

CYBER Version 1.38.0.0

CANS

Release Notes

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1 Release Information

	Item	Description
A)	Initial Draft Date	November 29, 2016
B)	Revised/Final Date	November 30, 2016
C)	UAT Release Date	November 1, 2016
D)	Production Release Date	December 1, 2016
E)	Application	CYBER
F)	Version	1.38.0.0

2 Overview

This document provides the information related to the implementation of the 1.38.0.0 release. This includes new versions of the Strengths and Needs Assessment (SNA), Crisis Assessment Tool (CAT) and BioPsychoSocial (BPS) Assessment as well as changes to the Out of Home (OOH) Assessment and Needs Assessment (NA). It also includes changes to treatment plans, new Outcomes Reports and a new Reviewer Report.

3 References

Item	Description
NJSOCA > Current Releases > Release 1_38_0	BRS Documents
CYBER Production URL	https://www.performcarenj.org/cyber/

4 New Features

CYBER Release 1.38.0.0 includes changes to CYBER related to Child and Adolescent Needs and Strengths (CANS).

4.1 Strengths and Needs Assessment

The following changes have been made to the Strengths and Needs Assessment:

- A. There is a new tabbed format that is replacing the accordion format. Users are also able to pick from a list of all of the tabs when they are not all visible at once. The assessment will have the following tabs:
 1. Demographics
 - i. Child Name:
 - ii. Address:
 - iii. City:
 - iv. County:
 - v. State:
 - vi. Zip Code:
 - vii. DOB:
 - viii. Gender:
 - ix. Race:
 - x. Medicaid #:
 - xi. Parent/Guardian
 - xii. Address:
 - xiii. City:
 - xiv. State:
 - xv. Zip Code:
 - xvi. Guardian Relationship:
 - xvii. Primary Phone
 - xviii. Secondary Phone
 - xix. Care Management Entity:
 - xx. Care Manager:
 - xxi. Care Manager Phone:
 - xxii. Provider Name:
 - xxiii. Admission Date:
 - xxiv. Provider Phone:
 - xxv. Assessor Username:
 - xxvi. Assessor Name:
 - xxvii. Assessor Agency:
 - xxviii. Assessor Phone:
 - xxix. Assessor Email:
 - xxx. Assessment Date:
 - xxxi. Assessment Completion Date:
 2. Life Domain Functioning
 - i. Contains the questions listed below:
 - a. Assessment Subtype
 - 1) No Contact – does not require any fields to be completed
 - 2) Routine – validates that all required fields are completed
 - b. LIVING ENVIRONMENT
 - c. INTERPERSONAL
 - d. DEVELOPMENTAL DELAY

- 1) Triggers the “I/DD Module” if the answer selected has a rating of “1”, “2” or “3”.
 - e. SCHOOL BEHAVIOR
 - f. ACADEMIC ACHIEVEMENT
 - g. SCHOOL ATTENDANCE
 - h. LEARNING DISABILITY
 - i. EDUCATIONAL AGENCY INVOLVEMENT
 - j. MEDICAL
 - 1) Triggers the “Medical Module” if the answer selected has a rating of “1”, “2” or “3”.
 - k. PHYSICAL
 - 1) Triggers the “Medical Module” if the answer selected has a rating of “1”, “2” or “3”.
 - l. SLEEP
 - m. EATING
 - n. SEXUAL HEALTH
 - o. ATTACHMENT
 - p. BULLIED BY OTHERS
 - q. CULTURAL STRESS
3. Child Strengths
- i. Contains the questions listed below:
 - a. FAMILY STRENGTHS
 - b. RELATIONSHIP STABILITY
 - c. TALENTS/INTEREST
 - d. COMMUNITY INVOLVEMENT
 - e. YOUTH INVOLVEMENT WITH CARE
 - f. OPTIMISM
 - g. SELF-EXPRESSION
 - h. SPIRITUAL
 - i. WELLNESS BEHAVIORS
 - j. RESILIENCY
4. Child Behavioral/Emotional Needs
- i. Contains the questions listed below:
 - a. PSYCHOSIS
 - b. IMPULSIVITY AND ATTENTION
 - c. DEPRESSION
 - d. ANXIETY
 - e. OPPOSITIONAL BEHAVIOR (COMPLIANCE WITH AUTHORITY)
 - f. CONDUCT
 - g. EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA
 - 1) Triggers the “Trauma Module” if the answer selected has a rating of “1”, “2” or “3”.
 - h. EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA
 - 1) Triggers the “Trauma Module” if the answer selected has a rating of “1”, “2” or “3”.
 - i. ANGER CONTROL
 - j. GAMBLING
 - k. TECHNOLOGY
5. Child Risk Behaviors
- i. Contains the questions listed below:
 - a. SUICIDE RISK
 - b. SELF-INJURIOUS BEHAVIOR

- c. OTHER SELF-HARM
 - d. DANGER TO OTHERS
 - e. PROBLEMATIC SEXUAL BEHAVIOR
 - 1) Triggers the “Problematic Sexual Behavior Module” if the answer selected has a rating of “1”, “2” or “3”.
 - f. FLIGHT RISK
 - g. LEGAL/JUVENILE JUSTICE
 - 1) Triggers the “Legal/Juvenile Justice (JJ) Module” if the answer selected has a rating of “1”, “2” or “3”.
 - h. JUDGMENT
 - i. FIRE SETTING
 - 1) Triggers the “Fire Setting (FS) Module” if the answer selected has a rating of “1”, “2” or “3”.
 - j. SUBSTANCE USE
 - 1) Triggers the “Substance Use Module” if the answer selected has a rating of “1”, “2” or “3”.
6. Caregiver Strengths/Needs
- i. Contains the questions listed below:
 - a. NATURAL SUPPORTS
 - b. CAREGIVER RESOURCEFULNESS
 - c. SUPERVISION
 - d. INVOLVEMENT WITH CARE
 - e. KNOWLEDGE OF YOUTH'S STRENGTHS/NEEDS
 - f. CAREGIVER OPTIMISM (HOPEFULNESS)
 - g. RESIDENTIAL STABILITY
 - h. FAMILY STRESS
 - i. PHYSICAL/MEDICAL
 - j. MENTAL HEALTH
 - k. SUBSTANCE USE
 - l. DEVELOPMENTAL
 - m. CHILD/ADOLESCENT PROTECTION
7. I/DD Module
- i. Triggered by the “DEVELOPMENTAL DELAY” question in the “Life Domain Functioning” tab
 - ii. Contains the questions listed below:
 - a. SELF-CARE DAILY LIVING SKILLS
 - b. ELIMINATION
 - c. RECEPTIVE LANGUAGE
 - d. EXPRESSIVE LANGUAGE
 - e. AUGMENTED COMMUNICATION
 - f. PRAGMATIC USE OF LANGUAGE
 - g. GESTURES
 - h. COGNITIVE
 - i. SPECIAL EDUCATION
 - j. PERSISTENCE
 - k. ATTENTION
 - l. ADAPTATION TO CHANGE
 - m. AGITATION
 - n. SEXUAL BEHAVIOR
 - o. REPETITIVE BEHAVIORS
 - p. SENSORY RESPONSIVENESS/INTEGRATION
 - q. AGGRESSION

- r. TRANSPORTATION
 - s. SOCIAL-EMOTIONAL DEVELOPMENTAL
 - t. AUTONOMY
 - u. EXECUTIVE FUNCTIONING
 - v. DECISION-MAKING SKILLS
 - w. GROSS MOTOR
 - x. FINE MOTOR
 - y. RESTRICTED INTERESTS
 - z. PLAYFULNESS WITH OTHERS
 - aa. MONITORING
 - bb. EXPLOITATION
 - cc. INDEPENDENT LIVING (AGE 16-21)
8. Medical Module
- i. Triggered by the “MEDICAL” and/or “PHYSICAL” question(s) in the “Life Domain Functioning” tab
 - ii. Contains the questions listed below:
 - a. Current Medical Conditions
 - b. Genetic Disorders
 - c. Specify Genetic Disorders:
 - d. Other
 - e. Other current medical conditions:
 - f. Is youth receiving treatment for medical conditions listed above?
 - g. If no, describe reason and any barriers accessing medical care (e.g. transportation, insurance, etc.)
 - h. If yes, please list name and medical provider type, along with medications prescribed.
 - i. Does youth have 3 or more medical providers managing care and/or prescribing medications?
 - j. If yes, please describe:
 - k. Do you anticipate future needs based upon the youth’s chronic or progressive medical condition?
 - l. If yes, please describe:
 - m. PAIN
 - n. IMPAIRMENT IN FUNCTIONING
 - o. ACCESS TO HEALTH CARE
 - p. YOUTH ACCOUNTABILITY FOR MEDICAL CARE PLAN
 - q. FAMILY MANAGEMENT OF MEDICAL CONDITION
9. Trauma Module
- i. Triggered by the “EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA” and/or “EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA” question(s) in the “Child Behavioral/Emotional Needs” tab
 - ii. Contains the questions listed below:
 - a. What Trauma Treatment/Services have been tried in the past and have been helpful?
 - b. What Trauma Treatment/Services have been tried in the past and not been helpful?
 - c. Recommendations for Treatment Approach:
 - d. SEXUAL ABUSE
 - e. PHYSICAL ABUSE
 - f. EMOTIONAL ABUSE
 - g. NEGLECT
 - h. EMOTIONAL CLOSENESS TO PERPETRATOR(S)

