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!**

ab 1 Assessment Information				
😿 AVPMLIVE (LIVE) - TESTONE,TEST (000930000)/YOUTH Annua	al Update Assessment v2 ->			
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TESTONE, TEST (000930000) Episode: 23 Date Of Birth: 05/08/1999; Sex	x: Male; Social Security Number: 222-55-999P			
Assessment Information Assessment Update CALOCUS MSE	E/Behavioral Observation Diagnosis Clincial Formulation F	inalize		
Image: Select Type of Assessment Type Assessment Type Assessment Type Annual Update Source of Information (check all that apply) School Referral Packet Parents/Guardian/Caretaker Family/Relative Child Primary Care Physician Postion Social Services PES Other	chird's/Youth's Age (Years) Months Chird's/Youth's Age (Years) Months Service Strategies (Check all that apply) Assertive Community Treatment Divr'd in Partnership w/ Health Care Divr'd in Partnership w/ Law Enforcement Divr'd in Partnership w/ Social Services Divr'd in Partnership w/ Sub. Abuse Serv Ethnic Specific Service Strategy Family Psychoeducation Family Support Functional Family Therapy Illness Management and Recovery Integrated Dual Dx Treatment	sis		
Employent Status (CSI) Employed in competitive job market (Full Time, 35 hours or m V Highest School Grade Completed (CSI) 1 Year Uving Arrangement (CSI) Adult Residential Facility, Social Rehabilitation Facility, Crisis V Conservatorship / Court Status (CSI) Juvenile Court, Ward - Juvenile Offender	Number of children under the age of 18 the client cares for or is responsible for at least 50% of the time (CSI) Number of dependant adults age 18 or older client cares for or is responsible for at least 50% of the time (CSI)			
Complete Image: YOUTH Annual Update Assessment v2	Chart Review 7136:SVBHPROD1 06/12/2013 03	:10 PM		

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 <u>*do not*</u> pull forward - you must complete them.

• The Diagnosis and Original Date/Time of Diagnosis <u>is</u> 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 Upda	ate	Complete a	any updates o	n this page
AVPMLIVE (LIVE) - TESTONE, TEST (00093	0000)/YOUTH Annual	Update Assessme	ent v2	→	
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TESTONE,TEST (000930000) Episode: 23 Date C		· ·	· · · · · · · · · · · · · · · · · · ·		
Assessment Information Assessment Upda	te CALOCUS MSE/I	Behavioral Observ	ation Diagnosis	Clincial Formulation	Finalize
Updates to Psychosocial History	<u> </u>	Right click to s	elect staff		
		-	sert your name	,	
		f contributing	-		
Updates to Psychiatric and Medical History (spec	e 1		/ completing		
opados of stering the and medical finitely (spec	ny changes in the pas	SpellCheck F7			
		Colort (II) - ou			
		Select All Ctri-	A		
Overall Concerns of Risk				ssessment)	<
Yes No OL	Indetermined	System Templates	Staff Section Ident	fier Unknown	🔨
Does TRAUMA impact Child / Family Presenting	Problem or Functionir nknown				
Risk Evaluation / Trauma Info (incl. PTSD Sympt		ame, Frequency, A	ge of 1st Use. Date	of last use)	
Youth's Gender Identity? (RESTRICTED)		-Youth's Sexual C	rientation? (RESTRIC	TED)	
	ransgender	Heterosexual		Gay/Lesbian	
 Intersex Decline to State Onecline to State 	other	 Unknown 	 Decline to state 	te 🔍 🔘 Other	
Other	<	Other			
		Other			
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Tab 3	CALOCUS			
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TESTONE,TEST (000930000) Episode: 23 Date (Df Birth: 05/08/1999; Sex: Male; S	ocial Security Number: 22	2-55-999P	
Assessment Information Assessment Upda	ate CALOCUS MSE/Behavi	oral Observation Diagr	osis Clincial Formulation	Finalize
Is Youth Emancipated? Yes No				
1. Risk Of Harm 💡 O 1-Low Risk O 2-Some Risk	 3- Significant Risk 	4-Serious Risk	5-Extreme Risk	
2. Functional Status 💡 O 1-Minimal O 2-Mild	3-Moderate	4-Serious	O 5-Severe	
3. Co-morbidity 💡 O 1-None O 2-Minor	 3-Significant 	O 4-Major	O 5-Severe	
4a. Recovery Environment - Environmental Stre	ssors 💡	<u> </u>	<i>C</i>	- /
1-Minimally Stress O 2-Midlly	O 3-Moderately	• 4-Highly	5-Extremely Stress	
4b. Recovery Environment - Environmental Sup	port@			
1-Highly Supportive 2-Supportive	3-Limited	🔨 🔵 4-Minimally	5-No Support	
5. Resiliency and Treatment History 💡				
O 1-Full O 2-Significant	3-Moderate/Equivo	4-Poor	5-Negligible	
6a. Treatment, Acceptance, Engagement - Chi 1-Optimal 2-Constructive	ld/Adolescen? 3-Obstructive	4-Adversarial	5-Inaccessible	
6b. Treatment, Aceptance, Engagement - Pare	ent/Care-tak@			
🔵 0-N/A 🔍 1-Optimal 🔷 2-Constructiv	e 🤇 🔾 3-Obstructive	4-Adversarial	5-Inaccessible	
Calculate CALOCUS Total Score				
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Tab 4 (3 pages)

