

MCBH MyAvatar: 2.0 CalAIM Assessment

Assessment type	Date of assessment	PATID
<input checked="" type="radio"/> Initial <input type="radio"/> Update	01/12/2026	123456
		Completed by
		Kim Gray
		Clinical Staff Approving Assessment
		Ruben Gabriel

Presenting Problem

Presenting Problem(s): Mental Health and Substance Use:

Why are you seeking services? Tell me what you have been experiencing and for how long. How do these symptoms/experiences affect your life?

The member is seeking care due to experiencing auditory hallucinations (hearing voices of God, the devil, and angels that are non-commanding), visual hallucinations (seeing shadows in the corner of his eyes), and difficulty sleeping (due to the AH). His older brother reports that the family notices member talking or laughing to himself at times, and that last week he took all the frozen food out of the freezer and placed it on the bookshelves in the living room. The family further reported that member is distrustful of others, particularly clinic staff, and worries about being followed when he goes out alone. Member states that he has been dealing with the voices and the shadows since he was about 21 years old. He shares that he is "a very spiritual person" and is engaged in "a spiritual battle with the voices."

Member shared that he wants to get a job so that he can move out and have his own place. He has worked several construction jobs in the past but shared that the voices and the shadows make it difficult for him to focus and follow directions, and he walked off the last jobsite on his third day of employment. He further shared that the voices keep him up at night and make it difficult for him to get a full night's sleep, causing him to nap throughout the day. His brother shared that the family notices member is fearful of going out alone.

Additional testing/screening results (i.e. psychology testing, Beck Inventory, CBCL, etc.)

N/A

Identified Impairment(s)

- | | |
|---|--|
| <input type="checkbox"/> Family relationships | <input checked="" type="checkbox"/> Self-care/activities of daily living |
| <input type="checkbox"/> Interpersonal relationships | <input type="checkbox"/> Food/shelter security |
| <input checked="" type="checkbox"/> Employment | <input checked="" type="checkbox"/> Physical health |
| <input type="checkbox"/> Educational/academic performance | <input type="checkbox"/> Substance use/abuse |

Additional impairment information

The problem results in distress and/or functional impairments including employment, fearing of being followed when going out, trouble sleeping

History and Co-occurring Conditions

History of previous mental health condition and services

Are there other mental health conditions you have experienced in the past? Have you received treatment to address them? What type of treatment, for how long, and was it helpful?

Member does not have a history of mental health conditions and/or did not share this information at the time of the assessment.

The member is currently 32-years old. He has been experiencing these symptoms since he was 21.

Member has been hospitalized 3 times, twice at Natividad Medical Center (2017 for one week and in 2019 for 4 days) and once at San Jose Behavioral Health Hospital (April 2024 for 5 days). He received outpatient counseling for approximately two months after his most recent hospitalization but stopped going because he did not find it helpful. He had been referred for outpatient therapy in the past but did not follow through with the referral. Member further shared that he had been given medication in the hospital but stopped taking it shortly after he was discharged “because it made me feel like a zombie.” He agreed to try services again at the request of his family and the urging of his PCP, whom he has been seeing for over 10 years and trusts deeply.

History of previous substance use condition and services

Are there other substance use challenges you have experienced in the past? Have you received treatment to address them? What type of treatment, for how long, and was it helpful?

Member does not have a history of substance use and/or did not share this information at the time of the assessment.

Member drinks a couple of beers a week and reports no problems with alcohol at this time. He shared that in his early twenties he would get drunk with his friends at parties, and tried other substances (marijuana, cocaine) “a couple of times” with friends. He reports that he has not used any drugs since he was 22 and does not feel he has a problem with substances. He has never been referred to substance abuse programs

Description of current and previous physical health conditions

How would you describe your current physical health? Are there any medical condition(s) you have struggled with in the past? Have you received treatment for any of these? Do you have any disturbances in sleep or appetite or allergies? Anything else you would like to share?

Member does not have a history of physical health conditions and/or did not share this information at the time of the assessment.

Member has prediabetes and sees his Primary Care Provider (Dr. John Smith at 123 Medical Drive in Salinas) regularly to monitor his blood sugar. He is working with his doctor on making diet changes to avoid developing diabetes. He suffers from seasonal allergies and has no known allergies to food or medications.