- i. MEDICAL TRAUMA
 - j. WITNESS TO FAMILY VIOLENCE
 - k. WITNESS TO SCHOOL AND COMMUNITY VIOLENCE
 - l. NATURAL OR MAN-MADE DISASTERS
 - m. WITNESS/VICTIM TO CRIMINAL ACTIVITY
 - n. PARENTAL CRIMINAL BEHAVIOR
 - o. DISRUPTIONS IN CAREGIVER/ATTACHMENT LOSSES
 - p. TRAUMATIC GRIEF
 - q. AFFECTIVE AND/OR PHYSIOLOGICAL DYSREGULATION
 - r. RE-TRAUMATIZATION
 - s. HYPER-AROUSAL
 - t. AVOIDANCE
 - u. NUMBING
 - v. DISSOCIATION
 - w. REACTIVE SEXUAL BEHAVIOR
10. Substance Use Module
- i. Triggered by the “SUBSTANCE USE” question in the “Child Risk Behaviors” tab
 - ii. Contains the questions listed below:
 - a. Substance of Choice
 - b. ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL
 - c. FREQUENCY
 - d. DURATION OF USE
 - e. ENVIRONMENTAL INFLUENCES
 - f. SUBSTANCE USE AND RISK BEHAVIOR
11. Problematic Sexual Behavior Module
- i. Triggered by the “PROBLEMATIC SEXUAL BEHAVIOR” question in the “Child Risk Behaviors” tab
 - ii. Contains the questions listed below:
 - a. Date of most recent problematic sexual behavior:
 - b. Describe the most recent behavior (include activity, circumstances, reasons and results):
 - c. Was sexual act against a family member?
 - d. Identify
 - e. Is the youth currently subject to the provisions of Megan’s Law?
 - f. What treatment/services have been tried in the past and have been helpful?
 - g. What treatment/services have been tried in the past and not been helpful?
 - h. Recommendations for Treatment Approach:
 - i. RELATIONSHIP
 - j. PHYSICAL FORCE/THREAT
 - k. PLANNING
 - l. AGE DIFFERENTIAL
 - m. TYPE OF SEX ACT
 - n. TEMPORAL CONSISTENCY
 - o. HISTORY OF PROBLEMATIC SEXUAL BEHAVIOR TOWARDS OTHERS
 - p. SEVERITY OF SEXUAL ABUSE
 - q. PRIOR TREATMENT
 - r. RESPONSE TO ACCUSATION
 - s. MANAGEMENT OF RISK

t. TREATMENT COMPLIANCE

12. Legal/Juvenile Justice (JJ) Module

- i. Triggered by the “LEGAL/JUVENILE JUSTICE” question in the “Child Risk Behaviors” tab
- ii. Contains the questions listed below:
 - a. Date of most recent incident resulting in legal charges:
 - b. Describe any current court orders, including dates and status of charges.
 - c. During the past year, has the youth received charges related to property destruction?
 - d. If YES, include date(s) of incident(s), provide a clear description of behaviors and specific if injury occurred.
 - e. Has the youth used a weapon in the commission of an act of delinquency?
 - f. If YES, include date(s) of the incident(s), type of weapon used and whether injuries occurred.
 - g. Has the youth received any charges related to the possession or distribution of illegal substances?
 - h. If YES, include date(s) of incident(s), type of substance.
 - i. Juvenile Justice Commission Contact Person (for youth currently incarcerated):
 - j. Juvenile Justice Commission Contact Person Phone:
 - k. Probation/Parole Officer:
 - l. Probation/Parole Officer Phone:
 - m. Current Living Situation of Youth
 - n. Date of Admission for Current Living Situation (if applicable)
 - o. Provide details if youth is home with electronic monitoring and/or active court restrictions:
 - p. Has there been a prior intervention or is there a current intervention for the youth?
 - q. Prior / Current Interventions:
 - r. SERIOUSNESS
 - s. HISTORY
 - t. COMMUNITY SAFETY
 - u. PEER INFLUENCES
 - v. PARENTAL CRIMINAL BEHAVIOR
 - w. ENVIRONMENTAL INFLUENCES

13. Fire Setting (FS) Module

- i. Triggered by the “FIRE SETTING” question in the “Child Risk Behaviors” tab
- ii. Contains the questions listed below:
 - a. Date of most recent fire-setting behavior:
 - b. Describe the incident including circumstances, reasons, frequency and results/damage:
 - c. Was the youth alone at the time of the incident or were other children involved?
 - d. Explain your assessment of the youth’s likelihood of future fire setting:
 - e. SERIOUSNESS
 - f. HISTORY
 - g. PLANNING
 - h. USE OF ACCELERANTS
 - i. INTENTION TO HARM
 - j. COMMUNITY SAFETY

- k. RESPONSE TO ACCUSATION
- l. REMORSE
- m. LIKELIHOOD OF FUTURE FIRE SETTING

14. Out of Home Care Module

- i. Triggered by an active OOH admission within the youth’s record when the assessment is created or when the Demographics are refreshed.
- ii. Contains the questions listed below:
 - a. COMMITMENT TO REUNIFICATION
 - b. CAREGIVER AND YOUTH INTERACTIONS
 - c. CAREGIVER PARTICIPATION
 - d. COMMUNITY OR OFF-SITE BEHAVIORS
 - e. THERAPEUTIC LEAVE
 - f. PREPARATION FOR TRANSITION
 - g. PROGRESS TOWARDS GOALS AND OBJECTIVES

15. Readiness for Adulthood Module

- i. Triggered by the youth being age 14 years old or older when the assessment is created or when the Demographics are refreshed.
- ii. Contains the questions listed below:
 - a. AUTONOMY/INDEPENDENT LIVING SKILLS
 - b. COMMUNITY RESOURCES
 - c. JOB SKILLS
 - d. JOB ATTAINMENT
 - e. JOB FUNCTIONING
 - f. RESOURCEFULNESS
 - g. INTIMATE RELATIONSHIPS
 - h. RESIDENTIAL STABILITY
 - i. TRANSPORTATION
 - j. EDUCATIONAL ATTAINMENT
 - k. CAREER INTERESTS
 - l. VOCATIONAL/TECHNICAL TRAINING
 - m. MAINTAINING PHYSICAL AND PSYCHOLOGICAL TREATMENT
 - n. KNOWLEDGE OF NEEDS
 - o. MEDICATION ADHERENCE
 - p. ACCESS TO HEALTH CARE AND OTHER BENEFITS
 - q. Is youth/young adult a parent?
 - 1) Triggers the “Parenting Module” if the answer selected is “Yes”.

16. Parenting Module

- i. Triggered by the “Is youth/young adult a parent?” question in the “Readiness for Adulthood Module” tab
- ii. Contains the questions listed below:
 - a. INDEPENDENT PARENTING SKILLS
 - b. DEMONSTRATED PARENTING ABILITY *
 - c. BALANCE/ORGANIZATION
 - d. HAZARDS *
 - e. SUPERVISION *
 - f. IDENTIFICATION OF COMMUNITY RESOURCES
 - g. INVOLVEMENT *
 - h. SUPPORT
 - i. JUDGMENT *
 - j. COLLABORATION WITH OTHER PARENT

B. The rated questions are now in a new standard format:

1. Each question is a drop-down list that has answers with a rating of n/a, 0, 1, 2, 3, 4 or 5. Selected answers with a rating of 2, 3, 4 or 5 require a comment to be entered in the associated text field.
2. Each has a button that allows the user to view the selected answer and comment for the question from the previous SNA if the previous SNA was submitted within the last 120 days by the same agency or any UCM or RES user.
 - i. The user can hover over this button to view this information for approximately 5 seconds.
 - ii. The user can click the button to pop up a screen to view this information.
- C. Each tab other than Demographics now has a “Spell Check” button at the bottom so that all of the multi-line text fields can be spell checked.
- D. When a Strengths and Needs Assessment is created, if there was at least one Strengths and Needs Assessment submitted by any user within the current episode of care, the following fields will now be copied from the most recently submitted SNA if it was submitted after the release date:
 1. Life Domain Functioning
 - i. DEVELOPMENTAL DELAY
 2. Child Behavioral/Emotional Needs
 - i. EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA
 - ii. EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA
 3. Child Risk Behaviors
 - i. SUBSTANCE USE
 - ii. PROBLEMATIC SEXUAL BEHAVIOR
 - iii. LEGAL/JUVENILE JUSTICE
 - iv. FIRE SETTING
 4. I/DD Module
 - i. COGNITIVE
 5. Trauma Module
 - i. What Trauma Treatment/Services have been tried in the past and have been helpful?
 - ii. What Trauma Treatment/Services have been tried in the past and not been helpful?
 - iii. Recommendations for Treatment Approach:
 - iv. SEXUAL ABUSE
 - v. PHYSICAL ABUSE
 - vi. EMOTIONAL ABUSE
 - vii. NEGLECT
 - viii. EMOTIONAL CLOSENESS TO PERPETRATOR(S)
 - ix. MEDICAL TRAUMA
 - x. WITNESS TO FAMILY VIOLENCE
 - xi. WITNESS TO SCHOOL AND COMMUNITY VIOLENCE
 - xii. NATURAL OR MAN-MADE DISASTERS
 - xiii. WITNESS/VICTIM TO CRIMINAL ACTIVITY
 - xiv. PARENTAL CRIMINAL BEHAVIOR
 - xv. DISRUPTIONS IN CAREGIVER/ ATTACHMENT LOSSES
 6. Substance Use Module
 - i. Substance Use (only History Column)
 7. Problematic Sexual Behavior Module
 - i. Date of most recent problematic sexual behavior
 - ii. Describe the most recent behavior (include activity, circumstances, reasons and results):
 - iii. Was sexual act against a family member?

