



Yolo QI Assessment

The purpose of this desk reference is to provide guidance on how to complete the Yolo QI Assessment form.

Menu Path

Avatar PM > Assessments > Yolo QI Assessment or enter “Yolo QI Assessment” in the Search Forms field.

Name	Menu Path
Yolo QI Assessment	Avatar PM / Assessments

Details

1. All fields highlighted “Red” are required; the form cannot be submitted until completed.
2. All non-required fields should be reviewed and completed when applicable.
3. The form contains a total of 13 tabs that can be navigated by clicking on items within the panel on the upper left of the form.

myAvatar 2023

Home Yolo T Profile

TESTCLIENT, YOLO (000011136)
P: 32, 03/13/2012
HH: 5' 3", WW: 125 lbs, BMI: 22.1

Eq: 97 | S-HPISA NH EP1500E
Preferred Name: George
Personal Pronouns: He/Him/His

Problem P: -
BOX P: P12.10 Cannabis use disorder, mild
Phone #: 503-656-6616

Location: 25 MAIN ST, WOOD
Attn. Pract.: -
Adm. Pract.: PRACTITIONER

Yolo QI Assessment

QI Information

- I. Integrated Summary ...
- II-a. Information URRe...
- II-b. Adult Information ...
- III. IP-CARS
- IV. Goals
- V-a. Caregivers
- V-b. Adult Caregiver Inf...
- VI. Barriers to Family B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Revisit Report

QI Information

Child/Youth/Nonminor Dependent Name
TESTCLIENT, YOLO

Date of Birth
03/13/2012

Court ID#

County of Jurisdiction

Date Referred / Placement Date

Lead Agency
 Child Welfare Probation

Caseworker Contact Name

Caseworker Contact Phone Number

Assessment Completed By

Date Completed

Tribal Affiliation

Tribal Contact Name

Tribal Contact Phone Number

Submit

Autosaved at 12:58 PM

Steps

- Open the Yolo QI Assessment form and enter the medical record number or client's last name, first name in the 'Select Client' pop up.

Select Client

Select Client

11136

Results

TESTCLIENT, YOLO (000011136)

- Select the appropriate episode in which you will be submitting the form.

The screenshot shows the myAvatar 2023 interface for a patient named YOLO T. The patient's information includes: TESTCLIENT, YOLO (000011136), F, 12, 03/13/2012, HT: 5' 3", WT: 125 lbs, BMI: 22.1. The interface displays a 'Yolo QI Assessment' tab with a list of episodes. The episode with ID 109 is highlighted in green, indicating it is the selected episode for submission.

Episode	Program	Start	End
109	Access Log	12/27/2023	
108	Access Log	12/21/2023	12/21/2023
107	Granite Wellness Center R31-Auburn	03/02/2023	
106	Yolo Wayfarer Center-Walter's House-R35	03/01/2023	03/01/2023
105	Hope Cooperative-FSP	02/28/2023	
104	Yolo Wayfarer Center-Walter's House-R31	01/21/2023	02/23/2023
103	HHSA-ODF	01/08/2023	01/09/2023
102	Communicare Juvenile Justice	11/10/2022	
101	Siena Nursing and Rehabilitation	11/03/2022	11/03/2022
100	Access Log	09/29/2022	12/20/2023
99	Access Log	09/20/2022	09/21/2022
98	Fremont Hospital-FREMONT	09/21/2022	09/21/2022
97	1-HHSA MH EPISODE	08/17/2022	
96	COMMUNICARE-MH	08/17/2022	04/14/2023
95	PROGRESS RANCH STRTP	08/15/2022	
94	Telecare Corp-FSP	07/01/2022	01/13/2023
93	Access Log	06/20/2022	06/20/2022
92	Access Log	06/17/2022	06/20/2022
91	Access Log	06/17/2022	06/17/2022
90	Access Log	06/10/2022	06/10/2022
89	TURNING POINT-MH	06/09/2022	
88	Access Log	03/09/2022	04/14/2022
87	TRINITY HOUSE	02/13/2022	09/21/2022
86	Access Log	11/29/2021	11/29/2021
85	Access Log	11/24/2021	11/29/2021
84	Access Log	11/15/2021	11/24/2021
83	Sharp Mesa Vista Hosp-SAN DIEGO	10/31/2021	02/13/2022

- QI Information tab

1. The “Child/Youth/Nonminor Dependent Name” field will autofill based on client selection upon opening the form.

2. The “Date of Birth” field will autofill based on client selection upon opening the form.

3. In the “Court ID#” field, enter text if applicable.

4. In the “County of Jurisdiction” drop-down, make the appropriate selection.

5. In the “Date Referred / Placement Date” enter date. Click “T” for today or “Y” for yesterday if applicable.

Date Referred / Placement Date

[Date Input Box] [T] [Y] [Calendar Icon]

- 6. In the “Lead Agency” field, make the appropriate selection.

Lead Agency

Child Welfare Probation

- 7. In the “Caseworker Contact Name” field, enter text in LASTNAME,FIRSTNAME format. If a name is entered in this field, it will make item 8 below a mandatory field. If this field is left blank, item 8 below will remain disabled.

Caseworker Contact Name

[Text Input Box]

- 8. In the “Caseworker Contact Phone Number” field, enter phone number. NOTE: if item 7 above is left blank, this field will stay disabled.

Caseworker Contact Phone Number

[Text Input Box]

- 9. In the “Assessment Completed By” field enter the assessors name as LASTNAME, FIRSTNAME or Practitioner ID#.

Assessment Completed By

test,p

Results

- PRACTITIONER TEST (000001)
- PRACTITIONER TEST2 (000011)
- PRACTITIONER TEST3 (001534)

- 10. In the “Date Completed” field, enter date. Click “T” for today or “Y” for yesterday if applicable.

Date Completed

[Date Input Box] [T] [Y] [Calendar Icon]

- 11. In the “Tribal Affiliation” field, enter text if applicable. If no text is entered, item 12 below will remain disabled.

Tribal Affiliation

[Text Input Box]

12. In the “Tribal Contact Name” field, enter text as LASTNAME,FIRSTNAME if applicable.
NOTE: if item 11 above is left blank, this field will stay disabled.

Tribal Contact Name

13. In the “Tribal Contact Phone Number” field, enter phone number. NOTE: If items 11 and 12 above are left blank, this field will remain disabled.

Tribal Contact Phone Number

➤ I. Integrated Summary and Recommendation tab

The screenshot displays a web application interface for a patient named TESTCLIENT, YOLO (000011136). The patient's information includes gender (F), date of birth (12/03/2012), height (5' 3"), weight (125 lbs), and BMI (22.1). The episode is identified as '97 : 1-HHSA MH EPISODE' with a preferred name of 'George' and personal pronouns of 'He/Him/His'. The problem is listed as 'F12.10 Cannabis use disorder, mild' with a phone number of '530-666-6666'. The interface shows a navigation menu on the left with 'I. Integrated Summary' highlighted in red. The main content area is titled 'Integrated Summary and Recommendation' and contains a text input field for providing an integrated summary of the data gathered during the assessment. A 'Submit' button is located at the bottom left of the main content area, and a status message indicates 'Autosaved at 10:22 AM'.

1. In the “Provide an integrated summary of the data gathered during the assessment that informed the development of the recommendations” field, enter text.

Integrated Summary and Recommendation

Provide an integrated summary of the data gathered during the assessment that informed the development of the recommendations.

