Youth Pre-Affidavit Screening

Time of Notification/Call: | If CMHC is unable to complete the PAS, explanation must be provided of why not: ***Must be completed/screened within 24 hours***	
Less restrictive alternative treatment considered: ☐ Yes☐ No If yes, less restrictive treatment was considered, specify why involuntary commitment is recommended and less restrictive treatment is not appropriate:	
PAS Completion Date: Time In: Time Out:	Interview Location: In-person: ☐ Yes ☐ No | If not, explain: In youth detention center: ☐ Yes ☐ No | If yes, explain why proposed youth is in youth detention center:
Individuals Present:	
Interpretative Aids/Assisted Devices:	
Mobile Crisis Involvement: ☐ Yes ☐ No	CMHC Region:
	Voluntary CSU Admission Sought: Yes ☐ ☐ No

<u>Advise the following to the *Proposed Youth:*</u> Information from this interview will be reported on a standardized form and submitted to the chancery court and civil commitment examiners. You have the right to refuse to participate. Other sources of information including a review of your legal medical records and interviews with family member and the interested person/relative requesting commitment will be included in this report.

Proposed Youth Demographics		
Name:	DOB:	Age: Gender: Race:
Social Sec #: Medicaid #:		Medicare#:
Home Address:		Phone Number:
Does the proposed youth have a legal guardian or conservator: ☐ Yes ☐ No		
Guardian/Conservator Contact Information:		
Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other		

Interested Person/Relative Demographics	
Interested person/relative Name:	Relation to proposed youth:
Phone Number:	Home Address:
Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐Chart Review ☐Other	

Proposed Youth Psychosocial Information		
Current Living: ☐ Alone ☐ Family ☐ Friends ☐ Assisted Living ☐ Homeless ☐ Other/Describe: Does the proposed youth currently have stable and independent living arrangements: ☐ Yes ☐ No		
Current Grade in School:	Name of School:	
History of IEP or 504C: ☐ Yes ☐ No Date of most recent IEP or 504C:		
Juvenile Justice Involvement: ☐ Yes ☐ No	Describe:	
Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other		
Psychiatric History		
Current Psychotropic Medications:	Dosage & Date/Time Last Taken:	Is the medication helpful or problematic:
Psychiatric Hospitalizations: Has the proposed youth had 2 or more psychiatric hospital or emergency admissions in the past 12 months: ☐ Yes ☐ No	Locations/Dates:	

Outpatient Treatments:	Locations/Dates:
Psychological Testing:	Provider/Dates:
Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other	

Medical Status & Treatment History

Current Medications (not listed above):	Dosage & Date/Time Last Taken:	Is the medication helpful or problematic:

Known Medication Allergies:

Currently Under Physician Care For:	Physician's Name:
Conditions Treated in The Past:	Provider/Dates:
Medical Hospitalization History:	Physical Disabilities:

Current Communicable Diseases:

☐ HIV/AIDS ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ TB (Tuberculosis)

☐ MRSA ☐ Influenza ☐ Head Lice ☐ Scabies ☐ Body Lice ☐ STIs ☐ Other

Currently Pregnant: ☐ Yes ☐ No

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Developmental Disability

Pregnancy/Delivery Complications: ☐ Yes ☐ No	Describe:
Met Developmental Milestones on Time: Walked ☐ Talked ☐ Crawled ☐ Toilet Trained ☐ Feeding ☐	If no, describe:
History of Special Education Ruling: ☐ Yes ☐ No	If yes, describe:
Documented IQ below 70: ☐ Yes ☐ No	If yes, describe:
Documented sub-average intellectual functioning before age 18: ☐ Yes ☐ No	If yes, describe:
Documented Adaptive Functioning Deficits: ☐ Yes ☐ No	If yes, describe:

Specific Observed Adaptive Functioning Deficits:

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Mental State Exam

Oriented to Date: **Time:** **Place:**
*Cue for three words (provide words)

President:

Counting Response:

Word Recall:

Completed Written Command: ☐ Yes ☐ No If no, describe:

What do you understand the reason for our meeting today to be?