- iv. Identify
- v. Is the youth currently subject to the provisions of Megan’s Law?
- vi. What treatment/services have been tried in the past and have been helpful?
- vii. What treatment/services have been tried in the past and not been helpful?
- viii. Recommendations for Treatment Approach:
 - ix. RELATIONSHIP
 - x. PHYSICAL FORCE/THREAT
 - xi. PLANNING
 - xii. AGE DIFFERENTIAL
 - xiii. TYPE OF SEX ACT
 - xiv. TEMPORAL CONSISTENCY
 - xv. HISTORY OF PROBLEMATIC SEXUAL BEHAVIOR TOWARDS OTHERS
 - xvi. SEVERITY OF SEXUAL ABUSE
 - xvii. PRIOR TREATMENT
- 8. Legal/Juvenile Justice (JJ) Module
 - i. SERIOUSNESS
 - ii. HISTORY
- 9. Fire Setting (FS) Module
 - i. SERIOUSNESS
 - ii. HISTORY
 - iii. PLANNING
 - iv. USE OF ACCELERANTS
 - v. INTENTION TO HARM
- E. Users are now able to use the “Tab” button on their keyboard to navigate to the next field within the assessment. This does not include labels, titles, or other text.
- F. Users are now able to generate two different print reports as PDF’s:
 - 1. Default – This includes all tabs in the assessment including each rated question, all answers that were available to select, which answer was actually selected and any comments entered
 - 2. Rated Question Summary – This includes each rated question (not including the help text or any other associated text), the ratings of the selected answers and any comments entered. Modules are included only if they were triggered.
- G. Any Strength and Needs Assessments that were “In Progress” when the new functionality was implemented have been deleted.
- H. Any Strengths and Needs Assessments that were submitted prior to the new functionality being implemented now display as the original print report.
- I. SAB users are now able to see in the youth’s record all SNA’s submitted in the past 30 days by any UCM/RES user and all SNA’s that are associated to an SAB treatment plan from their agency.

4.2 Crisis Assessment Tool

The following changes have been made to CYBER regarding the Crisis Assessment Tool:

- A. There is a new tabbed format that is replacing the accordion format. Users are also able to pick from a list of all of the tabs when they are not all visible at once. The assessment will have the following tabs:
 1. Demographics
 - i. Child Name:
 - ii. Address:
 - iii. City:
 - iv. County:
 - v. State:
 - vi. Zip Code:
 - vii. DOB:
 - viii. Gender:
 - ix. Race:
 - x. Medicaid #:
 - xi. Parent/Guardian
 - xii. Address:
 - xiii. City:
 - xiv. State:
 - xv. Zip Code:
 - xvi. Guardian Relationship:
 - xvii. Primary Phone
 - xviii. Secondary Phone
 - xix. Assessor Username:
 - xx. Assessor Name:
 - xxi. Assessor Agency:
 - xxii. Assessor Phone:
 - xxiii. Assessor Email:
 - xxiv. Assessment Date:
 - xxv. Assessment Completion Date:
 2. Life Domain Functioning
 - i. Contains the questions listed below:
 - a. Assessment Type
 - 1) Initial – does not require triggered modules to be completed
 - 2) No Contact – does not require any fields to be completed
 - 3) Update – validates that all required fields are completed
 - b. LIVING ENVIRONMENT
 - c. INTERPERSONAL
 - d. DEVELOPMENTAL DELAY
 - 1) Triggers the “I/DD Module” if the answer selected has a rating of “1”, “2” or “3”.
 - e. SCHOOL BEHAVIOR
 - f. ACADEMIC ACHIEVEMENT
 - g. SCHOOL ATTENDANCE
 - h. LEARNING DISABILITY
 - i. EDUCATIONAL AGENCY INVOLVEMENT
 - j. MEDICAL
 - 1) Triggers the “Medical Module” if the answer selected has a rating of “1”, “2” or “3”.
 - k. PHYSICAL

- 1) Triggers the “Medical Module” if the answer selected has a rating of “1”, “2” or “3”.
 - l. SLEEP
 - m. EATING
 - n. SEXUAL HEALTH
 - o. BULLIED BY OTHERS
 - p. CULTURAL STRESS
3. Child Strengths
 - i. Contains the questions listed below:
 - a. TALENTS/INTEREST
 - b. OPTIMISM
 - c. RESILIENCY
4. Child Behavioral/Emotional Needs
 - i. Contains the questions listed below:
 - a. PSYCHOSIS
 - b. IMPULSIVITY AND ATTENTION
 - c. DEPRESSION
 - d. ANXIETY
 - e. OPPOSITIONAL BEHAVIOR (COMPLIANCE WITH AUTHORITY)
 - f. CONDUCT
 - g. EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA
 - 1) Triggers the “Trauma Module” if the answer selected has a rating of “1”, “2” or “3”.
 - h. EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA
 - 1) Triggers the “Trauma Module” if the answer selected has a rating of “1”, “2” or “3”.
 - i. ANGER CONTROL
 - j. GAMBLING
 - k. TECHNOLOGY
5. Child Risk Behaviors
 - i. Contains the questions listed below:
 - a. SUICIDE RISK
 - b. SELF-INJURIOUS BEHAVIOR
 - c. OTHER SELF-HARM
 - d. DANGER TO OTHERS
 - e. PROBLEMATIC SEXUAL BEHAVIOR
 - 1) Triggers the “Problematic Sexual Behavior Module” if the answer selected has a rating of “1”, “2” or “3”.
 - f. FLIGHT RISK
 - g. LEGAL/JUVENILE JUSTICE
 - 1) Triggers the “Legal/Juvenile Justice (JJ) Module” if the answer selected has a rating of “1”, “2” or “3”.
 - h. JUDGMENT
 - i. FIRE SETTING
 - 1) Triggers the “Fire Setting (FS) Module” if the answer selected has a rating of “1”, “2” or “3”.
 - j. SUBSTANCE USE
 - 1) Triggers the “Substance Use Module” if the answer selected has a rating of “1”, “2” or “3”.
6. Caregiver Strengths/Needs
 - i. Contains the questions listed below:
 - a. NATURAL SUPPORTS

- b. CAREGIVER RESOURCEFULNESS
 - c. SUPERVISION
 - d. INVOLVEMENT WITH CARE
 - e. KNOWLEDGE OF YOUTH'S STRENGTHS/NEEDS
 - f. CAREGIVER OPTIMISM (HOPEFULNESS)
 - g. RESIDENTIAL STABILITY
 - h. FAMILY STRESS
 - i. PHYSICAL/MEDICAL
 - j. MENTAL HEALTH
 - k. SUBSTANCE USE
 - l. DEVELOPMENTAL
 - m. CHILD/ADOLESCENT PROTECTION
7. I/DD Module
- i. Triggered by the “DEVELOPMENTAL DELAY” question in the “Life Domain Functioning” tab
 - ii. Contains the questions listed below:
 - a. SELF-CARE DAILY LIVING SKILLS
 - b. ELIMINATION
 - c. RECEPTIVE LANGUAGE
 - d. EXPRESSIVE LANGUAGE
 - e. AUGMENTED COMMUNICATION
 - f. PRAGMATIC USE OF LANGUAGE
 - g. GESTURES
 - h. COGNITIVE
 - i. SPECIAL EDUCATION
 - j. PERSISTENCE
 - k. ATTENTION
 - l. ADAPTATION TO CHANGE
 - m. AGITATION
 - n. SEXUAL BEHAVIOR
 - o. REPETITIVE BEHAVIORS
 - p. SENSORY RESPONSIVENESS/INTEGRATION
 - q. AGGRESSION
 - r. TRANSPORTATION
 - s. SOCIAL-EMOTIONAL DEVELOPMENTAL
 - t. AUTONOMY
 - u. EXECUTIVE FUNCTIONING
 - v. DECISION-MAKING SKILLS
 - w. GROSS MOTOR
 - x. FINE MOTOR
 - y. RESTRICTED INTERESTS
 - z. PLAYFULNESS WITH OTHERS
 - aa. MONITORING
 - bb. EXPLOITATION
 - cc. INDEPENDENT LIVING (AGE 16-21)
8. Medical Module
- i. Triggered by the “MEDICAL” and/or “PHYSICAL” question(s) in the “Life Domain Functioning” tab
 - ii. Contains the questions listed below:
 - a. Current Medical Conditions
 - b. Genetic Disorders
 - c. Specify Genetic Disorders:

- d. Other
 - e. Other current medical conditions:
 - f. Is youth receiving treatment for medical conditions listed above?
 - g. If no, describe reason and any barriers accessing medical care (e.g. transportation, insurance, etc.)
 - h. If yes, please list name and medical provider type, along with medications prescribed.
 - i. Does youth have 3 or more medical providers managing care and/or prescribing medications?
 - j. If yes, please describe:
 - k. Do you anticipate future needs based upon the youth's chronic or progressive medical condition?
 - l. If yes, please describe:
 - m. PAIN
 - n. IMPAIRMENT IN FUNCTIONING
 - o. ACCESS TO HEALTH CARE
 - p. YOUTH ACCOUNTABILITY FOR MEDICAL CARE PLAN
 - q. FAMILY MANAGEMENT OF MEDICAL CONDITION
9. Trauma Module
- i. Triggered by the "EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA" and/or "EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA" question(s) in the "Child Behavioral/Emotional Needs" tab
 - ii. Contains the questions listed below:
 - a. What Trauma Treatment/Services have been tried in the past and have been helpful?
 - b. What Trauma Treatment/Services have been tried in the past and not been helpful?
 - c. Recommendations for Treatment Approach:
 - d. SEXUAL ABUSE
 - e. PHYSICAL ABUSE
 - f. EMOTIONAL ABUSE
 - g. NEGLECT
 - h. EMOTIONAL CLOSENESS TO PERPETRATOR(S)
 - i. MEDICAL TRAUMA
 - j. WITNESS TO FAMILY VIOLENCE
 - k. WITNESS TO SCHOOL AND COMMUNITY VIOLENCE
 - l. NATURAL OR MAN-MADE DISASTERS
 - m. WITNESS/VICTIM TO CRIMINAL ACTIVITY
 - n. PARENTAL CRIMINAL BEHAVIOR
 - o. DISRUPTIONS IN CAREGIVER/ATTACHMENT LOSSES
 - p. TRAUMATIC GRIEF
 - q. AFFECTIVE AND/OR PHYSIOLOGICAL DYSREGULATION
 - r. RE-TRAUMATIZATION
 - s. HYPER-AROUSAL
 - t. AVOIDANCE
 - u. NUMBING
 - v. DISSOCIATION
 - w. REACTIVE SEXUAL BEHAVIOR
10. Substance Use Module
- i. Triggered by the "SUBSTANCE USE" question in the "Child Risk Behaviors" tab
 - ii. Contains the questions listed below:

- a. Substance of Choice
 - b. ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL
 - c. FREQUENCY
 - d. DURATION OF USE
 - e. ENVIRONMENTAL INFLUENCES
 - f. SUBSTANCE USE AND RISK BEHAVIOR
11. Problematic Sexual Behavior Module
- i. Triggered by the “PROBLEMATIC SEXUAL BEHAVIOR” question in the “Child Risk Behaviors” tab
 - ii. Contains the questions listed below:
 - a. Date of most recent problematic sexual behavior:
 - b. Describe the most recent behavior (include activity, circumstances, reasons and results):
 - c. Was sexual act against a family member?
 - d. Identify
 - e. Is the youth currently subject to the provisions of Megan’s Law?
 - f. What treatment/services have been tried in the past and have been helpful?
 - g. What treatment/services have been tried in the past and not been helpful?
 - h. Recommendations for Treatment Approach:
 - i. RELATIONSHIP
 - j. PHYSICAL FORCE/THREAT
 - k. PLANNING
 - l. AGE DIFFERENTIAL
 - m. TYPE OF SEX ACT
 - n. TEMPORAL CONSISTENCY
 - o. HISTORY OF PROBLEMATIC SEXUAL BEHAVIOR TOWARDS OTHERS
 - p. SEVERITY OF SEXUAL ABUSE
 - q. PRIOR TREATMENT
 - r. RESPONSE TO ACCUSATION
 - s. MANAGEMENT OF RISK
 - t. TREATMENT COMPLIANCE
12. Legal/Juvenile Justice (JJ) Module
- i. Triggered by the “LEGAL/JUVENILE JUSTICE” question in the “Child Risk Behaviors” tab
 - ii. Contains the questions listed below:
 - a. Date of most recent incident resulting in legal charges:
 - b. Describe any current court orders, including dates and status of charges.
 - c. During the past year, has the youth received charges related to property destruction?
 - d. If YES, include date(s) of incident(s), provide a clear description of behaviors and specific if injury occurred.
 - e. Has the youth used a weapon in the commission of an act of delinquency?
 - f. If YES, include date(s) of the incident(s), type of weapon used and whether injuries occurred.
 - g. Has the youth received any charges related to the possession or distribution of illegal substances?
 - h. If YES, include date(s) of incident(s), type of substance.

- i. Juvenile Justice Commission Contact Person (for youth currently incarcerated):
- j. Juvenile Justice Commission Contact Person Phone:
- k. Probation/Parole Officer:
- l. Probation/Parole Officer Phone:
- m. Current Living Situation of Youth
- n. Date of Admission for Current Living Situation
- o. Provide details if youth is home with electronic monitoring and/or active court restrictions:
- p. Has there been a prior intervention or is there a current intervention for the youth?
- q. Prior / Current Interventions:
- r. SERIOUSNESS
- s. HISTORY
- t. COMMUNITY SAFETY
- u. PEER INFLUENCES
- v. PARENTAL CRIMINAL BEHAVIOR
- w. ENVIRONMENTAL INFLUENCES

13. Fire Setting (FS) Module

- i. Triggered by the “FIRE SETTING” question in the “Child Risk Behaviors” tab
- ii. Contains the questions listed below:
 - a. Date of most recent fire-setting behavior:
 - b. Describe the incident including circumstances, reasons, frequency and results/damage:
 - c. Was the youth alone at the time of the incident or were other children involved?
 - d. Explain your assessment of the youth’s likelihood of future fire setting:
 - e. SERIOUSNESS
 - f. HISTORY
 - g. PLANNING
 - h. USE OF ACCELERANTS
 - i. INTENTION TO HARM
 - j. COMMUNITY SAFETY
 - k. RESPONSE TO ACCUSATION
 - l. REMORSE
 - m. LIKELIHOOD OF FUTURE FIRE SETTING

14. Readiness for Adulthood Module

- i. Triggered by the youth being age 14 years old or older when the assessment is created or when the Demographics are refreshed.
- ii. Contains the questions listed below:
 - a. AUTONOMY/INDEPENDENT LIVING SKILLS
 - b. COMMUNITY RESOURCES
 - c. JOB SKILLS
 - d. JOB ATTAINMENT
 - e. JOB FUNCTIONING
 - f. RESOURCEFULNESS
 - g. INTIMATE RELATIONSHIPS
 - h. RESIDENTIAL STABILITY
 - i. TRANSPORTATION
 - j. EDUCATIONAL ATTAINMENT
 - k. CAREER INTERESTS
 - l. VOCATIONAL/TECHNICAL TRAINING

- m. MAINTAINING PHYSICAL AND PSYCHOLOGICAL TREATMENT
- n. KNOWLEDGE OF NEEDS
- o. MEDICATION ADHERENCE
- p. ACCESS TO HEALTH CARE AND OTHER BENEFITS
- q. Is youth/young adult a parent?
 - 1) Triggers the “Parenting Module” if the answer selected Is “Yes”.

15. Parenting Module

- i. Triggered by the “Is youth/young adult a parent?” question in the “Readiness for Adulthood Module” tab
- ii. Contains the questions listed below:
 - a. INDEPENDENT PARENTING SKILLS
 - b. DEMONSTRATED PARENTING ABILITY *
 - c. BALANCE/ORGANIZATION
 - d. HAZARDS *
 - e. SUPERVISION *
 - f. IDENTIFICATION OF COMMUNITY RESOURCES
 - g. INVOLVEMENT *
 - h. SUPPORT
 - i. JUDGMENT *
 - j. COLLABORATION WITH OTHER PARENT

B. The rated questions are now in a new standard format:

- 1. Each question is a drop-down list that has answers with a rating of n/a, 0, 1, 2, 3, 4 or 5. Selected answers with a rating of 2, 3, 4 or 5 require a comment to be entered in the associated text field.
- 2. Each has a button that allows the user to view the selected answer and comment for the question from the previous CAT if the previous CAT was submitted within the last 90 days by the same agency.
 - i. The user can hover over this button to view this information for approximately 5 seconds.
 - ii. The user can click the button to pop up a screen to view this information.

C. Each tab other than Demographics now has a “Spell Check” button at the bottom so that all of the multi-line text fields can be spell checked.

D. When a CAT is created, if there was at least one CAT submitted by any user within the current episode of care, the following fields will now be copied from the most recently submitted SNA if it was submitted after the release date:

- 1. Life Domain Functioning
 - i. DEVELOPMENTAL DELAY
- 2. Child Behavioral/Emotional Needs
 - i. EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA
 - ii. EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA
- 3. Child Risk Behaviors
 - i. SUBSTANCE USE
 - ii. PROBLEMATIC SEXUAL BEHAVIOR
 - iii. LEGAL/JUVENILE JUSTICE
 - iv. FIRE SETTING
- 4. I/DD Module
 - i. COGNITIVE
- 5. Trauma Module
 - i. What Trauma Treatment/Services have been tried in the past and have been helpful?

- ii. What Trauma Treatment/Services have been tried in the past and not been helpful?
 - iii. Recommendations for Treatment Approach:
 - iv. SEXUAL ABUSE
 - v. PHYSICAL ABUSE
 - vi. EMOTIONAL ABUSE
 - vii. NEGLECT
 - viii. EMOTIONAL CLOSENESS TO PERPETRATOR(S)
 - ix. MEDICAL TRAUMA
 - x. WITNESS TO FAMILY VIOLENCE
 - xi. WITNESS TO SCHOOL AND COMMUNITY VIOLENCE
 - xii. NATURAL OR MAN-MADE DISASTERS
 - xiii. WITNESS/VICTIM TO CRIMINAL ACTIVITY
 - xiv. PARENTAL CRIMINAL BEHAVIOR
 - xv. DISRUPTIONS IN CAREGIVER/ ATTACHMENT LOSSES
- 6. Substance Use Module
 - i. Substance Use (only History Column)
- 7. Problematic Sexual Behavior Module
 - i. Date of most recent problematic sexual behavior
 - ii. Describe the most recent behavior (include activity, circumstances, reasons and results):
 - iii. Was sexual act against a family member?
 - iv. Identify
 - v. Is the youth currently subject to the provisions of Megan’s Law?
 - vi. What treatment/services have been tried in the past and have been helpful?
 - vii. What treatment/services have been tried in the past and not been helpful?
 - viii. Recommendations for Treatment Approach:
 - ix. RELATIONSHIP
 - x. PHYSICAL FORCE/THREAT
 - xi. PLANNING
 - xii. AGE DIFFERENTIAL
 - xiii. TYPE OF SEX ACT
 - xiv. TEMPORAL CONSISTENCY
 - xv. HISTORY OF PROBLEMATIC SEXUAL BEHAVIOR TOWARDS OTHERS
 - xvi. SEVERITY OF SEXUAL ABUSE
 - xvii. PRIOR TREATMENT
- 8. Legal/Juvenile Justice (JJ) Module
 - i. SERIOUSNESS
 - ii. HISTORY
- 9. Fire Setting (FS) Module
 - i. SERIOUSNESS
 - ii. HISTORY
 - iii. PLANNING
 - iv. USE OF ACCELERANTS
 - v. INTENTION TO HARM
- E. Users are now able to use the “Tab” button on their keyboard to navigate to the next field within the assessment. This does not include labels, titles, or other text.
- F. Users are now able to generate two different print reports as PDF’s:
 - 1. Default – This includes all tabs in the assessment including each rated question, all answers that were available to select, which answer was actually selected and any comments entered

- 2. Rated Question Summary – This includes each rated question (not including the help text or any other associated text), the ratings of the selected answers and any comments entered. Modules are included only if they were triggered.
- G. Any Crisis Assessment Tools that were “In Progress” when the new functionality was implemented have been deleted.
- H. Any Crisis Assessment Tools that were submitted prior to the new functionality being implemented now display as the original print report.