➤ II-a. Information Utilized in Determination tab

Home | Yolo T

TESTCLIENT, YOLO (000011136)
 F, 12, 03/13/2012
 Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Ep: 97 : 1-HHSA MH EPISODE
 Preferred Name: George
 Personal Pronouns: He/Him/His

Problem P: -
 DX P: F12.10 Cannabis use disorder, mild
 Phone #: 530-666-6666

Location: 25 MAIN
 Attn. Pract.: -
 Adm. Pract.: PRAC

Chart | Yolo QI Assessment

- QI Information
 - I. Integrated Summary
 - II-a. Information Utilize...**
 - II-b. Add'l Information ...
 - III. IP-CANS
 - IV. Goals
 - V-a. Caregivers
 - V-b. Add'l Caregiver Inf...
 - VI. Barriers to Family-B...
 - VII-a. Recommendation...
 - VII-b. Other Supports a...
 - VIII. Recommendations...
 - Reprint Report

Submit

Autosaved at 10:22 AM

Information Utilized In Determination

Most Recent Comprehensive MH Assessment Date
 T Y

Most Recent Comprehensive MH Assessment Completed By

Most Recent MH Treatment Plan Date
 T Y

Most Recent MH Treatment Plan Completed By

Most Recent Other Development, Psychiatric, Significant Event Assessment Name

Most Recent Other Development, Psychiatric, Significant Event Assessment Date
 T Y

Most Recent Other Development, Psychiatric, Significant Event Assessment Completed By

Most Recent Psychological Evaluation Date
 T Y

Most Recent Psychological Evaluation Completed By

Most Recent IP-CANS Completion Date
 T Y

Most Recent IP-CANS Completed By

Individual Education Plan (IEP) or other educational assessments

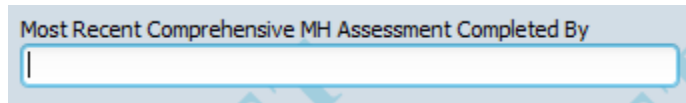
Other Information Utilized In Determination

1. In the “Most Recent Comprehensive MH Assessment Date” field, enter date. Click “T” for today or “Y” for yesterday if applicable.

Most Recent Comprehensive MH Assessment Date

T Y

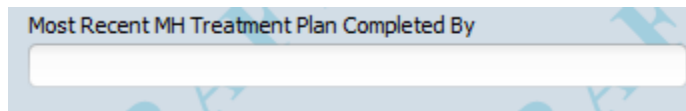
- In the “Most Recent Comprehensive MH Assessment Completed By” field, enter name as LASTNAME,FIRSTNAME.



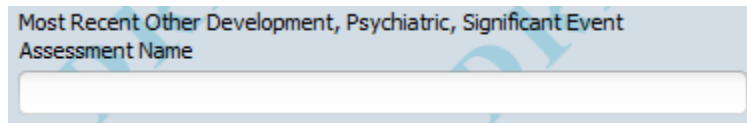
- In the “Most Recent MH Treatment Plan Date” field, enter date. Click “T” for today or “Y” for yesterday if applicable.



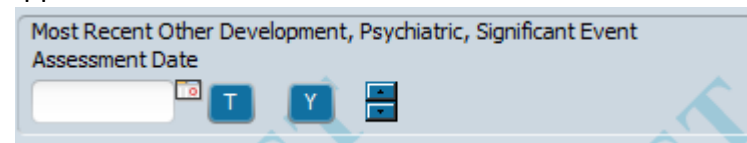
- In the “Most Recent MH Treatment Plan completed By” field, enter name as LASTNAME,FIRSTNAME.



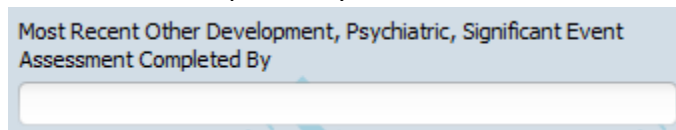
- In the “Most Recent Other Development, Psychiatric, Significant Event Assessment Name” field, enter text.



- In the “Most Recent Other Development, Psychiatric, Significant Event Assessment Date” field, enter date. Click “T” for today or “Y” for yesterday if applicable.



- In the “Most Recent Other Development, Psychiatric, Significant Event Assessment Completed By” field, enter name as LASTNAME,FIRSTNAME.



- In the “Most Recent Psychological Evaluation Date” field, enter date. Click “T” for today or “Y” for yesterday if applicable.

Most Recent Psychological Evaluation Date

T Y

9. In the “Most Recent Psychological Evaluation Completed By” field, enter name as LASTNAME,FIRSTNAME. Comprehensive MH Assessment Completed By” field, enter name as LASTNAME,FIRSTNAME.

Most Recent Psychological Evaluation Completed By

10. In the “Most Recent IP-CANS Completion Date” field, enter date. Click “T” for today or “Y” for yesterday if applicable.

Most Recent IP-CANS Completion Date

T Y

11. In the “Most Recent IP-CANS Completed By” field, enter name as LASTNAME,FIRSTNAME.

Most Recent IP-CANS Completed By

12. In the “Individual Education Plan (IEP) or other educational assessments” field, enter text.

Individual Education Plan (IEP) or other educational assessments

13. In the “Other Information Utilized in Determination” field, enter text.

Other Information Utilized In Determination

➤ II-b. Additional Information Utilized in Determination tab

Home Yolo T

TESTCLIENT, YOLO (000011136)
F, 12, 03/13/2012
Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Ep: 97 : 1-HHSA MH EPISODE
Preferred Name: George
Personal Pronouns: He/Him/His

Problem P: -
DX P: F12.10 Cannabis use disorder, mild
Phone #: 530-666-6666

Location: 25 MAIN ST, WO
Attn. Pract.: -
Adm. Pract.: PRACTITIONE

Chart Yolo QI Assessment

- QI Information
- I. Integrated Summary ...
- II-a. Information Utilize...
- II-b. Addtl Information ...**
- III. ...
- IV. Goals
- V-a. Caregivers
- V-b. Addtl Caregiver Inf...
- VI. Barriers to Family-B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Reprint Report

Submit

Autosaved at 10:46 AM

Additional Information Utilized In Determination

Additional Information Utilized In Determination

CFT Meeting Date	CFT Meeting Attended By QI?	CFT Meeting Notes Reviewed?	Other Family Members/Natural Supports (non-CFT)
<input type="button" value="Add New Item"/> <input type="button" value="Edit Selected Item"/> <input type="button" value="Delete Selected Item"/>			

CFT Meeting Date: T Y

CFT Meeting Attended By QI? Yes

CFT Meeting Notes Reviewed? Yes

Other Family Members/Natural Supports (non-CFT) Interviewed - Name:

Other Family Members/Natural Supports (non-CFT) Interviewed - Relationship:

Other Relationship:

CFT Member Interviewed (Professionals and Family Members/Natural Supports) - Name:

CFT Member Interviewed (Professionals and Family Members/Natural Supports) - Relationship:

Other Relationship:

Child/Youth/NMD Interviewed? Yes

Child/Youth/NMD Interviewed Date: T Y

Child/Youth/NMD has provided their specific treatment, services, and placement preferences? Yes

Parent or caregiver has provided their specific treatment, services and placement preferences? Yes

Tribe/Tribal Representative Consulted? Yes

Tribe/Tribal Representative Consulted - Date: T Y

1. In the “Additional Information Utilized In Determination” table, click the Add New Item button.

Additional Information Utilized In Determination

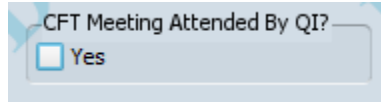
CFT Meeting Date	CFT Meeting Attended By QI?	CFT Meeting Notes Reviewed?	Other Family Members/Natural Supports (non-CFT)
<input type="button" value="Add New Item"/> <input type="button" value="Edit Selected Item"/> <input type="button" value="Delete Selected Item"/>			

2. In “CFT Meeting Date” field, enter date. Click “T” for today or “Y” for yesterday if applicable.

CFT Meeting Date

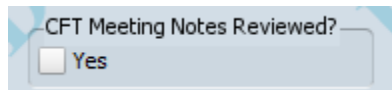
T Y

3. In the “CFT Meeting Attended By QI?” field, click the Yes check box if applicable. If the box is checked in error it can be clicked on again to uncheck.



