



## Mental Health Assessment | YOUTH

<b>Complete Consent Forms</b>	Consent to Treat	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> </ul>
	Consent for Email Communication	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> </ul>
	Consent for Text Communication	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> </ul>
	Consent for Telehealth	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> </ul>
	Coordinated Care Consent	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> </ul>
	Cost Agreement	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> </ul>
	Health Questionnaire	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> <li>Optional, as directed by Clinician</li> </ul>
	Caregiver Affidavit	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> <li>If applicable</li> </ul>
	Audio/Video Consent	<ul style="list-style-type: none"> <li>Completed by AA or JSC/Field Based Clinician</li> <li>If applicable</li> </ul>
	Cost Agreement and/or Paper UMDAP Financial Assessment	<ul style="list-style-type: none"> <li>Client and Clinicians signs</li> <li>UMDAP completed by Clinician when self pay, no funding source, private insurance, or Medicare only</li> <li>Cost Agreement completed by AA when Medi-Cal, Medi-Cal SOC, or Grant Funded</li> <li>Program Supervisor co-signature needed for UMDAP</li> </ul>

<b>Complete CSI</b>	CSI Standalone Collection (Client)	
<b>Complete Clinical Assessments</b>	CalAIM Assessment (Client)	<ul style="list-style-type: none"> <li>• Must be signed by LPHA</li> <li>• Program Supervisor co-signature needed</li> </ul>
	California CANS	<ul style="list-style-type: none"> <li>• Must be signed by LPHA</li> <li>• Program Supervisor co-signature needed</li> <li>• Completed every 6 months</li> </ul>
	PSC 35 California Pediatric Symptom Checklist (Client)	<ul style="list-style-type: none"> <li>• Completed every 6 months</li> <li>• Parent/Guardian completes paper copy</li> <li>• AA or JSC/field-based clinician enter into SC</li> </ul>
	Mental Status Exam (Client)	
	Short Sensory Profile & CHADIS Report	<ul style="list-style-type: none"> <li>• Required for Martha's Place clients only</li> </ul>
<b>Complete Assessment Service Note</b>	Service Note	<ul style="list-style-type: none"> <li>• "Total Service Time" includes bundled total service time</li> <li>• Complete Youth Assessment Update Progress Note every 6 months</li> </ul>
<b>Complete Diagnosis Document</b>	Diagnosis Document (Client)	<ul style="list-style-type: none"> <li>• Review every active diagnosis each time a Diagnosis Document is completed</li> <li>• Update when a change of diagnosis is indicated</li> </ul>
<b>Make Needed Referrals</b>	Service Note / Transition of Care (CalMHSA)(client)	<ul style="list-style-type: none"> <li>• Transfer between SMHS programs use TCM/ICC Service Note</li> <li>• Transfers to Non-Specialty MH (CenCal or CHC) use Transition of Care document</li> </ul>
<b>(If needed) Complete NOABD</b>	PDF Form	<ul style="list-style-type: none"> <li>• If not moving on, complete this step</li> <li>• HIT provides staff with fillable NOABD PDF, enters info into SC, assigns to staff to sign</li> </ul>