He has no history of hospitalizations for physical health reasons and has never had surgery. He does not have a dentist, and his last teeth cleaning was approximately 5 years ago.

Currently Jose is prescribed Abilify 15mg tablet BID, and Seroquel 50mg tablet QHS by Dr. Jones (MCBH psychiatrist). He has been taking these medications since June 2024 and is supported by his parents with reminders to take his medication. He takes a daily multivitamin and has no primary care medications prescribed to him.

Member has a primary care provider

Name of the primary care provider

Yes

No

Dr. John Smith

Date of last visit

11/24/2025

Trauma

Member does not have a history of trauma and/or did not share this information at the time of assessment.

Trauma Exposure

Have you ever experienced a traumatic event, in which you feared for your safety or the safety of a loved one? Examples of trauma include physical abuse, sexual abuse, emotional abuse, neglect, partner violence, immigration trauma, etc.?

Trauma Exposure:

Attachment Trauma

Homelessness

Partner Violence

Bullying

Justice Involvement

Physical Abuse

Child Welfare System

Medical

Pregnancy/Infant Loss

Combat/Military

Natural Disaster

Race/Ethnicity/Culture

Community Violence

Neglect

Sexual Abuse

Death of a Loved One

Non-violent Crime

Trafficking

Emotional Abuse

Orientation/Sexuality

Violent Crime

Geographic Relocation

Parental Separation

Trauma Response/Symptoms

As a result of the trauma you experienced, did you or do you continue to experience any of the following responses?

Intrusive Memories

Recurring distressing memories of the event

Flashbacks (reliving of the event)

Disturbing dreams or nightmares

Negative Changes in Thoughts or Mood

Negative thoughts about oneself, other people, or the world

Memory problems

Feeling emotionally "numb"

Avoidance

Avoiding talking or thinking about anything that triggers memories of the event

Avoiding talking about the event

Fear of leaving their home

Isolating from family and others

Changes in Physical or Emotional Reactions

Becoming startled or frightened easily

Self-destructive behavior

Irritability or angry outbursts

Always on the lookout for danger

Additional Trauma Information

Is there anything else you would like to add related to your trauma exposure and response?

Member shared that when he was 19, his cousin died in a car accident. Member had been very close with his cousin, who was 18 at the time of his passing, stating “he was my best friend.” Member does not like to be on the road late at night, and often finds himself worrying about his loved ones if they are even slightly late coming home.

Member reported that his father drank a lot “when we were kids but not anymore,” and shared that his father would get angry and yell a lot when he had been drinking. Member reported experiencing emotional abuse. Member cannot remember Child Protective Services ever coming to the home when he was a kid and has never had any involvement with the legal system. Member has never been homeless.

Member scored a 4 on the Adverse Childhood Experience questionnaire, which is associated with an elevated risk for mental and physical health conditions.

Member was willing to answer questions about his trauma history but stated that he doesn’t like to talk about these topics in depth

Psychosocial Information

Family Information

Can you tell me about your living situation? What was it like growing up with your family? What challenges or significant events did you experience in relation to your family unit?

Member identifies as Mexican American. He speaks both English and Spanish but prefers English; however, his parents speak only Spanish, and member expresses feeling “torn” between the two cultures at times. He is Catholic and attends mass every Sunday.

He is single and has no children, and lives with his parents in Salinas. Jose has two brothers and one sister who also live in the area.

Member is very close with his parents and siblings, and is also connected with extended family including grandparents, aunts, uncles, and cousins. He reports that losing his cousin was the hardest thing in his life and expressed that the family grew closer together in the wake of this loss. Member describes himself as heterosexual and is not in a relationship. He states that he would like to meet someone and start a family of his own one day.

Family member(s) or caregiver(s) with a mental health condition

Yes No Uncertain

Family member(s) or caregiver(s) with a substance use condition

Yes No Uncertain

Social and Life Circumstances

Who can you count on for social support? How do you spend your free time? Do you experience any challenges with activities of daily living?