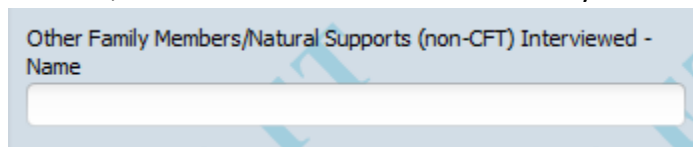
CFT Meeting Attended By QI?
 Yes

4. In the “CFT Meeting Notes Reviewed?” field, click the Yes check box if applicable. If the box is checked in error it can be clicked on again to uncheck.



CFT Meeting Notes Reviewed?
 Yes

5. In the “Other Family Members/Natural Supports (non-CFT) Interviewed – Name” field, enter name as LASTNAME,FIRSTNAME if applicable. NOTE: If name is entered, item 6 below becomes a mandatory field.



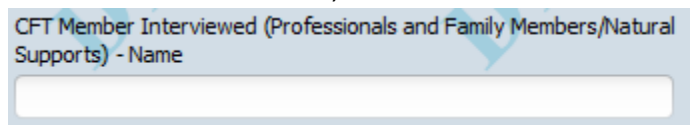
Other Family Members/Natural Supports (non-CFT) Interviewed - Name

6. In the “Other Family Members/Natural Supports (non-CFT) Interviewed – Relationship” field, make the appropriate selection. NOTE: this field will be disabled if no name is entered into the field item 5 above.



Other Family Members/Natural Supports (non-CFT) Interviewed - Relationship

7. In the “CFT Member Interviewed (Professionals and Family Members/Natural Supports) – Name” field, enter name as LASTNAME,FIRSTNAME if applicable. NOTE: if name is entered, item 8 below becomes a mandatory field.



CFT Member Interviewed (Professionals and Family Members/Natural Supports) - Name

8. In the “CFT Member Interviewed (Professionals and Family Members/Natural Supports) – Relationship” field, make the appropriate selection. NOTE: this field will be disabled if no name is entered into the field in item 7 above.

CFT Member Interviewed (Professionals and Family Members/Natural Supports) - Relationship

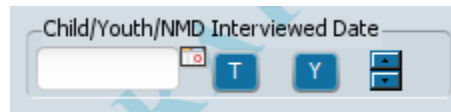


NOTE: If 'Other' is selected from the dropdown, the "Other Relationship" field becomes mandatory. Whichever risk rating is selected, a pop up will display instruction to confirm that the selection matches the guidance.

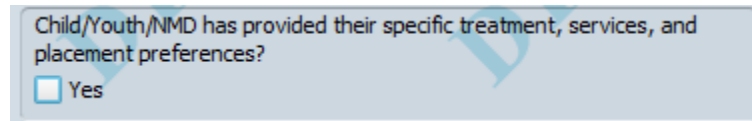
- In the "Child/Youth/NMD Interviewed?" field, click the Yes check box if applicable. If the box is checked in error, it can be clicked on again to uncheck. NOTE: if the box is checked the field in item 10 below becomes enabled.



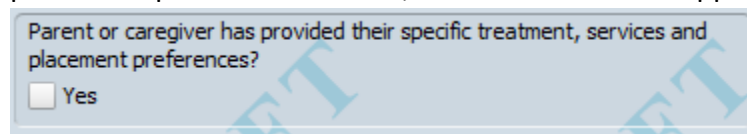
- In the "Child/Youth/NMD Interviewed Date" field, enter date. Click "T" for today or "Y" for yesterday if applicable. NOTE: this field will be disabled unless Yes is checked in item 9 above.



- In the "Child/Youth/NMD has provided their specific treatment, services, and placement preferences?" field, check the Yes box if applicable.



- In the "Parent or caregiver has provided their specific treatment, services and placement preferences?" field, check the Yes box if applicable.



- In the "Tribe/Tribal Representative Consulted?" field, check the Yes box if applicable. If the box was checked in error it can be clicked again to uncheck. NOTE: if Yes is checked, the field in item 14 below becomes enabled.



14. In the “Tribe/Tribal Representative Consulted – Date” field, enter date. Click “T” for today or “Y” for yesterday if applicable. NOTE: this field will only be enabled if Yes was checked in field in item 13 above.

15. In the “Behavioral Health provider(s), including Tribal Behavioral Health Provider interviewed. List Name(s) and Title(s)” field, enter text.

16. In the “Regional Center/Regional Center Provider interviewed. List Name(s) and Title(s)” field, enter text.

17. To add more rows to the “Additional Information Utilized In Determination” table, click the Add New Item button and repeat the above steps.

Additional Information Utilized In Determination

CFT Meeting Date	CFT Meeting Attended By QI?	CFT Meeting Notes Reviewed?	Other Family Members/Natural Supports (non-CFT)
03/14/2024	Yes	Yes	SMITH,JOHN

Buttons: Add New Item (circled in red), Edit Selected Item, Delete Selected Item

18. Rows in the “Additional Information Utilized In Determination” table can be edited by clicking on the row (highlights green) then clicking the Edit Selected Item button. Rows can be deleted by clicking on the row (highlights greens) then clicking the Delete Selected Item button.

Additional Information Utilized In Determination

CFT Meeting Date	CFT Meeting Attended By QI?	CFT Meeting Notes Reviewed?	Other Family Members/Natural Supports (non-CFT)
03/14/2024	Yes	Yes	LAST,FIRST-TEST
02/01/2024	Yes	Yes	LAST,FIRST-TESTTWO

Buttons: Add New Item, Edit Selected Item (circled in red), Delete Selected Item (circled in red)

➤ III. IP-CANS tab

TESTCLIENT, YOLO (000011136)
F, 12, 03/13/2012
Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Ep: 97 : 1-HHSA MH EPISODE
Preferred Name: George
Personal Pronouns: He/Him/His

Problem P: -
DX P: F12.10 Cannabis use disorder, mild
Phone #: 530-666-6666

Location: 25
Attn. Pract.:
Adm. Pract.:

Chart Yolo QI Assessment

- QI Information
- I. Integrated Summary ...
- II-a. Information Utilize...
- II-b. Add'l Information ...
- III. IP-CANS**
- IV. Goals
- V-a. Caregivers
- V-b. Add'l Caregiver Inf...
- VI. Barriers to Family-B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Reprint Report