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Psychiatric Symptoms Past Month

Proposed Youth (P) Interested Person/Relative (I)

Mood Symptoms	**P**	**I**	**Mood Symptoms**	**P**	**I**	**Behavioral Symptoms**	**P**	**I**
☐ Depressed mood/Appears Sad	☐	☐	☐ Dizzy	☐	☐	☐ Attempts to "Annoy" Others	☐	☐
☐ Enjoys Very Little	☐	☐	☐ Shaking/Trembling	☐	☐	☐ Defies Requests	☐	☐

☐ Cries Frequently	☐	☐	☐ Excessive Sweating	☐	☐	☐ Angry & Resentful	☐	☐
☐ Decrease in Appetite	☐	☐	☐ Shortness of Breath	☐	☐	☐ Sullen	☐	☐
☐ Increase in Appetite	☐	☐	☐ Tingling in Hands or Feet	☐	☐	☐ Irritable	☐	☐

Psychiatric Symptoms Past Month

Mood Symptoms continues	**P**	**I**	**Mood Symptoms continues**	**P**	**I**	**Behavioral Symptoms continues**	**P**	**I**
☐ Fatigued or Underactive (without reason)	☐	☐	☐ Headache	☐	☐	☐ Tantrums	☐	☐
☐ Difficulty Sleeping	☐	☐	**Behavioral Symptoms**	**P**	**I**	☐ Lying	☐	☐
☐ Nightmares/Nigh Terrors	☐	☐	☐ Impulsive	☐	☐	☐ Cheating	☐	☐
☐ Withdrawn From Peers	☐	☐	☐ Fails to Finish Tasks	☐	☐	☐ Steals	☐	☐
☐ Bullied or Rejected by Peers	☐	☐	☐ Talks Excessively	☐	☐	☐ Physically Harms People	☐	☐
☐ Engages in Self Harm	☐	☐	☐ Loud	☐	☐	☐ Physically Harms Animals	☐	☐
☐ Talks About Killing Self Wishes to die	☐	☐	☐ Blurts Words/Interrupts	☐	☐	☐ Destroys Property	☐	☐
☐ Clings to Adults/Dependent	☐	☐	☐ Difficulty Sitting Still, Restless	☐	☐	☐ Sets Fires	☐	☐
☐ Fears Specific Situations or Objects Describe:	☐	☐	☐ Fidgets	☐	☐	☐ Threatens Others	☐	☐
☐ Reports Fearing School	☐	☐	☐ Easily Distracted	☐	☐	☐ Physical Fights With Peers	☐	☐
☐ Worries	☐	☐	☐ Disorganized	☐	☐	☐ Skips School	☐	☐
☐ Tense	☐	☐	☐ Forgetful/Misplaces Belongings	☐	☐	☐ Used a Weapon	☐	☐
☐ Stomach Aches or Pains	☐	☐	☐ Loses Temper Frequently	☐	☐	☐ Delinquent Peers	☐	☐
☐ Heart Palpitations	☐	☐	☐ Argues with Adults ☐ Home ☐ School	☐	☐			

Psychiatric Symptoms Past Month

Proposed Youth (P) Interested Person/Relative (I)

Thought Disorder Symptoms	**P**	**I**		**P**	**I**
☐ Hallucinations	☐	☐	☐ Absence of emotions	☐	☐
☐ Auditory ☐Visual ☐Olfactory	☐	☐	☐ Absence of speech	☐	☐
☐ Tactile ☐Gustatory	☐	☐	☐ Absence of movement	☐	☐
Specific Hallucinations:	☐	☐	☐ Lack of Hygiene	☐	☐
☐ Delusions	☐	☐	☐ Lack of eating/feeding	☐	☐
☐Persecutory ☐Grandiose ☐Paranoid ☐ Other	☐	☐			
Specific Delusions:					
Obsessive/Compulsive Symptoms					
Obsessive Thoughts ☐Yes ☐No	☐	☐	Obsessive Thoughts ☐Yes ☐No	☐	☐
Severity: ☐Mild ☐Moderate ☐Severe	☐	☐	Severity: ☐Mild ☐Moderate ☐Severe	☐	☐
Specific Obsessions:	☐	☐	Specific Obsessions:	☐	☐

Trauma History

Trauma Exposure ☐Yes ☐No (type/approx. Date) Click here to enter text.				
Trauma Triggers:				
Environmental	☐ Crowding ☐ Leaving bedroom door open	☐Room checks ☐ Dark room	☐Confusing signs ☐ Too hot or too cold	☐ Slamming doors ☐ Noise