Member indicated having close relationships with his family and his church community and is deeply rooted in his faith. He goes to church every weekend and is involved in a church-based musical group.

He has tried to work, but his hallucinations make it difficult to focus and follow directions. He walked off the job site at his last employment after 3 days.

His auditory hallucinations often keep him up at night and make it difficult for him to get a full night's sleep, causing him to nap throughout the day.

Member struggles to trust others and is often fearful that he will be followed or harmed, leading him to restrict his outings.

Cultural Considerations

What are your preferred pronouns? How do you identify in terms of your gender and sexual orientation? Can you tell me about your cultural and/or religious/spiritual practices? Does this impact you in any way?

Member identified as cisgender male and uses the pronouns he/him. He identified his family as Mexican American. He shared that he is heterosexual

He identifies as Catholic, is deeply rooted in his faith, and has support from his church community.

Other Relevant Information

Have you been arrested or on probation/parole or had any other legal involvement? Tell me about your educational experiences. What about your employment background? Are you receiving any financial support such as SSI/disability benefits?

The member and/or family are not involved in the legal/justice system.

Member has a high school diploma and has worked some construction jobs with his older brother in the past. He expresses that he would like to get a job so that he can be more independent, although he is unsure of what type of work he would like to do.

He is currently supported by his family.

Risk/Safety and Protective Factors

Risk Factors

Have you experienced any of the following risk factors in the last 30 days? Have you had any thoughts about killing yourself? What about thoughts of seriously harming or killing other people? Are you able to get your basic needs met such as food, shelter, and clothing?

- | | | |
|--|---|--|
| <input type="checkbox"/> Aggressive behavior towards others | <input type="checkbox"/> Major depressive episode | <input type="checkbox"/> Significant negative financial issues |
| <input checked="" type="checkbox"/> Agitation or severe anxiety | <input type="checkbox"/> Method for suicide available (gun/pills) | <input type="checkbox"/> Significant negative legal issues |
| <input type="checkbox"/> Alcohol or substance use | <input type="checkbox"/> Mixed affective episode | <input type="checkbox"/> Significant negative relationships |
| <input type="checkbox"/> Chronic physical pain/acute medical issues | <input type="checkbox"/> Perceived burden on family or others | <input type="checkbox"/> Suicidal/homicidal ideation |
| <input checked="" type="checkbox"/> Command hallucinations to hurt self/others | <input type="checkbox"/> Recent ER visit for MH or SUD (within the last year) | |
| <input type="checkbox"/> Family history of suicide | <input type="checkbox"/> Recent loss(es) | |
| <input checked="" type="checkbox"/> Highly impulsive behaviors | <input type="checkbox"/> Refuses or unable to agree to safety plan | |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Sexual abuse | |

Additional Risk Factor Information

Have you experienced any other risk factors? What about in the last year?

Member denies suicidal or homicidal ideation, has no history of suicide attempts or self-harm and no history of violence towards others. His second hospitalization in 2019 was for danger to self, as he ran out into traffic at the command of the voices, although he denies trying to end his life.

His other two hospitalizations occurred in the context of grave disability, as he was not eating or maintaining his hygiene. Member's family shared those changes in his eating and sleeping habits are significant warning signs that he needs more support and also observed that during these episodes he spends more time at church (going to mass daily rather than weekly, spending all or most of his free time reading the Bible or praying).

Protective Factors

Do any of the following protective factors apply to you?

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Identifies reason for living | <input type="checkbox"/> Belief that suicide is normal | <input checked="" type="checkbox"/> Engaged in treatment |
| <input type="checkbox"/> Responsibility to family or others (i.e. pets) | <input type="checkbox"/> Fear of death or dying because of pain/suffering | <input type="checkbox"/> Strong coping skills |
| <input checked="" type="checkbox"/> Supportive social network/family | <input checked="" type="checkbox"/> Access to care and basic needs | <input checked="" type="checkbox"/> Willing to ask for help or engaging in safety planning |
| <input type="checkbox"/> Engaged in work or school | <input type="checkbox"/> Medication adherence | <input checked="" type="checkbox"/> Connection to religion/spirituality |

Additional protective factor information and member identified strengths

Are there any other protective factors you would like to add? What are your strengths? What are some good things that your loved ones and friends see in you?