Submit

Autosaved at 2:00 PM

1. In the "Integrated Practice (IP) CANS" table click the Add New Item button.

Integrated Practice (IP) CANS

CANS Item	Rating
-----------	--------

Add New Item

Edit Selected Item

Delete Selected Item

CANS Item

Rating

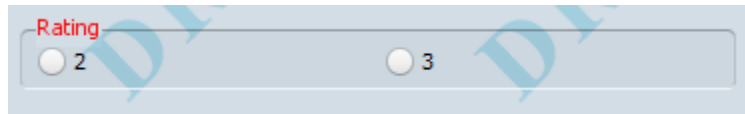
2 3

2. In the "CANS Item" field, enter text.

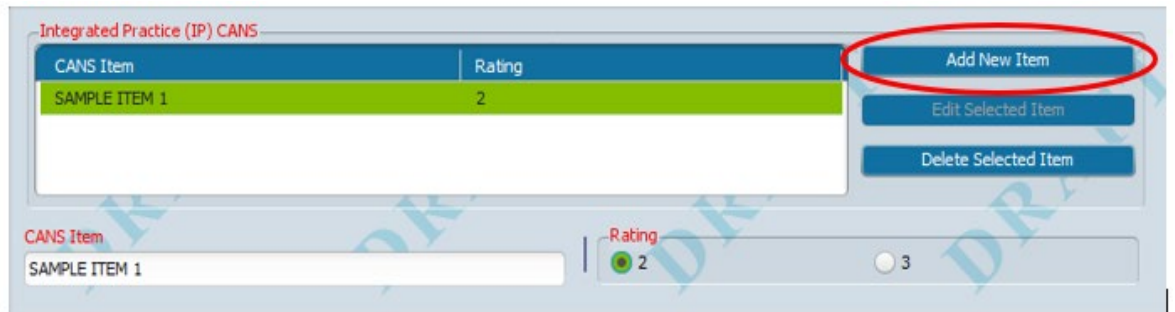
CANS Item

SAMPLE ITEM

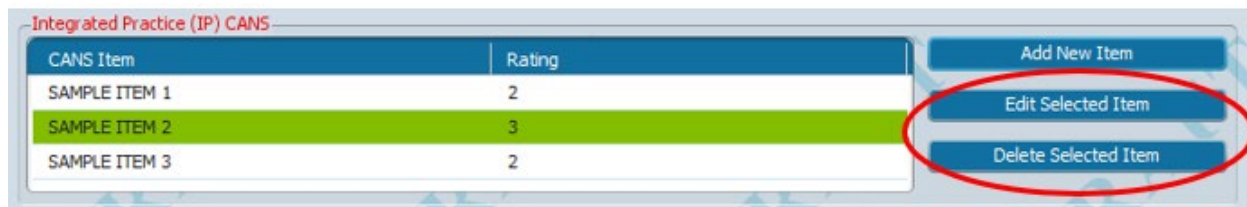
3. In the “Rating” field, make the appropriate selection.



4. To add more rows to the “Integrated Practice (IP) CANS” table, click the Add New Item button and repeat steps 2 and 3 above.



5. Rows in the “Integrated Practice (IP) CANS” table can be edited by clicking on the row (highlights green) and clicking the Edit Selected Item button. Rows can be deleted by clicking on the row (highlights green) and clicking the Delete Selected Item button.



➤ IV. Goals tab

Home **Yolo T**

TESTCLIENT, YOLO (000011136)
 F, 12, 03/13/2012
 Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Ep: 97 : 1-HHSA MH EPISODE
Preferred Name: George
Personal Pronouns: He/Him/His

Problem P: -
DX P: F12.10 Cannabis use disorder, mild
Phone #: 530-666-6666

Chart **Yolo QI Assessment**

- QI Information
- I. Integrated Summary ...
- II-a. Information Utilize...
- II-b. Addt'l Information ...
- III. TP-CANS
- IV. Goals**
- V-a. Caregivers
- V-b. Addt'l Caregiver Inf...
- VI. Barriers to Family-B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Reprint Report

Submit

Autosaved at 2:34 PM

Goals

After engagement and consultation with the CFT, Tribe/Tribal representative/Tribal Social worker, placing agency caseworker, and mental health provider, develop a list of child/youth/NMD specific short- and long-term behavioral health goals and identify any known aftercare care needs.

Short Term Goals

Long Term Goals

Considerations for Aftercare

1. In the "Short Term Goals" field, enter text.

Short Term Goals

2. In the "Long Term Goals" field, enter text.

Long Term Goals

3. In the "Considerations for Aftercare" field, enter text.

Considerations for Aftercare

➤ Caregivers tab

Home
Yolo T

TESTCLIENT, YOLO (000011136)
 F, 12, 03/13/2012
 Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Ep: 97 : 1-HHSA MH EPISODE
Preferred Name: George
Personal Pronouns: He/Him/His

Problem P: -
DX P: F12.10 Cannabis use disorder, mild
Phone #: 530-666-6666

Location: 25 MAIN :
Attn. Pract.: -
Adm. Pract.: PRACT

Chart Yolo QI Assessment

- QI Information
- I. Integrated Summary ...
- II-a. Information Utilize...
- II-b. Addt'l Information ...
- III. IP-CANS
- IV. Goals
- V-a. Caregivers
- V-b. Addt'l Caregiver Inf...
- VI. Barriers to Family-B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Reprint Report

Submit

👍 👎 🗑️ 🔄 🌟

Identified or Potential Caregiver for Permanency Planning

Yolo QI Assessment: Caregivers

Caregiver Name	Caregiver Relationship	Caregiver Relationship Other	

Add New Item
Edit Selected Item
Delete Selected Item

Caregiver Name

Caregiver Relationship

Caregiver Status

Identified Potential

Caregiver Relationship Other

1. In the “Yolo QI Assessment Caregivers” table, click the Add New Item button.



2. In the “Caregiver Name” field, enter name as LASTNAME,FIRSTNAME.

Caregiver Name

3. In the “Caregiver Status” field, make the appropriate selection.

Caregiver Status

Identified Potential

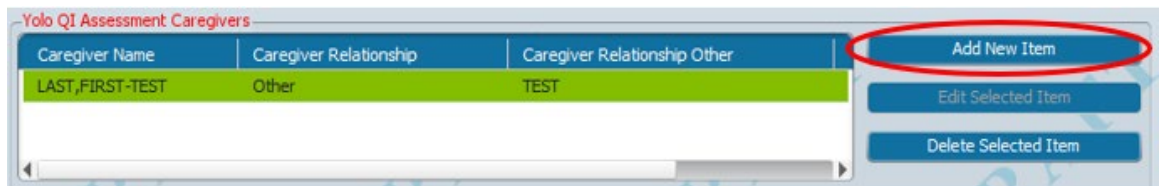
4. In the “Caregiver Relationship” field, make the appropriate selection from the dropdown.

Caregiver Relationship

NOTE: if ‘Other’ is selected, the “Caregiver Relationship Other” field becomes mandatory, enter text.

Caregiver Relationship Other

5. To add additional caregivers to the table, click the Add New Item button and follow steps 2 through 4 above.



6. Rows in the “Yolo QI Assessment Caregivers” table can be edited by clicking on the row (highlights green), then clicking the Edit Selected Item button. Rows can be deleted by clicking on the row (highlights green) and clicking the Delete Selected Item button.

Yolo QI Assessment Caregivers

Caregiver Name	Caregiver Relationship	Caregiver Relationship Other
LAST_FIRST-TEST	Other	TEST
LAST_FIRST-TESTTWO	Court	
LAST_FIRST-TESTTHREE	Law Enforcement Official	

Buttons: Add New Item, Edit Selected Item, Delete Selected Item

➤ V-b. Additional Caregiver Information tab

Home | Yolo T

TESTCLIENT, YOLO (000011136)
 F, 12, 03/13/2012
 Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Ep: 97 : 1-HHSA MH EPISODE
 Preferred Name: George
 Personal Pronouns: He/Him/His

Chart | Yolo QI Assessment

- QI Information
- I. Integrated Summary ...
- II-a. Information Utilize...
- II-b. Addt'l Information ...
- III. IP-CANS
- IV. Goals
- V-a. Caregivers
- V-b. Addt'l Caregiver Inf...**
- VI. Barriers to Family-B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Reprint Report

Additional Caregiver Information

Describe the skills needed by an identified or potential caregiver to meet the child/youth/NMD needs, the strengths of the caregiver (reference the IP-CANS) and the specific supports or training needed by the caregiver to meet the child/youth/NMD needs.


Describe the challenges that need to be addressed to support a caregiver for the child/youth/NMD to be placed in their home

If there is no identified caregiver, describe specialized permanency services (such as intensive family finding and engagement activities) needed to identify prospective caregivers willing and able to meet the specific needs of the child/youth/NMD.

