

NEED TO KNOW FOR YOUTH INITIAL ASSESSMENT V2:

- The **New Youth Initial Assessment V2** is 9 Tabs, a total of 19 pages (**a reduction of 23-24 pages!**)
- There is no bundle; the MSE, DX, & LOCUS are part of the main form.
- The New Youth V2 Assessments now show on the Client Dashboard and Documentation at a Glance!
- You can view & print any previous assessment through Abstracts→Assessments Child/Youth (All) in Chart Review, *or* through Reports, if School Based; you can cut/paste appropriate data into the new Assessments from previous assessments.

TAB 1: Identifying/Legal/CSI Info

You must **first** select the **Assessment Type**;

- **Initial Assessment** (Clinician, Casemngr): if the assessment is by a clinician/case manager ONLY.
- **Multi-Discipl. Assessment** (incl MD Eval): if the assessment includes contributions from multidisciplines for example a clinician **and** an MD.
- **Physician Initial Eval** (MD/NP Only): if the assessment is performed by MD/NP- ONLY.
- **Physician Supplemental Info** (MD Only): **will not count as a complete initial assessment** but is used if the physician is adding specific information to a PIN and wants to clearly identify that he/she authored the addition. The requirement of most fields will be disabled. (Only Diagnosis & Clinical Formulation/Medical Necessity are required)
- **Prenatal to Three Assessment:** if you are work in the Pre-To-Three Program and are required to complete the Infant Assessment Info, Tab 6. Once you select this *assessment type*, the fields in Tab 6 become red/required fields.
- **School Based Mental Health** if you are performing a School Based Mental Health Assessment (was 26.5).

Tab 1; (3 pages)

Identifying/Legal/CSI Info

AVPMLIVE (LIVE) - TESTONE,TEST (000930000)/YOUTH Initial Assessment v2

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

5. MSE and Behavioral Observation 6. Infant Assessment Info 7. Diagnosis 8. Clinical Formulation / Medical Necessity 9. Finalize

1. Identifying/Legal/CSI Info 2. Clinical Information 3. Risk and Co-Occurring Information 4. CALOCUS

Additional Parent / Guardian / Foster Parent Info (Indicate who youth lives with, Contact information, Signing Authority) (I.E.P. Report)

Referral Reason

- Out of Home Placement
- Hospitalization
- Child/Caretaker Relationship Probs.
- Trauma Exposure
- Delay on ASQ (P-3)
- AOD Exposure (P-3)
- R/O GGRC Referral (P-3)
- Other
- Relating/Communication Probs.
- Developmental Probs.
- Affect/Mood/Anxiety Problems
- Adjustment Reactions
- Regulatory/Sleep/Feeding Probs.(P-3)
- Premature(P-3)
- CPS

Service Strategies (Check all that apply)

- Assertive Community Treatment
- Dlv'd in Partnership w/ Health Care
- Dlv'd in Partnership w/ Law Enforcement
- Dlv'd in Partnership w/ Social Services
- Dlv'd in Partnership w/ Sub. Abuse Serv
- Ethnic Specific Service Strategy
- Family Psychoeducation
- Family Support

Highest School Grade Completed (CSI)

Employment Status (CSI)

Living Arrangement (CSI)

Conservatorship / Court Status (CSI)

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

YOUTH Initial Assessment v2 Chart Review 10040:SVBHPROD1 06/12/2013 12:19 PM

Check all **Service Strategies** to be employed over the year that apply.

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Special Education Eligibility Status (check all that apply)

- Autism
- Hard of Hearing
- Orthopedically Impaired
- Specific Learning Disability
- Visually Handicapped
- Yes, Unknown Eligibility
- Deaf
- Intellectual Disability
- Other Health Impaired
- Speech Impaired
- Not Applicable
- Deaf-Blind
- Multi-Handicapped
- Emotionally Disturbed
- Traumatic Brain Injury
- Unknown

Special Education Eligibility Date

Legal Status

- CPS Investigation
- LPS Conservatorship
- Probation (Ward)600
- Adoption, Living out of County
- CPS Social Services (Dependent) 300
- Probation (Informal/Diversion)
- Voluntary
- Other

Other Legal Status, Special Education and Admission Details

Complete

YOUTH Initial Assessment v2 Chart Review 2884:SVBHPROD1 06/12/2013 01:51 PM

The screenshot shows a software window titled "AVPMLIVE (LIVE) - TESTONE,TEST (000930000)/YOUTH Initial Assessment v2". The interface includes a menu bar (File, Edit, Favorites, Avatar PM, Avatar CW5, Avatar MSO), a toolbar with navigation icons, and a patient information header: "TESTONE,TEST (000930000) Episode: 20 Date Of Birth: 05/08/1999; Sex: Male; Social Security Number: 222-55-999P".

