



San Francisco Health Network
Behavioral Health Services

San Francisco Department of Public Health

Avatar
Crisis Res/Urgent Care Assessment

October 27, 2020



Highlights

1. New form that more closely aligns with the needs of Crisis Residential (Adult Diversion Units) and Urgent Care programs
2. What is the difference between the Crisis Residential and Urgent Care Assessment Types
 - a. Crisis Residential: ANSA items and other are required
 - b. Urgent Care: ANSA items are greyed out



Search Forms

Pre-selecting your client: You can pre-select your client before opening a form by highlighting the client and then selecting the form you wish to open. You will not have to enter the client's name or BIS number.

- In the Search Forms box, type “crisis”
- Click on Crisis Res/Urgent Care Assessment

The screenshot shows a search interface with a search box containing the text 'crisis'. Below the search box is a table with two columns: 'Name' and 'Menu Path'. The first row is highlighted in green and contains the text 'Crisis Res / Urgent Care Assessment' under the 'Name' column and 'Avatar CWS / Assessments / Adult Assessments/ANSA' under the 'Menu Path' column. A second row is partially visible below it, containing 'CANS Child Crisis Assessment Tool (CATT)' and 'Avatar CWS / Assessments / User Defined Assessments / CATT'.

Name	Menu Path
Crisis Res / Urgent Care Assessment	Avatar CWS / Assessments / Adult Assessments/ANSA
CANS Child Crisis Assessment Tool (CATT)	Avatar CWS / Assessments / User Defined Assessments / CATT



Crisis Res/Urgent Care Assessment: Presenting Problem

Crisis Res / Urgent Care Assessment

Crisis Residential Initial A

1. Presenting Problem
2. Risk Assessment
3. Relevant Conditions and F
4. Mental Health History
5. Substance Use History
6. Medical History
7. Medications
8. Criminal Justice
9. Mental Status Exam
10. Client Strengths
11. Clinical Formulation, Rec.

Date of Assessment/Rating: 10/09/2020

Status - Draft / Pending Approval / Final: Draft Pending Approval Final

Assessment Type: Crisis Residential Urgent Care

Supervisor to Notify: [Dropdown]

Supervisor to Notify Outgoing Comments: [Text Area]

Client was linked to Interpreter Services: Yes No

Language: [Dropdown]

Other: [Text Area]

1. Presenting Problem

Include A) identifying info, B) criteria to justify DSM dx including current SYMPTOMS, BEHAVIOR, IMPAIRMENTS IN FUNCTIONING, duration, frequency, C) impact on life / behavior leading the client to seek services, D) client's primary concern / goal, E) cultural explanation for problem / illness in client's own words, (If EPSDT, state why child/youth will not progress developmentally as appropriate without treatment.)

[Text Area]

1A. Behavioral Health Needs

ND=No Data; 0=No Evidence; 1=Mild-History, Sub-threshold Watch; 2=Moderate-Need for Action; 3=Severe-Need for Immediate/Intensive Action

Psychosis	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Impulse Control	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Depression	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Interpersonal Problems Due to Personality	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Anxiety	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Mania	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Adjustment to Trauma	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Sleep Disturbance	<input type="radio"/> ND <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3



Crisis Res/Urgent Care Assessment: Risk Assessment

Chart Crisis Res / Urgent Care Assessment

Crisis Residential Initial A

1. Presenting Problem
2. Risk Assessment
3. Relevant Conditions and P
4. Mental Health History
5. Substance Use History
6. Medical History
7. Medications
8. Criminal Justice
9. Mental Status Exam
10. Client Strengths
11. Clinical Formulation, Rec.

Submit

2. Risk Assessment

Elaboration of ALL risk factors, note frustration tolerance, hostility, paranoia, violent thinking and gambling risk behaviors. Any ANSA risk item rated should be noted. Also include protective factors that might lessen risk, such as client's commitment to self-control and involvement in treatment.

Danger to Self

0 1 2 3

0=None; 1=History but no recent intent, ideation or feasible plan;
2=Recent ideation, intention, plan that is feasible and/or history of a potentially lethal attempt
3=Current ideation or command hallucinations re self-ham, current intent, plan that is immediately accessible and feasible, and/or history of multiple potentially lethal attempts

Danger to Others

0 1 2 3

0=None; 1=History but no recent gesture or ideation
2=Recent homicidal ideation, physically harmful aggression or dangerous fire setting, but not in past 24 hrs. Has plan to ham others that is feasible
3=Acute homicidal ideation with an accessible, feasible plan of physically harmful aggression, or command hallucinations involving ham of others, or intentionally set fire that placed others at significant risk of ham.

Grave Disability

ND 0 1 2 3

0=None; 1=History of difficulty providing for basic physical needs, or current minor difficulty but ham unlikely.
2=Difficulty providing for basic physical needs. At risk of endangering se
3=Unable to provider for food, clothing and shelter to the extent that he she has endangered him or herself and there is evidence of physical ham.

2B. Risk Behaviors



Crisis Res/Urgent Care Assessment: Psychosocial Factors and Mental Health Hx

Chart Crisis Res / Urgent Care Assessment

Crisis Residential Initial A

1. Presenting Problem
2. Risk Assessment
3. Relevant Conditions and Psychosocial Factors Affecting Physical and Mental Health
4. Mental Health History
5. Substance Use History
6. Medical History
7. Medications
8. Criminal Justice
9. Mental Status Exam
10. Client Strengths
11. Clinical Formulation, Rec.