Submit

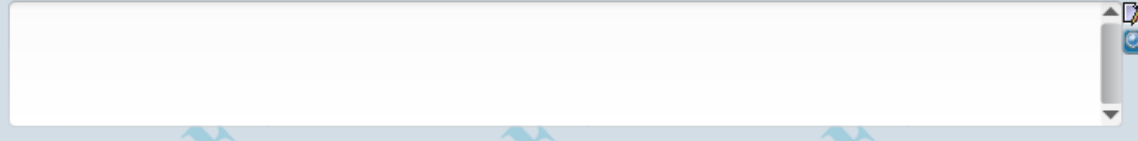
1. In the “Describe the skills needed by an identified or potential caregiver to meet the child/youth/NMD needs, the strengths of the caregiver (reference the IP-CANS) and the specific supports or training needed by the caregiver to meet the child/youth/NMD needs” field, enter text.

Describe the skills needed by an identified or potential caregiver to meet the child/youth/NMD needs, the strengths of the caregiver (reference the IP-CANS) and the specific supports or training needed by the caregiver to meet the child/youth/NMD needs.



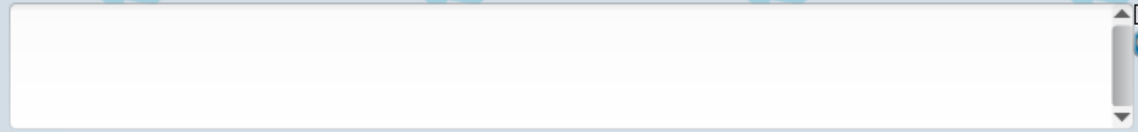
2. In the “Describe the challenges that need to be addressed to support a caregiver for the child/youth/NMD to be placed in their home” field, enter text.

Describe the challenges that need to be addressed to support a caregiver for the child/youth/NMD to be placed in their home

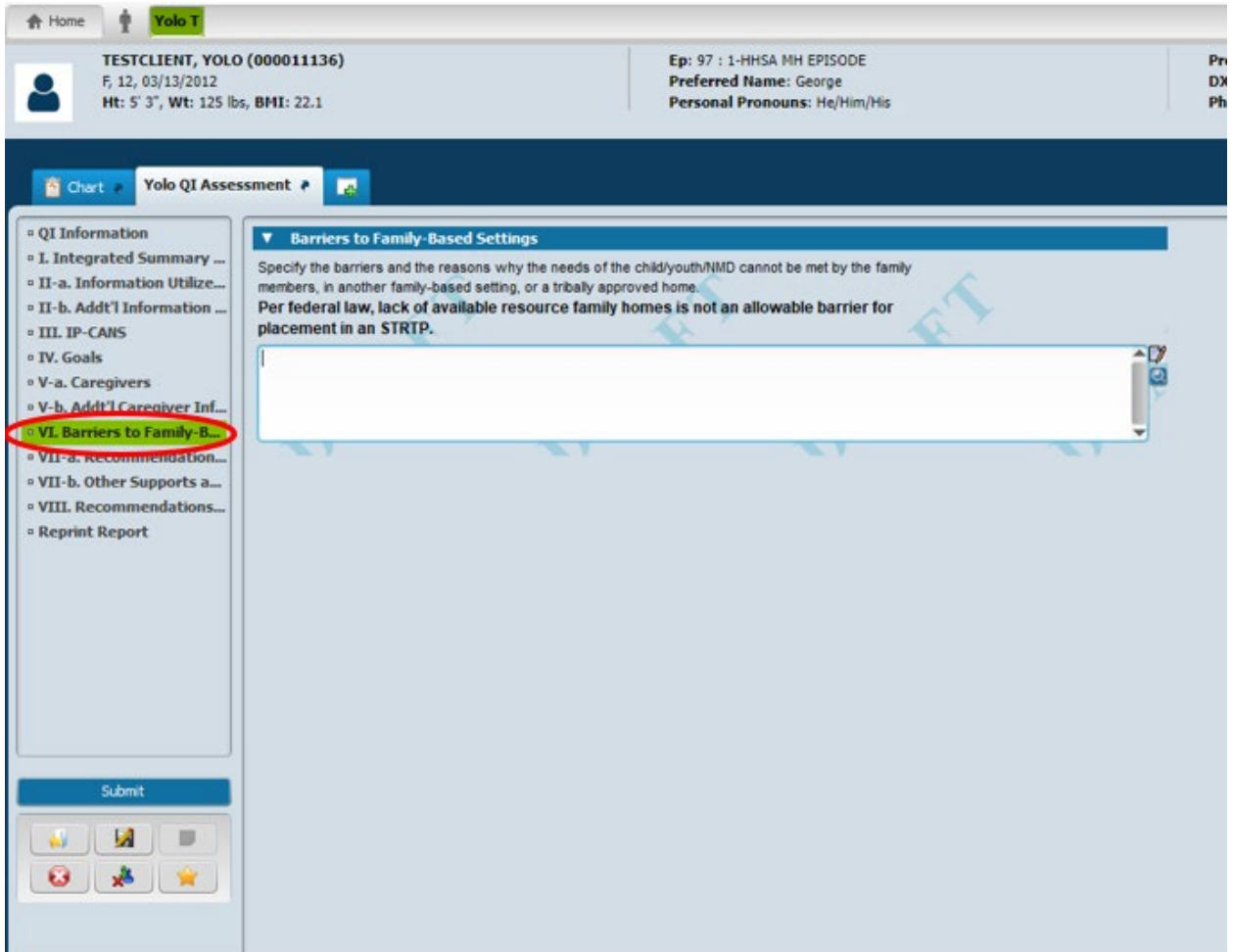


3. In the “If there is no identified caregiver, describe specialized permanency services (such as intensive family finding and engagement activities) needed to identify prospective caregivers willing and able to meet the specific needs of the child/youth/NMD” field, enter text.

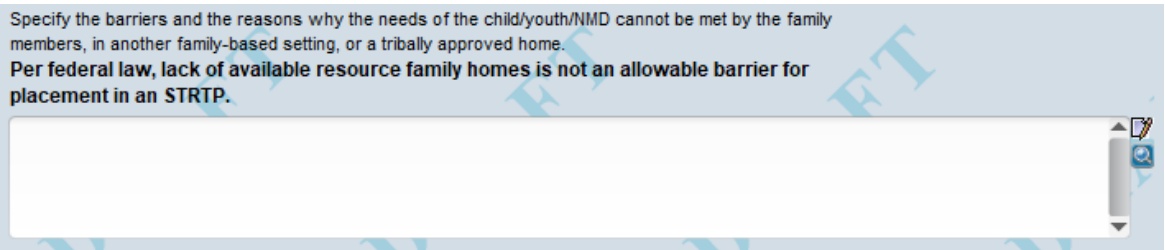
If there is no identified caregiver, describe specialized permanency services (such as intensive family finding and engagement activities) needed to identify prospective caregivers willing and able to meet the specific needs of the child/youth/NMD.



➤ VI. Barriers to Family-Based Settings tab



1. In the “Specify the barriers and the reasons why the needs of the child/youth/NMD cannot be met by the family members, in another family-based setting, or in a tribally approved home” field, enter text.