MSE/Behavioral Observation

Page

Tab 4 (3 pages) MSE/Beh	navioral Observation	Page 1
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TESTONE, TEST (000930000) Episode: 23 Date Of Birth: 05/08/1	1999; Sex: Male; Social Security Number: 222-55-999P	
Assessment Information Assessment Update CALOCU	IS MSE/Behavioral Observation Diagnosis Clincial For	mulation Finalize
May ONLY be completed by Licensed/Waivered- MD/NP, I Does a Co-Morbid Condition Exist?	MFT/LCSW/ASW, Psy(PhD/PyD), RN w/Psych MS, or Tra	inee w/co-signature
Is GENERAL APPEARANCE Within Normal Limits	Is SPEECH Within Normal Limits?	
General Appearance	Speech Pressured Poverty of Speech Impairment Mute Porseverative Other	N
General Appearance Comments	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 Irritable Other Mood Comments	noric
Complete		
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Tab 4	4 MSE/Behavioral Observation			Page 2
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TESTONE,TEST (000930000) Episode: 2	23 Date Of Birth: 05/08/1999; Se	ex: Male; Social Security Number: 2	22-55-999P	
Assessment Information Assessm	ent Update CALOCUS MS	E/Behavioral Observation Dia	gnosis Clincial Form	ulation Finalize
Is BEHAVIOR Within Normal Limits? —		Is THOUGHT CONTENT Within		
🔍 Yes 💦 🔍 No	,	O Yes	O No	
Behavior		Thought Content		🔬 🛛
Aggressive 🔽 Hostile	🔲 Impulsive	Vis. Hallucinations	🗌 Aud. Hallucination	
🔲 🔲 Immature 💎 🔲 Evasive	Uncooperative	Delusions	Loose Associatio	
Other		Flight of Ideas	Paranoid Ideation	
		C Other		
Behavior Comments		Thought Content Comments		
	27			7
Are PHYSICAL and MOTOR Abilities Wi	thin Normal Limits?	Is THOUGHT PROCESS Within	Normal Limite?	
Yes O Yes		Yes		
Physical and Motor		Thought Process		
	creased / Slowed	Blocking/Slowed	Racing Thoughts	
Posturing / Repetitive	emors	Impaired Concentration	Poor Insight	
	ler			
Physical and Motor Comments		Thought Process Comments		
	7			
			·	
Complete				
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Write any comments in the text box below the MSE category, if applicable