Submit

Physical/Medical: ND 0 1 2 3

Family Functioning: ND 0 1 2 3

Living Skills: ND 0 1 2 3

Social Functioning: ND 0 1 2 3

Residential Stability: ND 0 1 2 3

Cultural Stress: ND 0 1 2 3

4. Mental Health History

Current/ past conditions, treatment history, level of treatment, family history. Describe most effective treatment and problems with treatment. Include duration, participant, and provider contact if known. Include all mental health services, hospitalizations, residential and day treatment, crisis service management, and psychological assessment.

Currently Linked: Yes No

Conserved: Yes No

History of Treatment: Yes No

of Crisis Episodes (within last year)

Previous Psychiatric Hospitalization: Yes No

Date/Reason of Last Hospitalization



Crisis Res/Urgent Care Assessment: Substance Use

Chart Crisis Res / Urgent Care Assessment

Crisis Residential Initial A

1. Presenting Problem
2. Risk Assessment
3. Relevant Conditions and F
4. Mental Health History
5. Substance Use History
6. Medical History
7. Medications
8. Criminal Justice
9. Mental Status Exam
10. Client Strengths
11. Clinical Formulation, Rec.

Submit

Previous Psychiatric Hospitalization
 Yes No

Date/Reason of Last Hospitalization

5. Substance Use History

Ever Used?
 Yes No

Date of Last Use

Is Client
 In Remission Relapsed

Longest Period Sober

Indicate substances used, if applicable

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Cocaine / Crack	<input type="checkbox"/> Amphetamines
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Opiates
<input type="checkbox"/> Prescription Drugs	<input type="checkbox"/> Caffeine
<input type="checkbox"/> Tobacco / Nicotine	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Hallucinogenics	<input type="checkbox"/> Other

Substance Use History (Indicate current / past, amt consumed, frequency, duration, treatment received, family history)

ND=No Data; 0=No problem; 1=Mild problem; 2=Moderate problem; 3=Severe problem

Substance Use
 ND 0 1 2 3

Stage of Recovery
 ND 0 1 2 3

Severity of Use
 ND 0 1 2 3



Crisis Res/Urgent Care Assessment: Medical Hx and Medications

Chart Crisis Res / Urgent Care Assessment

Crisis Residential Initial A

1. Presenting Problem
2. Risk Assessment
3. Relevant Conditions and F
4. Mental Health History
5. Substance Use History
6. Medical History
7. Medications
8. Criminal Justice
9. Mental Status Exam
10. Client Strengths
11. Clinical Formulation, Rec.

Submit

Diagnosis

ND 0 1 2 3 ND 0 1 2 3

6. Medical History

Currently linked to primary care provider?
 Yes No

Current Non-Psych Meds
 Yes No

Where?

Allergies (include food, medications, and other)

7. Medications

Include all current medications, name of prescriber and known allergies (per client report). Include previous medications and OTC medications if relevant. Also note medication adherence issues.



Crisis Res/Urgent Care Assessment: Criminal Justice Hx and MSE

Chart Crisis Res / Urgent Care Assessment

Crisis Residential Initial A

1. Presenting Problem
2. Risk Assessment
3. Relevant Conditions and P
4. Mental Health History
5. Substance Use History
6. Medical History
7. Medications
8. Criminal Justice
9. Mental Status Exam
10. Client Strengths
11. Clinical Formulation, Rec.

Submit

8. Criminal Justice

Court Mandated Treatment
 Yes No Unsure

History of Arrest
 Yes No

Probation/Parole
 Yes No Unsure

MBHC
 Yes No

Describe involvement/incidents, including dates, types of crimes or incidents of violence, involvement in parole/probation; and hx of incarceration, if

9. Mental Status Exam

Mood
 Depressed Euphoric Anxious Other

Affect
 Appropriate Inappropriate

Thought Process/Content
 Normal Grandiose Loose/Tangential Paranoid

Hallucinations
 Auditory Visual Other

Orientation
 Time Person Place

Cognitive
 Memory Problem Poor Judgement Lack of Insight Concrete Thinking

Diagnosis

Description/Comments



Crisis Res/Urgent Care Assessment: Client Strengths & Clinical Formulation

Chart Crisis Res / Urgent Care Assessment

Crisis Residential Initial A

1. Presenting Problem
2. Risk Assessment
3. Relevant Conditions and P
4. Mental Health History
5. Substance Use History
6. Medical History
7. Medications
8. Criminal Justice
9. Mental Status Exam
10. Client Strengths
11. Clinical Formulation, Rec.

Submit

Diagnosis

10. Client Strengths

Describe client strengths. Can include family, social connectedness, optimism, talents and interests, educational, volunteering, spiritual and religious community connection, natural supports, resiliency, resourcefulness, etc.

ND=No Data; 0=Significant strength present; 1=Moderate level of strength present; 2=Mild level of strength present; 3=Strength not present

Optimism/Hopefulness	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon
Community Connection	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon
Spiritual / Religious	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon
Involvement in Recovery / Motivation for Treatment	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon
Social Connectedness	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon
Resiliency	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon
Resourcefulness	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon
Family	<input type="radio"/> ND	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Lightbulb icon

11. Clinical Formulation, Recommendation, Disposition

Include current clinical information, hypothetical reasons/context for presentation problem that supports your recommendation for treatment with moda and frequency.

Uninsured SMI?

Yes No

Comments



Timeline

The Crisis Res/Urgent Care Assessment will go LIVE on November 2nd, 2020.



Additional Resources

If you need help accessing the form, please contact the Avatar Help Desk at:

avatarhelp@sfdph.org