➤ VII-a. Recommendations and Interventions tab

- NOTE: Complete if recommending Family-based setting

The screenshot shows a web application interface for a Yolo QI Assessment. At the top, there is a header with a home icon, the name 'Yolo T', and patient information for 'TESTCLIENT, YOLO (000011136)'. The patient's details include gender (F), date of birth (03/13/2012), height (5' 3"), weight (125 lbs), and BMI (22.1). There is also information about the episode (Ep: 97 : 1-HHSA MH EPISODE), preferred name (George), and personal pronouns (He/Him/His). The main content area is titled 'Yolo QI Assessment' and contains a sidebar with a navigation menu. The menu items are: 'QI Information', 'I. Integrated Summary ...', 'II-a. Information Utilize...', 'II-b. Addt'l Information ...', 'III. IP-CANS', 'IV. Goals', 'V-a. Caregivers', 'V-b. Addt'l Caregiver Inf...', 'VI. Barriers to Family-B...', 'VII-a. Recommendation' (highlighted in red), 'VII-b. Other Supports a...', 'VIII. Recommendations...', and 'Reprint Report'. The main content area is titled 'Recommendations and Interventions: Family-Based Settings (Complete if recommending Family-Based setting)'. It contains a table with columns 'Intervention', 'Intensity and Frequency', and 'Targeted Need Based on Section III and IV'. The table is currently empty. To the right of the table are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item'. Below the table, there are three sections: 'Intervention' with a list of radio button options (Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), Therapeutic Foster Care (TFC), Other Specialty Mental Health Services, Wraparound Program, Substance Use Disorder (SUD) Treatment, Intensive Services Foster Care (ISFC)), 'Intensity and Frequency', and 'Targeted Need Based on Section III and IV'. At the bottom left, there is a 'Submit' button and a set of icons for feedback.

1. In the “Yolo QI Assmt Recommendations and Interventions” table, click the Add New Item button.

This is a close-up view of the 'Yolo QI Assmt Recommendations and Interventions' table. The table has three columns: 'Intervention', 'Intensity and Frequency', and 'Targeted Need Based on Section III and IV'. The table is currently empty. To the right of the table are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item'. The 'Add New Item' button is circled in red.

2. In the “Intervention” field, make the appropriate selection. Only one can be chosen at a time. If multiple interventions need to be documented, see step 5 below.

Intervention

- Therapeutic Behavioral Services (TBS)
- Intensive Home-Based Services (IHBS)
- Intensive Care Coordination (ICC)
- Therapeutic Foster Care (TFC)
- Other Specialty Mental Health Services
- Wraparound Program
- Substance Use Disorder (SUD) Treatment
- Intensive Services Foster Care (ISFC)

3. In the “Intensity and Frequency” field, enter text.

Intensity and Frequency

4. In the “Targeted Need Based on Section III and IV” field, enter text.

Targeted Need Based on Section III and IV

NOTE: “Section III and IV” refers to the “III. IP-CANS” and “IV. Goals” tabs.

TESTCLIENT, YOLO (000011136)
 F, 12, 03/13/2012
 Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Yolo QI Assessment

- QI Information
- I. Integrated Summary ...
- II-a. Information Utilize...
- II-b. Addt'l Information ...
- **III. IP-CANS**
- IV. Goals
- V-a. Caregivers
- V-b. Addt'l Caregiver Inf...
- VI. Barriers to Family-B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Reprint Report

Integrated Prac

CANS Item

CANS Item

5. To add additional interventions, click the “Add New Item” button and repeat steps 2-4 above.

Yolo QI Assmt Recommendations and Interventions

Intervention	Intensity and Frequency	Targeted Need Based on Section III and IV
Therapeutic...	SAMPLE INTENSITY FREQU...	SAMPLE NEED

Buttons: Add New Item, Edit Selected Item, Delete Selected Item

6. Rows in the “Yolo QI Assmt Reccomendations and Intervetnions” table an be edited by clicking on a row (highlights green) and clicking the Edit Selected Item button. Rows can be deleted by clicking on a row (highlights green) then clicking the Delete Selected Item button.

Yolo QI Assmt Recommendations and Interventions

Intervention	Intensity and Frequency	Targeted Need Based on Section III and IV
Therapeutic...	SAMPLE INTENSITY FREQU...	SAMPLE NEED
Intensive H...	SAMPLE 2	SAMPLE 2
Wraparoun...	SAMPLE 3	SAMPLE 3

Buttons: Add New Item, Edit Selected Item, Delete Selected Item

➤ VII-b. Other Supports and Services tab

TESTCLIENT, YOLO (000011136)
 F: 12, 03/13/2012
 Ht: 5' 3", Wt: 125 lbs, BMI: 22.1

Ep: 97 - 1-HMSA MH EPISODE
 Preferred Name: George
 Personal Pronouns: He/Him/His

Problem P: -
 DX P: F12.10 Car
 Phone #: 533-88

Yolo QI Assessment

- QI Information
 - I. Integrated Summary ...
 - II-a. Information Utilio...
 - II-b. Add'l Information ...
 - III. SP-CANS
 - IV. Goals
 - V-a. Caregivers
 - V-b. Add'l Caregiver Inf...
 - VI. Barriers to Family-B...
 - VII-a. Recommendation...
 - VII-b. Other Supports a...
 - VIII. Recommendations...
 - Repeat Report

VII-b. Other Supports and Services

Speech and Language Services - Status: Current Referral Needed
 Speech and Language Services - Targeted Need Based on Section III and IV

Occupational Therapy - Status: Current Referral Needed
 Occupational Therapy - Targeted Need Based on Section III and IV

Physical Therapy - Status: Current Referral Needed
 Physical Therapy - Targeted Need Based on Section III and IV

Applied Behavioral Analysis Services (ABA) - Status: Current Referral Needed
 Applied Behavioral Analysis Services (ABA) - Targeted Need Based on Section III and IV

Regular Education Support Services - Status: Current Referral Needed
 Regular Educational Support Services - Targeted Need Based on Section III and IV

Special Education Services or 504 plan Activities - Status: Current Referral Needed
 Special Education Services or 504 plan Activities - Targeted Need Based on Section III and IV

School and Community Based Activities - Status: Current Referral Needed
 School and Community Based Activities - Targeted Need Based on Section III and IV

NOTE: references to Section III and IV in this tab refer to the III. IP-CANS tab and the IV. Goals tab.



1. In the “Speech and Language Services – Status” field, make appropriate selection if applicable. In the “Speech and Language Services – Targeted Need Based on Section III and IV” field, enter text if applicable.

A screenshot of a software form. On the left, there is a 'Speech and Language Services - Status' field with two radio buttons: 'Current' (selected) and 'Referral Needed'. To the right is a large text area labeled 'Speech and Language Services - Targeted Need Based on Section III and IV' with a vertical scrollbar on the right side.

2. In the “Occupational Therapy – Status” field, make the appropriate selection if applicable. In the “Occupational Therapy – Targeted Need Based on Section III and IV” field, enter text if applicable.

A screenshot of a software form. On the left, there is an 'Occupational Therapy - Status' field with two radio buttons: 'Current' and 'Referral Needed'. To the right is a large text area labeled 'Occupational Therapy - Targeted Need Based on Section III and IV' with a vertical scrollbar on the right side.

3. In the “Physical Therapy – Status” field, make the appropriate selection if applicable. In the “Physical Therapy – Targeted Need Based on Section III and IV” field, enter text if applicable.

A screenshot of a software form. On the left, there is a 'Physical Therapy - Status' field with two radio buttons: 'Current' and 'Referral Needed'. To the right is a large text area labeled 'Physical Therapy - Targeted Need Based on Section III and IV' with a vertical scrollbar on the right side.

4. In the “Applied Behavioral Analysis Services (ABA) – Status” field, make appropriate selection if applicable. In the “Applied Behavioral Analysis

Services (ABA) – Targeted Need Based on Section III and IV” field, enter text if applicable.

The screenshot shows a form with two main sections. The left section is titled "Applied Behavioral Analysis Services (ABA) - Status" and contains two radio buttons: "Current" and "Referral Needed". The right section is titled "Applied Behavioral Analysis Services (ABA) - Targeted Need Based on Section III and IV" and contains a large, empty text input field with a vertical scrollbar on the right side.

5. In the “Regular Education Support Services – Status” field, make appropriate selection if applicable. In the “Regular Educational Support Services – Targeted Need Based on Section III and IV” field, enter text if applicable. .