The main content area is divided into sections:

- 5. MSE and Behavioral Observation** (sub-section: 1. Identifying/Legal/CSI Info)
- 6. Infant Assessment Info** (sub-section: 2. Clinical Information)
- 7. Diagnosis** (sub-section: 3. Risk and Co-Occurring Information)
- 8. Clinical Formulation / Medical Necessity** (sub-section: 4. CALOCUS)
- 9. Finalize**

Four text input fields are visible, each with a right-click context menu:

- Description of Current Presenting Problems (incl. referral reason, symptoms, behaviors, and impairments)(IEP Report)**
- Behavioral / Mental Health History (incl. onset, severity of stressors, and other changes)(IEP Report)**
- Developmental History (incl. pre-natal and peri-natal events; developmental milestones and delays; attachment and separation issues)**
- Current and Past Living Situation / CPS History**

 The context menu for the last field shows options: "SpellCheck F7", "Select All Ctrl-A", "System Templates", and "Staff Section Identifier".

The status bar at the bottom indicates "Complete" and shows tabs for "YOUTH Initial Assessment v2" and "Chart Review", along with system information: "2884:SVBHPROD1 06/12/2013 01:51 PM".

For **any** of the Text Box fields, right click inside the text box, select *System Template* → **Staff Selection Identifier** - **your name** is inserted into the field. (This helps to distinguish a contributing clinician completing that specific area of the assessment). **A pop up box will appear asking if you want to “replace or append” what’s in the text box. Always select, “APPEND”, then add the information.**

AVPMLIVE (LIVE) - TESTONE,TEST (000930000)/YOUTH Initial Assessment v2

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TESTONE,TEST (000930000) Episode: 20 Date Of Birth: 05/08/1999; Sex: Male; Social Security Number: 222-55-999P

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1. Identifying/Legal/CSI Info 2. Clinical Information 3. Risk and Co-Occurring Information 4. CALOCUS

Youth's Gender Identity? (RESTRICTED)

Female Male Transgender

Intersex Decline to State Other

Unknown

Youth's Sexual Orientation? (RESTRICTED)

Heterosexual Bisexual Gay/Lesbian

Questioning Decline to state Other

Unknown

Other _____ Other _____

Youth and Family - Cultural / Spiritual / Acculturation / Immigration / Family Constellation, Dynamics and History

Youth and Family Strengths and Assets (incl. Postive Coping, Functioning, Strengths, Hobbies, Interests, Sources of Support) (I.E.P. Report)

Education History (I.E.P. REPORT)

Complete

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TESTONE,TEST (000930000) Episode: 20 Date Of Birth: 05/08/1999; Sex: Male; Social Security Number: 222-55-999P

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Medical History/Significant Illness/Chronic Conditions/Surgeries/Allergies (incl. family medical and mental health history)

Psychiatric Hospitalization / Residential Placement / Day Treatment History (incl. providers and dates)

Outpatient Treatment History (incl. therapeutic interventions, past treatment responses, providers and dates)

Juvenile Justice History (incl. Gang Affiliation)

Complete

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1. Identifying/Legal/CSI Info 2. Clinical Information 3. Risk and Co-Occurring Information 4. CALOCUS

Risk of HARM TO SELF / SUICIDAL Thoughts/Behavior
 Yes Denied Undetermined

Current Risk of HARM TO OTHERS/HOMICIDAL Thoughts
 Yes Denied Undetermined

Current Domestic Violence issues
 Yes No Unknown

Engaged in Violent Acts? (physical, sexual, vandalism)
 Yes No Unknown

Victim of Violence
 Yes No Unknown

Past HARM TO SELF / SUICIDAL Thoughts/Behavior
 Yes No Unknown

Past HARM TO OTHERS/HOMICIDAL Thoughts
 Yes No Unknown

Past Domestic Violence issues
 Yes No Unknown

Access to FIREARMS / WEAPONS
 Yes No Unknown

Does SUBSTANCE USE impact risk?
 Yes No Unknown

SUBSTANCE USE Issues Known to Impact Client

<input type="checkbox"/> Current Substance Abuse	<input type="checkbox"/> Past Substance Abuse
<input type="checkbox"/> Use Impacts Functioning/Presenting Prob	<input type="checkbox"/> Use of Illicit Drugs
<input type="checkbox"/> Abuse/Misuse of OTC Medications	<input type="checkbox"/> Abuse/Misuse of Prescription Drugs
<input type="checkbox"/> Abuse/Misuse of Caffeine	<input type="checkbox"/> Abuse/Misuse of Nicotine
<input type="checkbox"/> Current Subs. Use in Parents/Cargivers	<input type="checkbox"/> Past Subs. Abuse in Parents/Caregivers
<input type="checkbox"/> Missed School or Impaired by Use	<input type="checkbox"/> Family is concerned by Alcohol/Drug Use
<input type="checkbox"/> AOD Exposure in Utero	<input type="checkbox"/> None
<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

