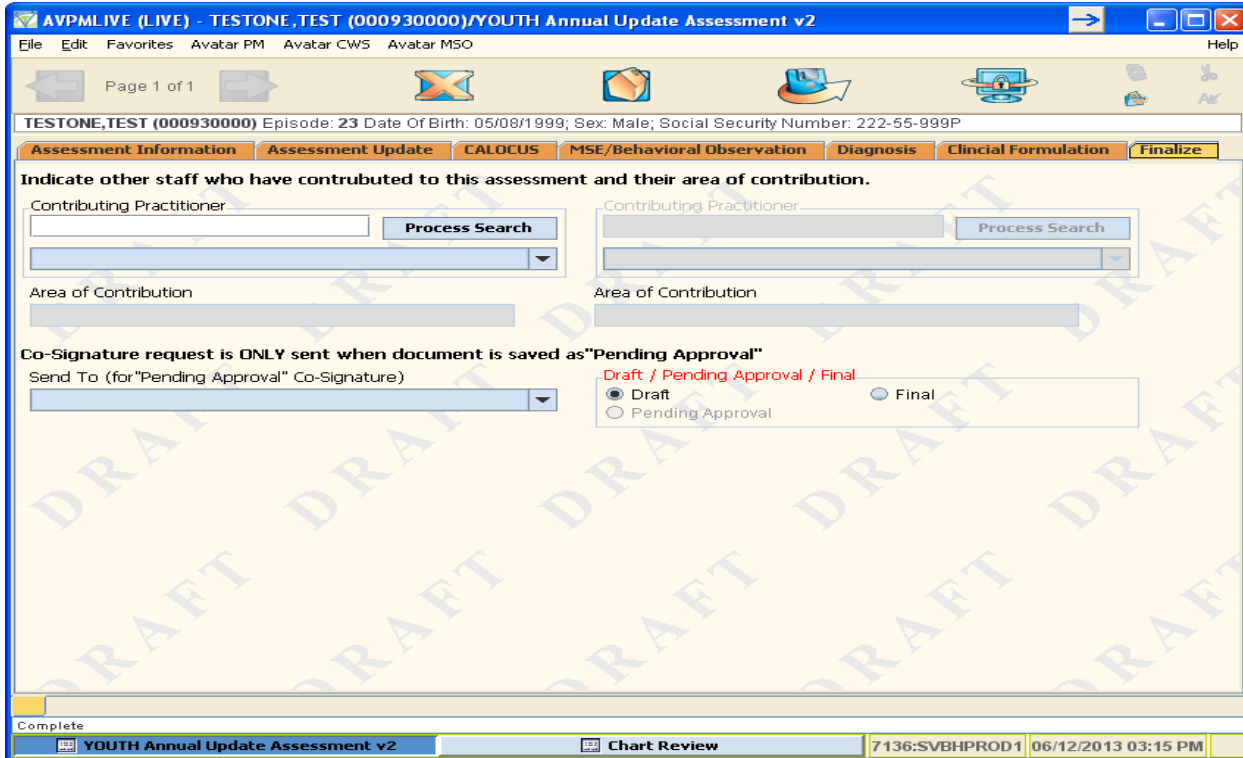
- School/Work Functioning
- Social Relationships
- Daily Living Skills
- Ability to maintain placement
- Symptom Management

Annual Clinical Formulation (incl. course of treatment, impairments, diagnostic criteria, strengths)

Additional Factors and Comments

Complete

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**Contributing Practitioner**

There are now 2 boxes to enter the name of a contributing practitioner and area of their contribution, if applicable.

PENDING Approval now used only by a Trainee or first year resident requiring a Co-Signature. For Pending, select the name of the supervisor from the *Send To* drop down; then enter a message in the *Send To Outgoing Comments* box.

**Draft Save:**

- If you *do not require a co-signature* on the assessment, you can save the document as a draft once the the **Type** and **Date of the Assessment** is completed.
- If you *require a co-signature*, complete the **Type** and **Date of the Assessment**, **Send To** and **Send To Outgoing Comments** to save as Draft. The assessment will not be sent to your supervisor until you save as Pending!

**Final Save:**

- If you *do not require a co-signature* on the assessment, submit the assessment as **Final**.
- If you *require a co-signature*, send **Pending Approval**. Your supervisor may either approve or return the document as Draft for you to make corrections.

**Community Worker/RN without a master’s degree in psych must now use DRAFT:**

If you are a Community Worker/RN without a master’s degree in psych and assist with completing/conducting the assessment COMPLETE ONLY THE FIELDS WITHIN YOUR SCOPE! Then save the document as DRAFT.

You will inform the licensed/registered staff that the assessment is ready for completion and to be finalized by sending an Avatar notification, e-mail, phone contact or in person.