Interpersonal	Lack of privacy	☐ Being approached by men or women	☐Arguments	☐People Yelling
	☐ Confined spaces	☐Being touched	☐ People too close	Contact with Family
	☐ Being stared at	☐ Being ignored	☐Feeling pressured	☐ Being ordered to do something
	☐ Being approached by women	☐ Being Teased/picked on	☐ Tall or large people	☐ Smells
				☐People focusing on my symptoms
Other Triggers	☐ Taste ☐ Time of Day	☐sounds ☐ Sights	☐ Sensations/textures	☐ Wringing hands
Warning Signs of Emotional escalation	☐ Heart Pounding	☐ Shortness of Breath	☐ Breathing Hard	☐Wringing hands
	☐ Clenching teeth	☐ Flushed/red face	☐ Crying	☐Clenching fists
	☐Bouncing legs	☐Singing	☐Can't sit still	☐Cursing/swearing
	☐ Sweating	☐ Rocking	☐Pacing	☐Giggling

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Suicide Assessment

Prior Attempts:	Friend or Family Member Completed Suicide:
Approximate Date:	Approximate Date:
Method of attempt:	Method of suicide:

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Behaviors Exhibited by Proposed Youth

History or Present Danger to Self ☐ Yes ☐ No (If yes, mark appropriate statement(s) below)

☐ Thoughts of suicide	☐ Threats of suicide	☐ Plan for Suicide	☐Pre-occupation with death
☐ Suicide gesture	☐ Suicide attempts	☐ Family history of suicide	☐ Self-mutilation
☐ Inability to care for self	☐ High risk behavior	☐ Provoking harm to self from others	
☐ Other			

Substance Use

Do you currently use? ☐ Yes ☐ No

	Past Use	Amount	Frequency	Age of Initiation
Caffeine				
Nicotine				
Alcohol				
Marijuana				
Opioids				
Amphetamines				
Hallucinogenic				
Prescription Medication				
Over the counter medication				

History of legal charges related to substance use? ☐ Yes ☐ No	Describe:
	Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Physical Appearance

	Attire	Hair	Nails	Skin	
☐ Glasses	☐ Appropriate for occasion	☐ Clean	☐ Clean	☐ Clean	☐ Bruised
☐ Contacts	☐ Appropriate for weather	☐ Dirty	☐ Dirty	☐ Dirty	☐ Cuts/Scrapes
☐ Hearing Aids	☐ Clean	☐ Disheveled	☐	☐ Tattoos Describe:	
	☐ Dirty	☐ Styled			
	☐ Torn/worn through		☐	☐ Sores	
	☐ Other		☐		

Teeth	Unusual alterations or distinguishing features:
☐ Clean	
☐ Dirty	
☐ Decay	
☐ Missing	

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Behavioral Observations

Motor Activity				
Diminished	Normal	Excessive	Unusual	
☐ Frozen	☐ Purposeful	☐ Restless	☐ Other	
☐ Catatonic	☐ Coordinated	☐ Squirming		
☐ Almost motionless	☐ Other	☐ Fidgety		
☐ Little animation		☐ Constant movement		
☐ Psychomotor retardation		☐ Hyperactive		
☐ Slowed reaction time		☐ Other		
☐ Other				

Speech				
Slowed	Normal	Pressured	Verbose	Unusual
☐ Minimal response	☐ Initiates	☐ Excessively wordy	☐ Over productive	☐
☐ Unspontaneous	☐ Alert/responsive	☐ Expansive	☐ Long winded	
☐ Sluggish	☐ Productive	☐ Rapid	☐ Nonstop	
☐ Paucity	☐ Animated	☐ Fast	☐ Frequent run-ons	
☐ Impoverished	☐ Spontaneous	☐ Rushed	☐ Flight of ideas	
☐ Single word answers	☐ Smooth	☐ Other	☐ Hyper verbal	
☐ Other	☐ Other		☐ Other	

Thought Process				
Attention	Insight	Preoccupations		
☐ Normal	☐ Good	☐ Somatic	☐ Self	
☐ Unengaged	☐ Fair	☐ Children	☐ Finances	
☐ Distractible	☐ Poor	☐ Spouse/Sig Other	☐ Other	
☐ Hyper vigilant	☐ No insight	☐ Job		
☐ Hyper focused				