The screenshot shows a form with two main sections. The left section is titled "Regular Education Support Services - Status" and contains two radio buttons: "Current" and "Referral Needed". The right section is titled "Regular Educational Support Services - Targeted Need Based on Section III and IV" and contains a large, empty text input field with a vertical scrollbar on the right side.

6. In the “Special Education Services or 504 plan Activities – Status” field, make appropriate selection if applicable. In the “Special Education or 504 plan Activities – Targeted Need Based on Section III and IV” field, enter text if applicable. on.

The screenshot shows a form with two main sections. The left section is titled "Special Education Services or 504 plan Activities - Status" and contains two radio buttons: "Current" and "Referral Needed". The right section is titled "Special Education Services or 504 plan Activities - Targeted Need Based on Section III and IV" and contains a large, empty text input field with a vertical scrollbar on the right side.

7. In the “School and Community Based Activities – Status” field, make appropriate selection if applicable. In the “School and Community Based Activities – Targeted Need Based on Section III and IV” field, enter text if applicable.

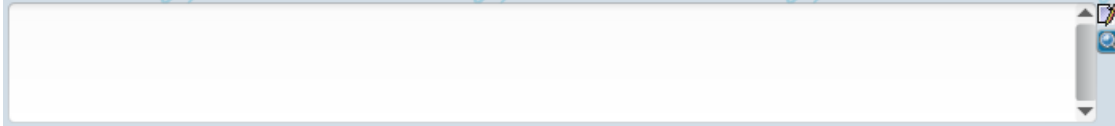
The screenshot shows a form with two main sections. The left section is titled "School and Community Based Activities - Status" and contains two radio buttons: "Current" and "Referral Needed". The right section is titled "School and Community Based Activities - Targeted Need Based on Section III and IV" and contains a large, empty text input field with a vertical scrollbar on the right side.

8. In the “Other Supports and Services” field, enter text if applicable.

The screenshot shows a form with a single section titled "Other Supports and Services" and a large, empty text input field with a vertical scrollbar on the right side.

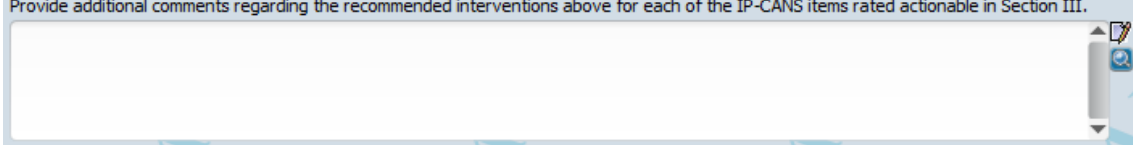
9. In the “Describe how the child/Youth/NMD’s strengths can support the interventions listed in Section VII (a and b)” field, enter text if applicable.

Describe how the child/Youth/NMD's strengths can support the interventions listed in Section VII (a and b).



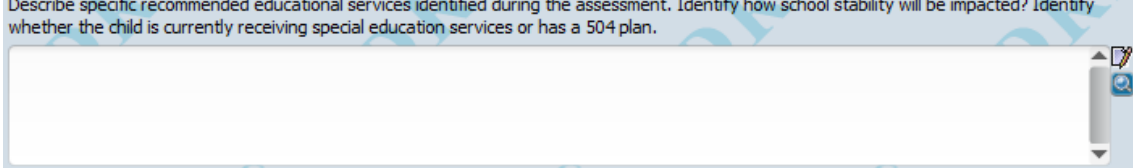
10. In the “Provide additional comments regarding the recommended interventions above for each of the IP-CANS items related actionable in Section III” field, enter text if applicable.

Provide additional comments regarding the recommended interventions above for each of the IP-CANS items rated actionable in Section III.



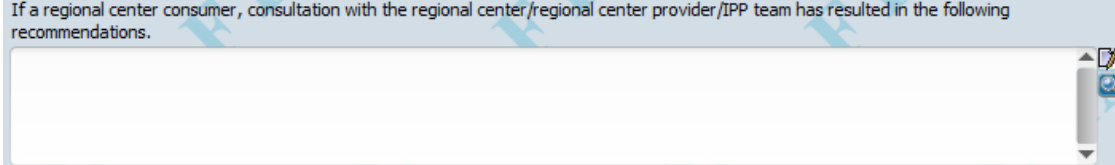
11. In the “Describe specific recommended educational services identified during the assessment. Identify how school stability will be impacted? Identify whether the child is currently receiving special education services or has a 504 plan” field, enter text if applicable.

Describe specific recommended educational services identified during the assessment. Identify how school stability will be impacted? Identify whether the child is currently receiving special education services or has a 504 plan.



12. In the “If a regional center consumer, consultation with the regional center/regional center provider/IPP team has resulted in the following recommendations” field, enter text if applicable.

If a regional center consumer, consultation with the regional center/regional center provider/IPP team has resulted in the following recommendations.



13. In the “If an Indian child/youth/NMD, address any cultural/tribal specific recommendations and/or cultural considerations in treatment” field, enter text if applicable.

If an Indian child/youth/NMD, address any cultural/tribal specific recommendations and/or cultural considerations in treatment.

➤ VIII. Recommendations tab

The screenshot shows the 'VIII. Recommendations' tab in the Yolo QI Assessment system. The patient information at the top includes: TESTCLIENT, YOLO (000011136), F, 12, 03/13/2012, HT: 5' 3", WT: 125 lbs, BMI: 22.1. The episode information is: Ep: 97 : 1-HHSA MH EPISODE, Preferred Name: George, Personal Pronouns: He/Him/His.

The main content area is titled 'Recommendations: Alternative Settings (Complete if family-based setting is not recommended)'. It contains the following sections:

- Recommended Alternative Setting:** A list of checkboxes for STRTP, STRTP specialized programs (e.g., STRTP of One, Commercially Sexually Exploited Children (CSEC), Pregnant and Parenting, Substance Use, Sexual Offender), Transitional Housing Program for NMD, and Other (i.e. SLP).
- Other Alternative Setting:** A text input field.
- Text Field:** A large text area for listing the recommended placement of the Child and Family Team, with instructions to describe why the recommendation is inconsistent with the team's preferences.
- Presumptive Transfer:** Radio buttons for 'Remain presumptively transferred' and 'Presumptive transfer should be waived'. A note explains that for a child/youth/NMD placed out of county, the impact of transferring responsibility to authorize, arrange, or provide, and pay for SMHS from one county mental health plan to another pursuant to WIC Section 14717.1 must be determined.
- Text Field:** A text area for recommendations for behavioral health and other aftercare services necessary to transition a child/youth/NMD from a STRTP to a family-based setting pursuant to WIC Section 4096.6.
- Recommend Placement with Family or in Another Family Based Setting:** Radio buttons for 'Yes' and 'No'.

NOTE: Complete if family-based setting is not recommended

1. In the "Recommended Alternative Setting" field, make appropriate selection.

Recommended Alternative Setting

STRTP

STRTP specialized programs
(i.e., STRTP of One, Commercially Sexually Exploited Children (CSEC), Pregnant and Parenting, Substance Use, Sexual Offender)

Transitional Housing Program for NMD

Other (i.e. SILP)

NOTE: if the “Other” box is checked, the “Other Alternative Setting” field becomes mandatory. If “Other” is not checked, “Other Alternative Setting” remains disabled.

Other (i.e. SILP)

Other Alternative Setting

- In the “List the recommended placement of the Child and Family Team” field, enter text.

List the recommended placement of the Child and Family Team. If the QI recommends a placement inconsistent with the recommendations of the team, describe why the recommended placement did not follow the placement preferences of the Child and Family Team. In the case of an Indian child, include a description of why the recommended placement does not follow the placement preferences of the Indian Child Welfare Act pursuant to WIC Section 361.31.