4.3 BPS Assessment

The following changes have been made to CYBER regarding the BPS Assessment:

- A. There is a new tabbed format that is replacing the accordion format. Users are also able to pick from a list of all of the tabs when they are not all visible at once. The assessment will have the following tabs:
1. Demographics
 - i. Child Name:
 - ii. Address:
 - iii. City:
 - iv. County:
 - v. State:
 - vi. Zip Code:
 - vii. DOB:
 - viii. Gender:
 - ix. Race:
 - x. Medicaid #:
 - xi. Parent/Guardian
 - xii. Address:
 - xiii. City:
 - xiv. State:
 - xv. Zip Code:
 - xvi. Guardian Relationship:
 - xvii. Primary Phone
 - xviii. Secondary Phone
 - xix. Care Management Entity:
 - xx. Care Manager:
 - xxi. Care Manager Phone:
 - xxii. Provider Name:
 - xxiii. Admission Date:
 - xxiv. Provider Phone:
 - xxv. Assessor Username:
 - xxvi. Assessor Name:
 - xxvii. Assessor Agency:
 - xxviii. Assessor Phone:
 - xxix. Assessor Email:
 - xxx. Assessment Date:
 - xxx. Assessment Completion Date:
 2. Narrative
 - i. Navigation:
 - ii. Individuals Interviewed:
 - iii. Documents Reviewed:
 - iv. Collateral Contacts:
 - v. Where does the youth currently reside:
 - vi. Who is the referral source? What prompted this referral (for example, detention center staff requested the BPS based on the outcome of the MAYSI, school recommendation, etc.)?
 - vii. Why is the youth in need of an evaluation at this time, as described by the youth and family? Provide an integrated summary that includes the family's story, current circumstances, family's goal for evaluation, and needs of the youth and family. Specify any symptoms, behaviors, and/or risk factors for which the youth is being referred.

- viii. Where does youth feel most safe and with whom? What does the youth identify as most predictable about his/her support and environment? What does the youth want? What does the youth enjoy? What makes the youth feel better?
- ix. How does the youth identify in terms of culture, race, religion, ethnicity, language, gender, sexual orientation, etc. How does this impact her/his life?
- x. Note any past history of the youth's emotional and behavioral challenges. This information should include past risk behaviors (suicidal/homicidal ideation or gestures, etc.). Include duration for onset, severity, frequency, precipitants and mitigating factors. Note any significant challenging life events that may have impacted the youth's past and/or current presentation. Describe the event(s) as related to the behavior described. Some examples include abuse/neglect, trauma, divorce, domestic violence, death, familial substance use, legal involvement, etc.
- xi. Note any successes/experiences that are reflective of resiliency and optimism. This information should include any protective factors and strengths. Note any significant successful life events that may have impacted the youth's past and/or current presentation. Some examples include adoption/permanency, school completion, hobbies, interests, family vacations, awards, etc.
- xii. Describe the youth's development and growth history. This should include relevant information from the youth's experience in utero through present day and should detail concerns related to development and any intellectual or developmental challenges.
- xiii. Did the youth's mother have access to prenatal care?
- xiv. Length of pregnancy:
- xv. Please note any complications present in utero and/or at birth. Also, please describe the mother's level of stress and support system throughout the pregnancy. Note any concerns related to Postpartum Depression (PPD).
- xvi. Was the youth exposed to alcohol before birth?
- xvii. Was the youth exposed to other substances before birth?
- xviii. Was the youth exposed to other toxins before birth?
- xix. If any of the above was answered "yes", specify type (i.e. prescription medications, illegal substances, etc.):
- xx. Note any parent/caregiver concerns related to the youth's developmental milestones (including crawling, walking, speaking single words, speaking sentences, toilet training, and separation from caregiver). Describe the youth's temperament as an infant. Note any other parent/guardian or third party concerns during ages 0-5 years. This information should include any concerns noted by the parent/caretaker related to attachment. Also, note any efforts taken to access support and interventions as well as identified supportive, strong attachments:
- xxi. If FSIQ is available, provide the IQ score, means of assessment, date of IQ evaluation, and name of evaluator. If IQ is unknown, compare youth's chronological age to his/her developmental age:
- xxii. Has youth ever been referred for DD eligibility?
- xxiii. If answered "yes", was the youth deemed DD eligible?
- xxiv. Is/was the youth diagnosed with a medical condition?
- xxv. If answer is "yes", provide diagnosis, current health status, and interventions required, if applicable. If answer is "no", verify that youth is currently healthy with no medical conditions/concerns at this time. Indicate any past relevant medical history information.
- xxvi. Has the youth been evaluated or treated by a medical specialist?
- xxvii. If answer is yes, please include relevant information:

- xxviii. Is the youth currently prescribed medication (medical and/or psychotropic)?
- xxix. If YES, provide the name, dosage, and frequency of dose (include any vitamins/supplements). What is the medication targeting? Note any side effects. If known, note any previous history of medication and side effects.
- xxx. Has the youth ever been treated for a serious injury (including a head injury)?
- xxxi. Has the youth ever had or been treated for a seizure?
- xxxii. Has the youth ever been treated for lead poisoning?
- xxxiii. If “yes” is selected for any of the above, provide the youth’s age of onset, intervention, and outcome, if appropriate. If “yes” is selected for seizures, include the frequency of seizures and seizure type (e.g. grand mal, petit mal, atonic, epilepsy, etc.).
- xxxiv. Note any concerns related to substance use within the family, including youth and/or other family members. Include substance(s) of choice/use and any identified patterns of use. Note any previous substance use treatment history and its effectiveness. Describe any issues/concerns about the youth’s behavior at school as it relates to substance use (e.g. suspensions, declining grades, truancy, intoxicated at school, etc.). Note if substance use treatment is a condition to remaining in or returning to school.
- xxxv. Family Composition:
- xxxvi. Describe youth’s family composition, family dynamics, and family environment. This section should include information pertaining to the youth’s relationships with parents/guardians, siblings, extended family, kinship/resource family, and other supports identified by the family and youth. Include any other people who reside in the home who are not family (include name and relationship to youth). This section should cover the scope of youth and family environment, routine daily activities, shared family activities and values (including culture and spirituality) that family members consider especially important, family strengths, and coping skills. If a family member does not reside with the youth, please specify frequency of contact. Include youth’s birth order (only child, oldest, youngest, etc.).
- xxxvii. Provide information about any family-specific significant events, struggles, and strengths, which might include marriages/unions, births, losses, significant achievements, relocations, separations, immigration/acclulturation, parenting challenges, legal challenges, substance use challenges, family reunions, special family outings, mental health challenges, medical challenges, financial challenges, etc.
- xxxviii. Has the youth and family ever been involved with DCP&P?
- xxxix. Describe the circumstances surrounding the youth and family’s involvement with DCP&P. If the family is “open” with DCP&P, please specify (open for investigation or open for services). Note if DCP&P has legal authority of youth (if so, specify custody or guardianship). Note DCP&P’s permanency plan for youth, if applicable.
 - xl. Case Worker Name:
 - xli. DCP&P Office:
 - xlii. Phone #:
 - xliii. Date of Last Contact:
 - xliv. Describe any current or past treatment that the youth is receiving/has received. Include the name of the treatment provider, timeframe of treatment, goal of treatment, and outcome of intervention:
 - xlv. Has the youth ever been removed from the home or entered another OOH setting?
 - xlvi. Relative/Kinship home:
 - xlvii. CSOC OOH Treatment Setting (IDD, Substance Use, or Behavioral Health):
 - xlviii. Resource Family Home:

- xlix. Hospital (medical):
 - I. Juvenile Detention/Jail:
 - li. Hospital (psychiatric):
 - lii. Shelter:
 - liii. Withdrawal Management (Detox):
 - liv. Other:
 - lv. Total:
 - lvi. What were the circumstances for the above? Note any significant events that occurred while the youth was in placement, hospitalization, and/or OOH treatment (i.e. change in legal status, exposure to abuse/neglect, etc.):
- lvii. Describe the youth's relationship with peers, community members, and authority figures (teachers, pastors, coaches, etc.). Include number of friends, ages and gender, level of closeness, changes in peer groups, etc. This section should include information about the youth's ability to build and maintain relationships and function in various social settings (school, community, teams, sibling relationships, etc.) as well as any identified barriers to social functioning. Include any applicable information pertaining to bullying (victim or perpetrator).
- lviii. Detail the quality of the youth's CURRENT and PAST school experience. Include level of involvement, activities, sports, achievements, favorite subject, etc. Note any difficult and/or repeated grades, periods of suspension, bullying, periods of "home instruction", etc.:
- lix. Detail Child Study Team Involvement (if applicable). If the youth is educationally classified, include classification and name/phone # of CST case manager. Note if the youth is not educationally classified.
- lx. Note any vocational or career aspirations that the youth may have. Note if the youth is involved with DVRS (Division of Vocational Rehabilitation Services):
- lxi. Note if the youth has any history or active legal involvement (examples include charges, arrests, detainment, incarceration, probation, adjudications/convictions, etc.). Include the current status of any current legal involvement, if applicable:
- lxii. General Appearance
- lxiii. Behavior
- lxiv. Speech
- lxv. Mood and Affect
- lxvi. Thought Process
- lxvii. Thought Content
- lxviii. Risk Assessment
- lxix. Cognition
- lxx. Insight
- lxxi. Judgment
- lxxii. Diagnosing Clinician
- lxxiii. Date Diagnosis Rendered
- lxxiv. Diagnosis Details
 - a. An ICD10-BH diagnosis is required to be entered for submission.
- lxxv. This summary should integrate all gathered assessment information and serve as a clinical formulation describing the assessor's clinical impressions of the youth and his/her family. This information should speak to the understood etiology of the youth's presentation, the youth and family's knowledge/understanding of the presenting issues, the motivation of the youth and family to be involved in treatment and to make behavioral change, strengths of the youth and family that reflect optimism and resiliency, youth/family preferences, and any barriers to treatment:

- lxxvi. Additional Narrative:
 - lxxvii. This section should detail the specific components of care that will benefit the youth and family. Using the above information, outline your treatment recommendations as developed in collaboration with the youth and family. These recommendations should detail priority target behaviors and goals and must indicate strength based strategies, resources, and supports that can be used to address the needs of the youth and family. Recommendations should include reference to a youth's need in domains/factors such as safety, supervision, structure, relationship building, self-regulation, social interaction, communication, etc. relative to target behaviors, strategies, supports, and services. Detail recommended frequency and intensity of interventions. Recommendations should not include specific intensities of service (e.g. out of home treatment). Where specific modality preferences (DBT, TF, CBT, etc.) are recommended, provide details on the modality components that drive the recommendations and benefit the youth.
 - lxxviii. Imminent Safety Concerns:
 - lxxix. Referrals/Resources:
 - lxxx. Licensed Clinician Electronic Signature:
 - lxxxi. Credential:
 - lxxxii. License #:
 - lxxxiii. License Expiration Date:
 - lxxxiv. Is the clinician dually credentialed?
 - lxxxv. Dual Credential:
 - lxxxvi. Dual License #:
 - lxxxvii. Dual License Expiration Date:
 - lxxxviii. Comments
 - lxxxix. I attest that I have administered and completed this bio psychosocial assessment and am operating within CSOC policies and procedures, the standards set forth by NJAC 10:77, and my specific board regulations:
 - a. This causes the tab to be validated and triggers the following tabs if validation is passed when selected:
 - 1) Life Domain Functioning
 - 2) Child Strengths
 - 3) Child Behavioral/Emotional Needs
 - 4) Child Risk Behaviors
 - 5) Caregiver Strengths/Needs
 - 6) Readiness for Adulthood Module
 - i. This will only triggered if the youth is age 14 years or older.
3. Life Domain Functioning
- i. Contains the questions listed below:
 - a. Assessment Subtype
 - 1) Behavioral Health
 - 2) I/DD
 - 3) Substance Use
 - b. LIVING ENVIRONMENT
 - c. INTERPERSONAL
 - d. DEVELOPMENTAL DELAY
 - 1) Triggers the "I/DD Module" if the answer selected has a rating of "1", "2" or "3".
 - e. SCHOOL BEHAVIOR
 - f. ACADEMIC ACHIEVEMENT
 - g. SCHOOL ATTENDANCE

- h. LEARNING DISABILITY
 - i. EDUCATIONAL AGENCY INVOLVEMENT
 - j. MEDICAL
 - 1) Triggers the “Medical Module” if the answer selected has a rating of “1”, “2” or “3”.
 - k. PHYSICAL
 - 1) Triggers the “Medical Module” if the answer selected has a rating of “1”, “2” or “3”.
 - l. SLEEP
 - m. EATING
 - n. SEXUAL HEALTH
 - o. ATTACHMENT
 - p. BULLIED BY OTHERS
 - q. CULTURAL STRESS
4. Child Strengths
- i. Contains the questions listed below:
 - a. FAMILY STRENGTHS
 - b. RELATIONSHIP STABILITY
 - c. TALENTS/INTEREST
 - d. COMMUNITY INVOLVEMENT
 - e. YOUTH INVOLVEMENT WITH CARE
 - f. OPTIMISM
 - g. SELF-EXPRESSION
 - h. SPIRITUAL
 - i. WELLNESS BEHAVIORS
 - j. RESILIENCY
5. Child Behavioral/Emotional Needs
- i. Contains the questions listed below:
 - a. PSYCHOSIS
 - b. IMPULSIVITY AND ATTENTION
 - c. DEPRESSION
 - d. ANXIETY
 - e. OPPOSITIONAL BEHAVIOR (COMPLIANCE WITH AUTHORITY)
 - f. CONDUCT
 - g. EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA
 - 1) Triggers the “Trauma Module” if the answer selected has a rating of “1”, “2” or “3”.
 - h. EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA
 - 1) Triggers the “Trauma Module” if the answer selected has a rating of “1”, “2” or “3”.
 - i. ANGER CONTROL
 - j. GAMBLING
 - k. TECHNOLOGY
6. Child Risk Behaviors
- i. Contains the questions listed below:
 - a. SUICIDE RISK
 - b. SELF-INJURIOUS BEHAVIOR
 - c. OTHER SELF-HARM
 - d. DANGER TO OTHERS
 - e. PROBLEMATIC SEXUAL BEHAVIOR
 - 1) Triggers the “Problematic Sexual Behavior Module” if the answer selected has a rating of “1”, “2” or “3”.

- f. FLIGHT RISK
 - g. LEGAL/JUVENILE JUSTICE
 - 1) Triggers the “Legal/Juvenile Justice (JJ) Module” if the answer selected has a rating of “1”, “2” or “3”.
 - h. JUDGMENT
 - i. FIRE SETTING
 - 1) Triggers the “Fire Setting (FS) Module” if the answer selected has a rating of “1”, “2” or “3”.
 - j. SUBSTANCE USE
 - 1) Triggers the “Substance Use Module” if the answer selected has a rating of “1”, “2” or “3”.
7. Caregiver Strengths/Needs
- i. Contains the questions listed below:
 - a. NATURAL SUPPORTS
 - b. CAREGIVER RESOURCEFULNESS
 - c. SUPERVISION
 - d. INVOLVEMENT WITH CARE
 - e. KNOWLEDGE OF YOUTH’S STRENGTHS/NEEDS
 - f. CAREGIVER OPTIMISM (HOPEFULNESS)
 - g. RESIDENTIAL STABILITY
 - h. FAMILY STRESS
 - i. PHYSICAL/MEDICAL
 - j. MENTAL HEALTH
 - k. SUBSTANCE USE
 - l. DEVELOPMENTAL
 - m. CHILD/ADOLESCENT PROTECTION
8. I/DD Module
- i. Triggered by the “DEVELOPMENTAL DELAY” question in the “Life Domain Functioning” tab
 - ii. Contains the questions listed below:
 - a. SELF-CARE DAILY LIVING SKILLS
 - b. ELIMINATION
 - c. RECEPTIVE LANGUAGE
 - d. EXPRESSIVE LANGUAGE
 - e. AUGMENTED COMMUNICATION
 - f. PRAGMATIC USE OF LANGUAGE
 - g. GESTURES
 - h. COGNITIVE
 - i. SPECIAL EDUCATION
 - j. PERSISTENCE
 - k. ATTENTION
 - l. ADAPTATION TO CHANGE
 - m. AGITATION
 - n. SEXUAL BEHAVIOR
 - o. REPETITIVE BEHAVIORS
 - p. SENSORY RESPONSIVENESS/INTEGRATION
 - q. AGGRESSION
 - r. TRANSPORTATION
 - s. SOCIAL-EMOTIONAL DEVELOPMENTAL
 - t. AUTONOMY
 - u. EXECUTIVE FUNCTIONING
 - v. DECISION-MAKING SKILLS

- w. GROSS MOTOR
 - x. FINE MOTOR
 - y. RESTRICTED INTERESTS
 - z. PLAYFULNESS WITH OTHERS
 - aa. MONITORING
 - bb. EXPLOITATION
 - cc. INDEPENDENT LIVING (AGE 16-21)
9. Medical Module
- i. Triggered by the “MEDICAL” and/or “PHYSICAL” question(s) in the “Life Domain Functioning” tab
 - ii. Contains the questions listed below:
 - a. Current Medical Conditions
 - b. Genetic Disorders
 - c. Specify Genetic Disorders:
 - d. Other
 - e. Other current medical conditions:
 - f. Is youth receiving treatment for medical conditions listed above?
 - g. If no, describe reason and any barriers accessing medical care (e.g. transportation, insurance, etc.)
 - h. If yes, please list name and medical provider type, along with medications prescribed.
 - i. Does youth have 3 or more medical providers managing care and/or prescribing medications?
 - j. If yes, please describe:
 - k. Do you anticipate future needs based upon the youth’s chronic or progressive medical condition?
 - l. If yes, please describe:
 - m. PAIN
 - n. IMPAIRMENT IN FUNCTIONING
 - o. ACCESS TO HEALTH CARE
 - p. YOUTH ACCOUNTABILITY FOR MEDICAL CARE PLAN
 - q. FAMILY MANAGEMENT OF MEDICAL CONDITION
10. Trauma Module
- i. Triggered by the “EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA” and/or “EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA” question(s) in the “Child Behavioral/Emotional Needs” tab
 - ii. Contains the questions listed below:
 - a. What Trauma Treatment/Services have been tried in the past and have been helpful?
 - b. What Trauma Treatment/Services have been tried in the past and not been helpful?
 - c. Recommendations for Treatment Approach:
 - d. SEXUAL ABUSE
 - e. PHYSICAL ABUSE
 - f. EMOTIONAL ABUSE
 - g. NEGLECT
 - h. EMOTIONAL CLOSENESS TO PERPETRATOR(S)
 - i. MEDICAL TRAUMA
 - j. WITNESS TO FAMILY VIOLENCE
 - k. WITNESS TO SCHOOL AND COMMUNITY VIOLENCE
 - l. NATURAL OR MAN-MADE DISASTERS
 - m. WITNESS/VICTIM TO CRIMINAL ACTIVITY

- n. PARENTAL CRIMINAL BEHAVIOR
 - o. DISRUPTIONS IN CAREGIVER/ATTACHMENT LOSSES
 - p. TRAUMATIC GRIEF
 - q. AFFECTIVE AND/OR PHYSIOLOGICAL DYSREGULATION
 - r. RE-TRAUMATIZATION
 - s. HYPER-AROUSAL
 - t. AVOIDANCE
 - u. NUMBING
 - v. DISSOCIATION
 - w. REACTIVE SEXUAL BEHAVIOR
11. Substance Use Module
- i. Triggered by the “SUBSTANCE USE” question in the “Child Risk Behaviors” tab
 - ii. Contains the questions listed below:
 - a. Substance of Choice
 - b. ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL
 - c. FREQUENCY
 - d. DURATION OF USE
 - e. ENVIRONMENTAL INFLUENCES
 - f. SUBSTANCE USE AND RISK BEHAVIOR
12. Problematic Sexual Behavior Module
- i. Triggered by the “PROBLEMATIC SEXUAL BEHAVIOR” question in the “Child Risk Behaviors” tab
 - ii. Contains the questions listed below:
 - a. Date of most recent problematic sexual behavior:
 - b. Describe the most recent behavior (include activity, circumstances, reasons and results):
 - c. Was sexual act against a family member?
 - d. Identify
 - e. Is the youth currently subject to the provisions of Megan’s Law?
 - f. What treatment/services have been tried in the past and have been helpful?
 - g. What treatment/services have been tried in the past and not been helpful?
 - h. Recommendations for Treatment Approach:
 - i. RELATIONSHIP
 - j. PHYSICAL FORCE/THREAT
 - k. PLANNING
 - l. AGE DIFFERENTIAL
 - m. TYPE OF SEX ACT
 - n. TEMPORAL CONSISTENCY
 - o. HISTORY OF PROBLEMATIC SEXUAL BEHAVIOR TOWARDS OTHERS
 - p. SEVERITY OF SEXUAL ABUSE
 - q. PRIOR TREATMENT
 - r. RESPONSE TO ACCUSATION
 - s. MANAGEMENT OF RISK
 - t. TREATMENT COMPLIANCE
13. Legal/Juvenile Justice (JJ) Module
- i. Triggered by the “LEGAL/JUVENILE JUSTICE” question in the “Child Risk Behaviors” tab
 - ii. Contains the questions listed below:

- a. Date of most recent incident resulting in legal charges:
- b. Describe any current court orders, including dates and status of charges.
- c. During the past year, has the youth received charges related to property destruction?
- d. If YES, include date(s) of incident(s), provide a clear description of behaviors and specific if injury occurred.
- e. Has the youth used a weapon in the commission of an act of delinquency?
- f. If YES, include date(s) of the incident(s), type of weapon used and whether injuries occurred.
- g. Has the youth received any charges related to the possession or distribution of illegal substances?
- h. If YES, include date(s) of incident(s), type of substance.
- i. Juvenile Justice Commission Contact Person (for youth currently incarcerated):
- j. Juvenile Justice Commission Contact Person Phone:
- k. Probation/Parole Officer:
- l. Probation/Parole Officer Phone:
- m. Current Living Situation of Youth
- n. Date of Admission for Current Living Situation (if applicable)
- o. Provide details if youth is home with electronic monitoring and/or active court restrictions:
- p. Has there been a prior intervention or is there a current intervention for the youth?
- q. Prior / Current Interventions:
- r. SERIOUSNESS
- s. HISTORY
- t. COMMUNITY SAFETY
- u. PEER INFLUENCES
- v. PARENTAL CRIMINAL BEHAVIOR
- w. ENVIRONMENTAL INFLUENCES

14. Fire Setting (FS) Module

- i. Triggered by the “FIRE SETTING” question in the “Child Risk Behaviors” tab
- ii. Contains the questions listed below:
 - a. Date of most recent fire-setting behavior:
 - b. Describe the incident including circumstances, reasons, frequency and results/damage:
 - c. Was the youth alone at the time of the incident or were other children involved?
 - d. Explain your assessment of the youth’s likelihood of future fire setting:
 - e. SERIOUSNESS
 - f. HISTORY
 - g. PLANNING
 - h. USE OF ACCELERANTS
 - i. INTENTION TO HARM
 - j. COMMUNITY SAFETY
 - k. RESPONSE TO ACCUSATION
 - l. REMORSE
 - m. LIKELIHOOD OF FUTURE FIRE SETTING

15. Readiness for Adulthood Module

- i. Triggered by the youth being age 14 years old or older when the assessment is created or when the Demographics are refreshed.
- ii. Contains the questions listed below:
 - a. AUTONOMY/INDEPENDENT LIVING SKILLS
 - b. COMMUNITY RESOURCES
 - c. JOB SKILLS
 - d. JOB ATTAINMENT
 - e. JOB FUNCTIONING
 - f. RESOURCEFULNESS
 - g. INTIMATE RELATIONSHIPS
 - h. RESIDENTIAL STABILITY
 - i. TRANSPORTATION
 - j. EDUCATIONAL ATTAINMENT
 - k. CAREER INTERESTS
 - l. VOCATIONAL/TECHNICAL TRAINING
 - m. MAINTAINING PHYSICAL AND PSYCHOLOGICAL TREATMENT
 - n. KNOWLEDGE OF NEEDS
 - o. MEDICATION ADHERENCE
 - p. ACCESS TO HEALTH CARE AND OTHER BENEFITS
 - q. Is youth/young adult a parent?
 - 1) Triggers the “Parenting Module” if the answer selected is “Yes”.

16. Parenting Module

- i. Triggered by the “Is youth/young adult a parent?” question in the “Readiness for Adulthood Module” tab
 - ii. Contains the questions listed below:
 - a. INDEPENDENT PARENTING SKILLS
 - b. DEMONSTRATED PARENTING ABILITY *
 - c. BALANCE/ORGANIZATION
 - d. HAZARDS *
 - e. SUPERVISION *
 - f. IDENTIFICATION OF COMMUNITY RESOURCES
 - g. INVOLVEMENT *
 - h. SUPPORT
 - i. JUDGMENT *
 - j. COLLABORATION WITH OTHER PARENT
- B. Each tab other than Demographics will have a “Spell Check” button at the bottom so that all of the multi-line text fields can be spell checked.
- C. Users are now able to use the “Tab” button on their keyboard to navigate to the next field within the assessment. This does not include labels, titles, or other text.
- D. Users are now able to generate three different print reports as PDF’s:
1. Default Print – This includes all tabs in the assessment including each rated question, all answers that were available to select, which answer was actually selected and any comments entered
 2. Narrative – This includes the Demographics and Narrative tabs of the BPS Assessment.
 3. Rated Question Summary – This includes the Demographics tab as well as each rated question (not including the help text or any other associated text), the ratings of the selected answers and any comments entered. Modules are included only if they were triggered.
- E. The rated questions are now in a new standard format:

1. Each question is a drop-down list that has answers with a rating of n/a, 0, 1, 2, 3, 4 or 5. Selected answers with a rating of 2, 3, 4 or 5 require a comment to be entered in the associated text field.
 - F. Any BPS Assessments that were “In Progress” when the new functionality was implemented have been deleted.
 - G. Any BPS Assessments that were submitted but not yet approved when the new functionality was implemented have been deleted.
 - H. Any BPS Assessments that were returned when the new functionality was implemented have been deleted.
 - I. Any BPS Assessments that were approved prior to the new functionality being implemented are now displayed as the original print report.
 - J. IIC security administrators now have all three plan levels available to associate to users in their agency so that they can submit the BPS Assessment through hierarchy.

4.4 OOH Assessment

The following changes have been made to CYBER regarding the OOH Assessment:

- A. The rated questions along with their answers and help text have had their text changed to match the new CANS questions as mapped in [Section 5.4](#).
- B. The copy functionality has been updated:
 1. Copy functionality for the main accordions in the OOH Assessment remains unchanged.
 2. When copying an OOH Assessment that was submitted prior to the release date, the information in the modules will not be copied.
 3. When copying an OOH Assessment that was submitted after the release date, only the following information in the modules will be copied:
 - i. I/DD Module
 - a. COGNITIVE
 - ii. Substance Use Module
 - a. Substance of Choice (only History Column)
- C. The following text changes were made within existing accordions:
 1. Demographics
 - i. “Case Management Entity:” was changed to “Care Manager Entity:”.
 - ii. “Case Manager:” was changed to “Care Manager:”.
 - iii. “Case Manager Phone:” was changed to “Care Manager Phone:”.
- D. The modules in the assessment have been updated to match the same modules in the updated Strengths and Needs Assessment and Crisis Assessment Tool.
 1. I/DD Module
 - i. Triggered by the “DEVELOPMENTAL DELAY” question in the “Life Domain Functioning” accordion
 - ii. Contains the questions listed below:
 - a. SELF-CARE DAILY LIVING SKILLS
 - b. ELIMINATION
 - c. RECEPTIVE LANGUAGE
 - d. EXPRESSIVE LANGUAGE
 - e. AUGMENTED COMMUNICATION
 - f. PRAGMATIC USE OF LANGUAGE
 - g. GESTURES
 - h. COGNITIVE
 - i. SPECIAL EDUCATION
 - j. PERSISTENCE
 - k. ATTENTION
 - l. ADAPTATION TO CHANGE
 - m. AGITATION
 - n. SEXUAL BEHAVIOR
 - o. REPETITIVE BEHAVIORS
 - p. SENSORY RESPONSIVENESS/INTEGRATION
 - q. AGGRESSION
 - r. TRANSPORTATION
 - s. SOCIAL-EMOTIONAL DEVELOPMENTAL
 - t. AUTONOMY
 - u. EXECUTIVE FUNCTIONING
 - v. DECISION-MAKING SKILLS
 - w. GROSS MOTOR
 - x. FINE MOTOR
 - y. RESTRICTED INTERESTS

- z. PLAYFULNESS WITH OTHERS
 - aa. MONITORING
 - bb. EXPLOITATION
 - cc. INDEPENDENT LIVING (AGE 16-21)
2. Medical Module
- i. Triggered by the “MEDICAL” and/or “PHYSICAL” question(s) in the “Life Domain Functioning” accordion
 - ii. Contains the questions listed below:
 - a. Current Medical Conditions
 - b. Genetic Disorders
 - c. Specify Genetic Disorders:
 - d. Other
 - e. Other current medical conditions:
 - f. Is youth receiving treatment for medical conditions listed above?
 - g. If no, describe reason and any barriers accessing medical care (e.g. transportation, insurance, etc.)
 - h. If yes, please list name and medical provider type, along with medications prescribed.
 - i. Does youth have 3 or more medical providers managing care and/or prescribing medications?
 - j. If yes, please describe:
 - k. Do you anticipate future needs based upon the youth’s chronic or progressive medical condition?
 - l. If yes, please describe:
 - m. PAIN
 - n. IMPAIRMENT IN FUNCTIONING
 - o. ACCESS TO HEALTH CARE
 - p. YOUTH ACCOUNTABILITY FOR MEDICAL CARE PLAN
 - q. FAMILY MANAGEMENT OF MEDICAL CONDITION
3. Substance Use Module
- i. Triggered by the “SUBSTANCE USE” question in the “Behavioral Emotional Symptoms” accordion
 - ii. Contains the questions listed below:
 - a. Substance of Choice
 - b. ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL
 - c. FREQUENCY
 - d. DURATION OF USE
 - e. ENVIRONMENTAL INFLUENCES
 - f. SUBSTANCE USE AND RISK BEHAVIOR
- E. Each module has a “Spell Check” button at the bottom so that all of the multi-line text fields can be spell checked.
- F. Any OOH Assessments that were “In Progress” when the new functionality is implemented are now displayed with the updated version of the questions. Information entered into old version of the modules has not been retained.
- G. Any OOH Assessments that were approved prior to the new functionality being implemented are now displayed as the original print report.

