

MCBH MyAvatar: 2.0 CalAIM Assessment

Assessment type	Date of assessment	PATID
<input checked="" type="radio"/> Initial <input type="radio"/> Update	01/08/2026	123456
		Completed by
		Phoebe Young
		Clinical Staff Approving Assessment
		Ruben Gabriel

Presenting Problem

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 his mother observing him “locked up all day long in his bedroom” and crying. He reported experiencing constant feelings of sadness, feeling “grumpy” which makes him irritable when around peers and family, and difficulty sleeping resulting in tiredness.

The member reports that this has been going on for “a couple weeks,” and the member’s mother stated that she noticed these problems beginning a little over a month ago, although at first it wasn’t “as bad as it is now.”

The member’s mother and father reported decreased appetite resulting in weight loss and frequent verbal and physical fights with his siblings.

The member stated that he does not drink alcohol or use drugs, but that he has tried marijuana on 2 occasions.

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

Identified Impairment(s)

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

Additional impairment information

The problem results in distress and/or functional impairments including isolation from family and peers, decreased academic performance and unintentional weight loss

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 reported a history of mental health conditions which included his grief response to the unexpected passing of his grandfather when he was 8. Member received treatment with a school-based counselor. He shared it "kinda helped me feel better" and lasted for 6 weeks.

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 denied a history of substance use and there is no history of previously diagnosed or suspected conditions.

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.

The member's current medical conditions include lactose intolerance, anemia and asthma. He is taking an iron supplement once a day for anemia and for acute asthma attacks takes Zyrtec 5 mL/day and as needed prednisone and Albuterol.

Member is allergic to dust mites and milk.

Member has a history of medical conditions including acute asthma attacks which is triggered by having respiratory infections and allergies and has accessed the care with his current primary care provider the Small-Town Health Clinic

Mother reported information on client's developmental history including: normal pregnancy and postpartum depression.

Member has a primary care provider

Name of the primary care provider

Yes

No

Small-Town Health Clinic

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Welfare System | <input type="checkbox"/> Medical | <input type="checkbox"/> Pregnancy/Infant Loss |
| <input type="checkbox"/> Combat/Military | <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Race/Ethnicity/Culture |
| <input type="checkbox"/> Community Violence | <input type="checkbox"/> Neglect | <input type="checkbox"/> Sexual Abuse |
| <input checked="" type="checkbox"/> Death of a Loved One | <input type="checkbox"/> Non-violent Crime | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Orientation/Sexuality | <input type="checkbox"/> Violent Crime |
| <input type="checkbox"/> Geographic Relocation | <input type="checkbox"/> 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?

The member has a history of trauma exposure including being bullied by peers at school at the beginning of last year that included threats and physical violence against him. This bullying is ongoing. He shared this was not reported due to fear of his own safety. Member reported stressors/traumas have resulted in feeling deeply sad, fearful, wanting to stay in his room. He began to withdraw in school and his grades began to decline. His sense of self-worth went down along with his grades and he moved into hopelessness and despair. He shared kids at school continue to call him names that are humiliating to him.

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 currently lives in a house with both of his biological parents, 15 and 10-year-old brothers. He is the third child of his parents. He has a 17-year-old brother who, due to behavior concerns, was sent to live with extended family. It was further communicated that due to mother and father's full-time work schedule, the member and his little brother are cared for by an elderly neighbor until the parents come home from work.

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 social supports/networks such as a close friend at school but that the relationship fell apart. He shared he cannot trust kids his age.

He is socially connected via online community and enjoys online gaming.

The member does not report any challenges with activities of daily living, although his mother reports that she occasionally will prompt him to take a shower.

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 Caucasian. He shared, reluctantly, that he has identified as Bi-sexual since 7th grade and has been harassed and beat up by peers after his friend shared this with others.

He expressed fear of his family learning about his identity.

Member denied any religious affiliation. His parents identify as Christian and attend church on special holidays.

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 will be in the 8th grade at Local City Middle School this upcoming academic year and is enrolled in mainstream classes.

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 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 checked="" type="checkbox"/> Perceived burden on family or others | <input checked="" type="checkbox"/> Suicidal/homicidal ideation |
| <input 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 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?

Client reported current risk factors/behaviors such as he has thoughts of suicide. He stated, "I just think everyone would be better off without me". He reported he has thought of several different plans which included hanging himself or shooting himself with one of his father's guns. He denied ever acting on these thoughts and denied any intent of following through with them. There were no reports of previous suicide attempts. Client's current risk level is low given no intent and his willingness to safety plan with his parents at the time of this assessment.

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 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 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 identified strengths/protective factors including: playing sports, riding his bike, skateboarding, and doing parkour. He appears to have the ability to recognize when he is at his limit and will create a space away from his brothers, who he identifies as triggers for him, by going to his bedroom.

Safety planning information

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

The member participated in safety planning which outlines the following: he identified fighting, being made fun of, feeling like a failure, and yelling are triggers for his suicidal thoughts. Warning signs included racing heart, rapid thoughts, crying, numbness in his arms and fingers, and inability to fall asleep. Activities he identified he would like to use as coping strategies included listening to music, watching his favorite series, and drawing. His father agreed to remove the firearms from the home.

Both parents agreed to lock up all sharps, cleaning chemicals, cords, and ropes to keep the member safe.

For added support, member will reach out to his oldest brother, his online friend, or his father.

If in the event he continues to require more support, he agreed to reach out to his therapist, reach out to the Teen Text Line (Text HOME to 741741), Seneca Youth Mobile Crisis at 831-687-4379, 988 SAMHSA Suicide Prevention Line, and MCBH Crisis Team by calling 1-888-285-6029.

Clinical Summary, Diagnostic Impression, and Recommendation

Current Mental Status

Unable to complete

Reason

[Empty box for Reason]

Appearance

Appropriate Neat Bizarre
 Disheveled Odiferous

Speech

Normal Pressured Mute Loud
 Minimal responses Soft Stuttered Hyperverbal

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 appeared unkempt, and he appeared underweight.

Clinical Summary and Diagnostic Impression

In summary, member experiences bouts of tearfulness, increased irritability, hopelessness, depressed mood most days, loss of appetite, unintentional weight loss, inability to sleep, inability to concentrate due to lack of sleep, lethargy, and frequent thoughts of death. He has trouble concentrating as a result of his decreased ability to sleep which has negatively impacted his academic performance. Additionally, member noted he had begun to experience symptoms following a physical attack by peers as a result of his sexual identity being unwillingly disclosed. He continues to struggle with his sexual identity and fears rejection from his parents, family, and has pushed away from engaging in relationships with peers significantly impacting his social functioning.

Member meets diagnostic criteria for Major Depressive Disorder, single episode, severe, without psychosis (ICD-9 296.23; ICD-10 F32.2) with a rule out diagnosis of Post-Traumatic Stress Disorder.

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

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)

Member is recommended the following: rehab services to improve social connections, family therapy services to improve communication, individual therapy to reduce depressive symptoms, group therapy to improve social connections, medication management and coordination with primary care physician to support with unintentional weight loss and inability to sleep.