Member's religious beliefs, his future orientation, and his close relationships with his family are all significant protective factors.

Member is a kind, motivated, and intelligent individual with plans and goals for the future. Member wants to get better and is willing to work with his treatment team and loved ones.

Safety planning information

In case of emergencies, who can you reach out to for support? What else can you do to keep yourself safe?

A safety plan was discussed and developed today with member to support any possible changes to member's behavioral health needs with the risk factors described above (see scanned safety plan for details)

Clinical Summary, Diagnostic Impression, and Recommendation

Current Mental Status

Unable to complete

Reason

Appearance

Appropriate Neat Bizarre
 Disheveled Odiferous

Speech

Normal Pressured Mute Loud
 Minimal responses Soft Stuttered Hypervocal

Thought Process

Logical Tangential
 Circumstantial Concrete
 Thought Blocking

Thought Content

Appropriate Bizarre Ideation
 Paranoid Delusions Somatic Delusions
 Grandiose Delusions Persecutory Delusions

Judgment

Fair Impaired
 Poor Limited
 Good

Mood

Appropriate Depressed Irritable
 Angry Euphoric Sad
 Anxious Fearful Silly

Affect

Congruent

Appropriate

Labile

Flat

Blunted

Expansive

Inappropriate

Constricted

Insight

Fair

Impaired

Poor

Limited

Good

Recent memory

Intact

Poor Recent

Poor Remote

Poor Immediate

Amnesia

Orientation

Time

Poor Recent

Person

Poor Immediate

Additional MSE information

The member's grooming is appropriate

Clinical Summary and Diagnostic Impression

Member is a 32-year-old Mexican American male with a history of traumatic experiences who is struggling with symptoms including auditory and visual hallucinations, feeling unsafe going out alone, disorganized behavior, and difficulty sleeping. He is engaging in treatment at this time to find relief from the voices and the shadows so that he can get a job and have his own place. Current symptoms impair his ability to work and form new social relationships outside of his family.

Member has numerous strengths including a kind and empathetic personality, strong faith, motivation to get well, close relationships with his family, and goals for the future.

This clinician's hypothesis is that member is experiencing a psychotic disorder and may also be experiencing PTSD related to childhood relational trauma. Member has difficulty talking about past traumatic events and is still building trust with his treatment team. Per family report, member struggles to trust others and is often fearful that he will be followed or harmed, which is an area he has not yet discussed with clinician. Additional time in treatment to build trust and understand the impact of trauma on current symptoms is needed to establish a formal diagnosis. At this time, the Clinician has identified F298.9 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder as a starting point for treatment.

Member has a mental health condition:

Yes No Uncertain

Completed Diagnosis:

Yes No

Member has a substance use condition:

Yes No Uncertain

Based on this assessment, the member meets medical necessity for Specialty Mental Health Services.

Level of Care and Recommendations

Specialty Mental Health Services

- Mental Health Services
- Intensive Home-Based Services (0–21 y/o only)
- Medication Support Services
- Therapeutic Foster Care (0–21 y/o only)
- Case Management
- Therapeutic Behavioral Services (0–21 y/o only)
- Day Treatment Intensive
- Crisis Intervention
- Day Rehabilitation
- Crisis Stabilization
- Adult Residential
- Psychiatric Health Facility Services
- Crisis Residential
- Psychiatric Inpatient Hospital Services
- Intensive Care Coordination (0–21 y/o only)

Substance Use Services

Substance Use Referral

Non-Specialty Mental Health Services

Referral to Primary Care

Referral to Managed Care Plan

Other

Services Not Recommended

Member Declined

Unable to Complete Assessment

Additional Recommendation Details (must include purpose, frequency and intensity for Case Management ONLY)

It is recommended that member receive weekly individual therapy to support him in reducing symptoms and increasing insight into his mental health. Medication support services every 6 – 8 weeks to promote symptom management. Monthly case management to assist with linkage to needed community resources, mental health rehabilitation to teach skills that will support an increase in overall functioning, and periodic family collateral to teach member's support system about his mental health condition and how they can best support him.