Tab 4	MSE/Behavioral Observation	Page 3
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TESTONE, TEST (000930000) Episode: 23 Date Of Birth	: 05/08/1999; Sex: Male; Social Security Number: 222-55-99	19P
Assessment Information Assessment Update	CALOCUS MSE/Behavioral Observation Diagnosis	Clincial Formulation Finalize
Is COGNITION / INTELLECT Within Normal Limits? Yes No Cognition / Intellect Weak Vocabulary Concrete Thinking Poor Judgement Other Cognition / Intellect Comments	🗌 Can't Do Serial 7's 📃 Car	aired L-T Memory n Do Serial 7's or Orientation
Other MSE Information		
DR DR	DE DE	DRAT
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Complete YOUTH Annual Update Assessment v2	Chart Review 7136:SV	/BHPROD1 06/12/2013 03:12 PM

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

Tab 5 (2 pages) Di	agnosis		Page 1
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TESTONE, TEST (000930000) Episode: 23 Date Of Birth: 05/08/1999	; Sex: Male; Social Security Number: 2	22-55-999P	
Assessment Information Assessment Update CALOCUS	MSE/Behavioral Observation Dia	gnosis Clincial Formulation	Finalize
May ONLY be completed by Licensed/Waivered MD/NP, MFT/		Psych MS, or Trainee w/ Co-	signature
Diagnosis Type Admission Discharge Update	Trauma (CSI) Ves	🔾 Unknown	
Date of Diagnosis	Has Substance Abuse / Depende	ence Diagnosis (CSI)	
	O Yes O No	 Unknown / Not Reported 	
Time of Diagnosis	Substance Abuse / Dependence	Process Search	
Process Search			- 1
Name/ID Number O Unique Practitioner ID			~
▼			
Axis I - 1	Axis II - 1		
Process Search		Process Search	- Y
•			-
Axis V- 2	Axis II - 2		
Process Search		Process Search	
		•	
Axis I - 3 Process Search			
Complete			
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Tab 5	Diagnosis	Page 2
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TESTONE, TEST (000930000) Episode: 23 Date Of Birth:	: 05/08/1999; Sex: Male; Social Security Number: 2:	22-55-999P
Assessment Information Assessment Update	CALOCUS MSE/Behavioral Observation Diag	gnosis Clincial Formulation Finalize
Axis III - Medical Conditions Allergies Anemia Arterial Sclerotic Disease Arthritis Asthma Bith Defects Blind / Visually Impaired Cancer Cancer Carpal Tunnel Syndrome Chronic Pain Cirrhosis Cystic Fibrosis Deaf / Hearing Impaired	Axis IV - Psychological and Enviro Problems with Primary Suppo Problems related to social en Educational problems Occupational problems Economic problems Problems with access to hea Problems with access to hea Problems related to legal sys Other psychosocial/environm None Known Axis V - GAF DO NOT CHANGE, unless the Primake substance abuse DX Primary Diagnosis	ort Group nvironment htth care sterm/crime lent problems
Diagnosis Comments		
R' R'	A S	F. RAH
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

Tab 6	Clinical Formulation		
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Assessment Information Assessment Update	CALOCUS MSE/Behavioral Observation	n Diagnosis Clincial Fo	rmulation Finalize
May ONLY be completed by Licensed/Waivered A probability the child will not progress developmen Yes Treatment is being Provided to address, or preven School/Work Functioning	itally as individually appropriate No t, significant deterioration in an important are		nee w/ Co-signature
	ptom Management	IN LIVING OKINS	Y
Annual Clinical Formulation (incl. course of treatmen	t, impairments, diagnostic criteria, strengths)		PAR
R. R.		St.	RAF
Complete	Coll Chart Daview	7420-01/01/02/02/4	00/40/0040 00.44 004
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Tab 7	Finalize	
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TESTONE,TEST (000930000) Episode: 23 Date Of Bir	th: 05/08/1999; Sex: Male; Social Security Num	nber: 222-55-999P
Assessment Information Assessment Update	CALOCUS MSE/Behavioral Observation	Diagnosis Clincial Formulation Finalize
Indicate other staff who have contrubuted to Contributing Practitioner	this assessment and their area of contribution Practitioner	ution. Process Search
Area of Contribution	Area of Contribution	E. E.
Co-Signature request is ONLY sent when docum Send To (for"Pending Approval" Co-Signature)	hent is saved as "Pending Approval" Draft / Pending Approval / © Draft Pending Approval	Final
RAFT RAY	T RAFT	RAFTRAT
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.