- In the “Presumptive Transfer” field, make appropriate selection if applicable.

Presumptive Transfer

Remain presumptively transferred

Presumptive transfer should be waived

For a child/youth/NMD placed out of county, in collaboration with the placing agency case worker and the CFT, determine the impact of transferring the responsibility to authorize, arrange, or provide, and pay for SMHS from one county mental health plan to another pursuant to WIC Section 14717.1

- In the “Recommendations for behavioral health and other aftercare services necessary to transition a child/youth/NMD from a STRTP to a family-based setting pursuant to WIC Section 4096.6” field, enter text.

Recommendations for behavioral health and other aftercare services necessary to transition a child/youth/NMD from a STRTP to a family- based setting pursuant to WIC Section 4096.6.

- In the “Recommend Placement with Family or in Another Family Based Setting” field, make the appropriate selection if applicable.

Recommend Placement with Family or in Another Family Based Setting

Yes No

6. In the “Most Appropriate Level of Care Recommended” field, enter text.

Most Appropriate Level of Care Recommended

7. In the “Draft/Final” field, make the appropriate selection.

Draft/Final

Draft Final

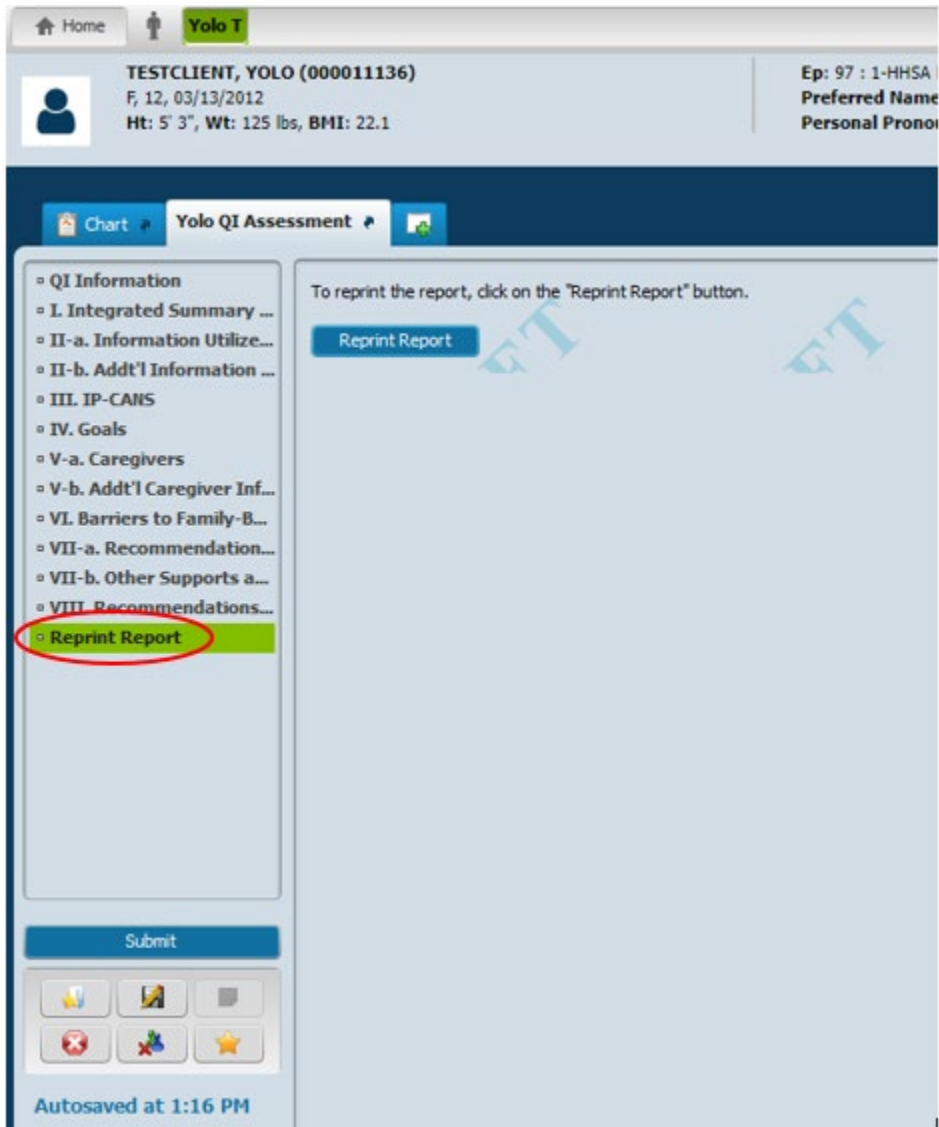
8. Click the Submit button.

- QI Information
- I. Integrated Summary ...
- II-a. Information Utilize...
- II-b. Addt'l Information ...
- III. IP-CANS
- IV. Goals
- V-a. Caregivers
- V-b. Addt'l Caregiver Inf...
- VI. Barriers to Family-B...
- VII-a. Recommendation...
- VII-b. Other Supports a...
- VIII. Recommendations...
- Reprint Report

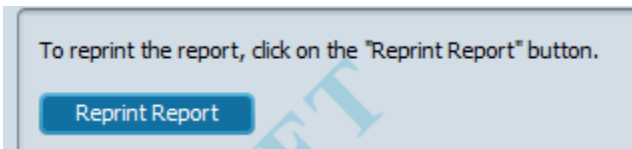
Submit

Autosaved at 1:36 PM

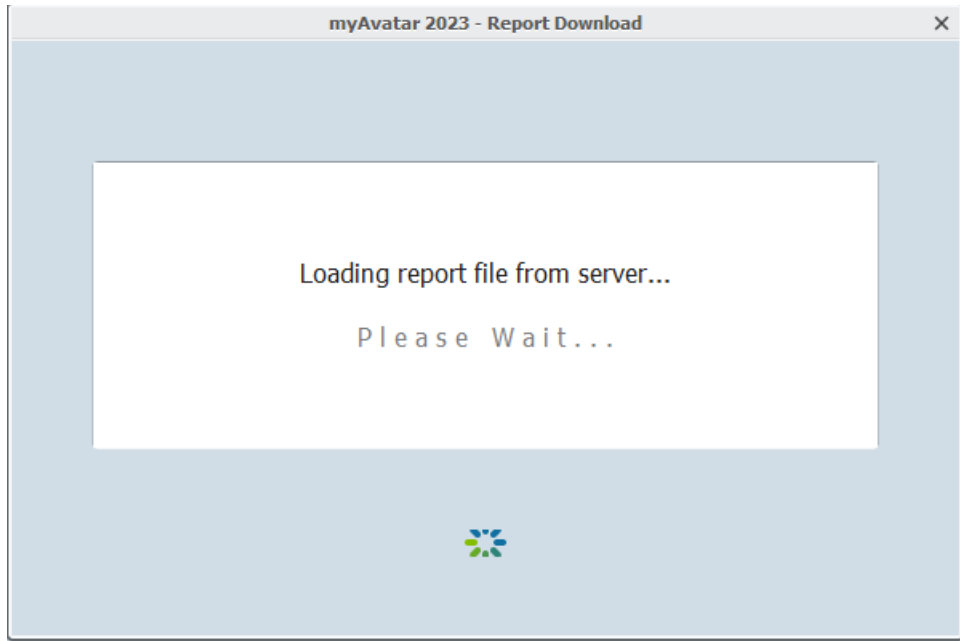
➤ Reprint Report tab



1. In the "To reprint the report, click on the 'Reprint Report' button" field, click the Reprint Report button.



2. The download will begin and the below pop up will appear.



3. Icon will appear at bottom of screen when report is ready, click on it to view the report.



4. The report can be exported or printed by clicking icons in the upper left of the screen.