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Affect				
☐ Flat	☐ Blunted	☐ Constricted	☐ Normal	☐ Broad
Facial Expression				
☐ Vacant				
☐ Blank				
☐ Strained				
☐ Pained				
☐ Grimacing				
☐ Smiling				
☐ Other				

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Violence Risk Assessment

Current thoughts about harming another person ☐ Yes ☐ No

If yes, whom:

If yes, how long have you had these thoughts

If yes, specific plan:

Access to means to carry out plan:

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Violence Risk Factors Present

Present	Unknown		Present	Unknown	
☐	☐	Male sex	☐	☐	Substance Abuse
☐	☐	Suspiciousness/Perception of hidden threat	☐	☐	Comorbid MI & Substance Use Dx
☐	☐	Early offense history	☐	☐	Anger
☐	☐	Psychopathy (PCL:SV>12)	☐	☐	Antisocial Personality Diagnosis
☐	☐	Violent Fantasies	Frequency, type, recency		
☐	☐	Previous violence against other people	Frequency, severity, type		
☐	☐	Childhood physical abuse	Frequency, severity		

Source of Information: ☐ Proposed youth ☐ Interested person/relative ☐ Chart Review ☐ Other

Note: *Per HB 1640, "Actively Violent" is defined as behavior that presents an immediate and serious danger to the safety of the individual or another, the individual has inflicted or attempted to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated.*

Actively Violent: ☐ Yes ☐ No

- ☐ Individual presents behavior that is an immediate and serious danger to the safety of the individual or another; or
- ☐ has inflicted or attempted to inflict serious bodily harm on another; or
- ☐ has acted in such a way as to create a substantial risk of serious bodily harm to another; or
- ☐ has engaged in extreme destruction of property; AND

There is a reasonable probability that the conduct will be repeated.

Summary & Recommendations

Based on the data gathered for the current Pre-Affidavit Screening, the interviewer certifies:

☐ It is **NOT** recommended that this Proposed Youth receive a civil commitment exam.

- Current available information indicates that present symptomatology is due to:
  ☐ Dementia ☐ Intellectual/Developmental Disability ☐ Epilepsy ☐ Chemical Dependency ☐ Mental Illness

List specific reasons for rejecting or recommending alternatives to involuntary commitment:

1)

2)

3)

4)

- Must Complete Referrals/Alternative Treatment Page for appropriate supports and services.

☐ It **IS** recommended that this Proposed Youth receive a civil commitment exam. Based on the data available for the current pre-affidavit screening the following symptomatology cannot be managed/treated in a less restrictive environment:

1)

2)

3)

4)

☐ Based on the definition of actively violent, the CMHC has explored and exhausted the availability of all other appropriate facilities such as their CSU, other CSUs, local hospitals, and any DMH certified facility locations.

Additional Comments:

____
Interviewer's Signature-Credentials

____
Interviewer's Agency

____
County where pre-affidavit screening was completed.

Referrals/Alternative Treatment

Please refer to the current DMH Community Transition Guide for updated referral contact information

Proposed youth's County of Residence: ______________________

Was a referral made to a Crisis Stabilization Unit (CSU)? Yes ☐ No ☐

Which CSU? ______________________________

Was the Proposed youth accepted at the CSU? Yes ☐ No ☐

If *No,* what was the denial reason: ____

Does the Proposed youth's Family have stable and independent living arrangements? Yes ☐ No ☐

If *No,* then refer to CHOICE Housing Program

Referral Date: ________________

CHOICE Referral Staff Contact: _______________________

Resolution: ____

Has the Proposed youth had 2 or more psychiatric hospital or emergency admissions in the past 12 months? OR
Does the Proposed youth present with significant and major psychiatric symptoms (e.g., suicidality, psychosis) and has not benefited from traditional outpatient services? Yes ☐ No ☐

If *Yes,* then refer to ICSS

Referral Date: ________________

ICSS Staff Contact: _______________________

Resolution: ____

Is Proposed youth between 15-30 years old? Yes ☐ No ☐

Is this the Proposed youth's first episode of psychosis? Yes ☐ No ☐

If the answer is *Yes* to both, then refer to NAVIGATE First Episode Psychosis Service

Referral Date: ________________

NAVIGATE Staff Contact: _______________________

Resolution: ____