Other _____

Complete

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Child / Youth Trauma History

<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Family Trauma History
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Assault	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Assault
<input type="checkbox"/> Military Combat	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Torture	<input type="checkbox"/> Military Combat
<input type="checkbox"/> Immigration/Displacement	<input type="checkbox"/> Torture
<input type="checkbox"/> Separation	<input type="checkbox"/> Immigration/Displacement
<input type="checkbox"/> Suspected	<input type="checkbox"/> Separation
<input type="checkbox"/> Other	<input type="checkbox"/> Suspected
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
<input type="checkbox"/> None	<input type="checkbox"/> Unknown
	<input type="checkbox"/> None

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

Complete

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Right click inside the Text Box to use an optional **risk evaluation template**

Tab 4

CALOCUS

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5. MSE and Behavioral Observation 6. Infant Assessment Info 7. Diagnosis 8. Clinical Formulation / Medical Necessity 9. Finalize

1. Identifying/Legal/CSI Info 2. Clinical Information 3. Risk and Co-Occurring Information 4. CALOCUS

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 Stressful 2-Midly 3-Moderately 4-Highly 5-Extremely Stressful

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/Equivocal 4-Poor 5-Negligible

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

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

Calculate CALOCUS Score Total Score

Complete

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Tab 5 (3 pages)

MSE and Behavioral Observation

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5. MSE and Behavioral Observation 6. Infant Assessment Info 7. Diagnosis 8. Clinical Formulation / Medical Necessity 9. Finalize

1. Identifying/Legal/CSI Info 2. Clinical Information 3. Risk and Co-Occurring Information 4. CALOCUS

MUST be reviewed 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 AFFECT Within Normal Limits?
 Yes No

Affect
 Sad Angry Anxious Flatten
 Withdrawn Incongruent Labile Other

Affect Comments

Is SPEECH Within Normal Limits?
 Yes No

Speech
 Pressured Mute
 Poverty of Speech Perseverative
 Impairment Other

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

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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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AVPMLIVE (LIVE) - TESTONE,TEST (000930000)/YOUTH Initial Assessment v2

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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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Write any comments in the text box below the MSE category, if applicable.
 Write other MSE Information in the Other MSE Info text box, if applicable

The Infant Assessment Info Tab becomes activated and the fields become red /required when the Pre-To-Three Assessment Type is selected.

Tab 6 (2 pages)

Infant Assessment Info

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

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Developmental Tools Used

FIRST (Under 6 Months) Ages and Stages (ASQ)

Emotional ASQ CBCL (2-3 y.o.)

PRQP (Parent Relationship Questionnaire) Sensory Profile

Other

Other Tools Child's Adjusted Age

Physical Appearance

Age Appropriate Disheveled Physical Abnormalities Hygiene Problems

Fetal Alcohol Syndrome Down's Syndrome Other

Reaction to New Environment

Physiologic Development

Effects of Self-Regulation on Organized/Disorganized Behaviors

Complete

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Tab 6

Infant Assessment Info

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

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State Regulation

Sleep Schedule and Concerns (reported or observed, caregiver's concerns)

Feeding Schedule and Concerns (reported or observed)

Describe Sensory Regulation (See Mini Sensory Profile Scanned)

Play

Complete

YOUTH Initial Assessment v2 Chart Review 10040:SVBHPROD1 06/12/2013 12:29 PM

Right click inside each text box to use an optional template

The Diagnosis May ONLY be Completed by Licensed Waivered MD/NP, MFT/LCSW/ASW, Psy(PhD/PyD), RN w/Psych MS, or Trainee w Co-Signature.

BHRS must show evidence of a 5 Axis Diagnosis for reimbursement of services. If there is NO Axis II Diagnosis, enter V7109. To DEFER an Axis II Diagnosis enter V7999. The V must be upper case or Avatar will not accept!

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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May ONLY be completed by Licenced/Waivered MD/NP, MFT/LCSW, Psy(PhD, PyD), RN w/ Psych. MS, or Trainee w/ Cosignature

As a result of the Primary Diagnosis, the client has the following impairments:
 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

A probability the child will not progress developmentally as individually appropriate

Yes No

Clinical Formulation / Summary (incl. What Child/Family/School see as successful outcome, Stage of Change Details)

Additional Factors and Comments

Complete

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SBMH I.E.P. Summary and Recommendations (I.E.P. Report)

SBMH Eligible? (IEP Report)

Yes No

Complete

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Only complete page 2 for School Based Services

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.