4.5 Needs Assessment

The following changes have been made to CYBER regarding the Needs Assessment:

- A. The rated questions along with their answers and help text have had their text changed to match the new CANS questions as mapped in [Section 5.5](#).
- B. The following text changes were made within existing accordions:
 - 1. Demographics
 - i. “Case Management Entity:” was changed to “Care Manager Entity:”.
 - ii. “Case Manager:” was changed to “Care Manager:”.
 - iii. “Case Manager Phone:” was changed to “Care Manager Phone:”.
- C. Any Needs Assessments that were “In Progress” when the new functionality was implemented are now displayed with the updated version of the questions.
- D. Any Needs Assessments that were approved prior to the new functionality being implemented are now displayed as the original print report.

4.6 Utilization Management Forms

The following changes have been made to CYBER regarding Utilization Management forms:

- A. The format of the Assessment Scores section of Utilization Management forms that is automatically populated with SNA information upon the association of a UCM, JCR or SAB treatment plan has been updated to match the changes in the Strengths and Needs Assessment. The old format will still be displayed when UCM, JCR or SAB treatment plans that have an old SNA associated to them are then associated to the UM form.
- B. The format of the Assessment Scores section of Utilization Management forms that is automatically populated with CAT information upon the association of an MRSS treatment plan has been updated to match the changes in the Crisis Assessment Tool. The old format will still be displayed when MRSS treatment plans that have an old Crisis Assessment Tool associated to them are then associated to the UM form.
- C. The format of the Assessment Scores section of Utilization Management forms that is automatically populated with information upon the association of a BPS Assessment has been updated to match the changes in the Strengths and Needs Assessment. The old format will still be displayed when an old BPS Assessment is associated to the UM form.
- D. The format of the Assessment Scores section of Utilization Management forms that is automatically populated upon the association of an OOH Assessment has been updated to match the changes in the assessment. The old format will still be displayed when the old version of OOH Assessments are associated to the UM form.
- E. The format of the Assessment Scores section of Utilization Management forms that is automatically populated upon the association of a Needs Assessment has been updated to match the changes in the assessment. The old format will still be displayed when the old version of Needs Assessments are associated to the UM form.
- F. All Utilization Management forms now have a “FOR ADMINISTRATIVE USE ONLY” checkbox added to the end of the “Add'l Info/Int Use” tab so that associated forms can be marked as subpar in quality.

4.7 Treatment Plans

The following changes have been made to CYBER regarding treatment plans:

- A. Required treatment plan association for the SNA has been changed to the following:
 - 1. UCM Treatment Plans
 - i. Association required:
 - a. Comprehensive Review 90 Days
 - b. Initial ISP 30 Days
 - c. Transition ISP
 - ii. No association required:
 - a. BHH Transition
 - b. Family Crisis Plan
 - c. Service Change
 - d. Service Update
 - 2. OOH Treatment Plans
 - i. Association required:
 - a. Joint Care Review
 - b. Discharge Joint Care Review
 - c. Transition Joint Care Review
 - ii. No association required:
 - a. No CSA review
 - 3. SAB Treatment Plans
 - i. Association required:
 - a. SA Detox Service Request – Discharge
 - b. SA Detox Service Request – Transition
 - c. SA Service Extension Request – Discharge
 - d. SA Service Extension Request – Routine
 - e. SA Service Extension Request – Transition
 - ii. No association required:
 - a. None
- B. Required treatment plan association for the CAT has been changed to the following:
 - 1. MRSS Treatment Plans
 - i. Association required:
 - ii. Initial ICP
 - iii. Transition ICP
 - 2. No association required:
 - i. Family Crisis Plan
 - ii. ICP Update
- C. The “ASSOCIATE WITH ASSESSMENT” accordion has been made read-only and moved to the end of the following plans:
 - 1. UCM
 - 2. OOH
 - 3. SAB
 - 4. MRSS
- D. UCM, OOH and SAB treatment plans that require the association of an SNA now automatically associate the appropriate SNA if there is one that meets the following criteria:
 - 1. Submitted in the last 30 days
 - 2. Submitted by the same agency or any UCM/RES user
 - 3. Does not have a subtype of “No Contact” unless the plan it is being associated to is one of the following types:
 - i. UCM – Transition ISP
 - ii. OOH – Discharge Joint Care Review

- iii. SAB – SA Detox Service Request – Discharge
- iv. SAB – SA Service Extension Request – Discharge
- E. MRSS treatment plans that require the association of a CAT now automatically associate the appropriate CAT if there is one that meets the following criteria:
 - 1. Submitted in the last 30 days
 - 2. Submitted by the same agency
 - 3. Does not have a subtype of “No Contact” unless the plan it is being associated to is one of the following types:
 - i. MRSS – Transition ICP
- F. When a UCM, OOH, SAB or MRSS treatment plan is returned, the association to an SNA or CAT is now automatically removed.

4.8 Outcomes Reports

The following changes have been made to CYBER regarding the Outcomes Reports:

- A. There are now three types of Outcomes Reports:
 1. Outcomes Report – the original version of the Outcomes Report that has only been updated to match the questions in the assessments with this release.
 - i. Available to the following users:
 - a. CIS
 - b. CRI
 - c. CSA
 - d. EXE
 - e. FFT
 - f. IIC
 - g. MST
 - h. PHP
 - i. RES
 - j. UCM
 - ii. Available for the following assessments:
 - a. BHH Quarterly Progress Update
 - b. Needs Assessment
 2. Longitudinal Outcomes Report – a new Outcomes Report that compares the values for each of the rated questions using line graphs for up to 18 assessments within an episode of care. This also includes any comments entered on the selected assessment.
 - i. Available to the following users:
 - a. CIS
 - b. CRI
 - c. CSA
 - d. EXE
 - e. FFT
 - f. IIC
 - g. MST
 - h. PHP
 - i. RES
 - j. UCM
 - ii. Available for the following assessments:
 - a. Crisis Assessment Tool
 - b. Strengths and Needs Assessment
 - iii. Assessments that were completed prior to the functionality being implemented have certain rated questions mapped to the value of the equivalent rated question in the new version of the assessment. ([Section 5.1](#) and [Section 5.2](#))
 3. Individual Outcomes Report – compares the values using bar graphs for the rated questions in the selected assessment to the highest value selected in the initial two assessments of the same type within the same episode of care.
 - i. Available to the following users:
 - a. CIS
 - b. CRI
 - c. CSA
 - d. EXE
 - e. FFT
 - f. IIC

- g. MST
- h. PHP
- i. RES
- j. UCM
- ii. Available for the following assessments:
 - a. Crisis Assessment Tool
 - b. Strengths and Needs Assessment
- iii. Assessments that were completed prior to the functionality being implemented have certain rated questions mapped to the value of the equivalent rated question in the new version of the assessment. ([Section 5.1](#) and [Section 5.2](#))

4.9 Reviewer Reports

The following changes have been made to CYBER regarding the Reviewer Reports:

- A. The Reviewer Report displays the comments entered in the selected assessment.
 - 1. Available to the following users:
 - i. CSA
 - ii. EXE
 - 2. Available for the following assessments:
 - i. BPS Assessment

4.10 Tracking Elements

The following changes have been made to CYBER regarding tracking elements:

- A. A new tracking element type, “SABOOH”, has been added to distinguish Substance Use Treatment (SUT) residential programs from SUT ambulatory programs for SUT providers and will be used when setting up new Substance Use residential programs.
 - 1. The tracking element type functions in the same way that SAB tracking elements do and any functionality for SAB tracking elements is applicable for SABOOH tracking elements.
 - 2. All SAB tracking elements with an associated OOH PIF have been converted to SABOOH tracking elements.

5 Linked Information

5.1 IMDS SNA Mapping

For Strengths and Needs Assessments completed prior to the release, the actual text from those rated questions will be displayed in the previous assessment answer. The following is the mapping for what old text is displayed (the absence of a question means there is no mapping):

Life Domain Functioning

<u>Revised SNA Questions</u>	<u>Mapping to Old SNA</u>	<u>Old SNA Accordion</u>
Living Environment	Living Situation	Life Domain Functioning
Interpersonal	Interpersonal	Child Strengths
Developmental Delay	Developmental	Life Domain Functioning
School Behavior	School Behavior	Life Domain Functioning
Academic Achievement	School Achievement	Life Domain Functioning
School Attendance	School Attendance	Life Domain Functioning
Educational Agency Involvement	Educational	Child Strengths
Medical	Medical	Life Domain Functioning
Physical	Physical	Life Domain Functioning
Sleep	Sleep	Life Domain Functioning
Sexual Health	Sexuality	Life Domain Functioning
Bullied by Others	Bullying	Child Risk Behavior
Cultural Stress	Identity	Acculturation

Child Strengths

<u>Revised SNA Questions</u>	<u>Mapping to Old SNA</u>	<u>Old SNA Accordion</u>
Family Strengths	Family	Child Strengths
Relationship Stability	Relationship Permanence	Child Strengths
Talents/Interest	Talents/Interest	Child Strengths
Community Involvement	Community Life	Child Strengths
Optimism	Optimism	Child Strengths
Spiritual	Spiritual/Religious	Child Strengths

Child Behavioral/Emotional Needs

<u>Revised SNA Questions</u>	<u>Mapping to Old SNA</u>	<u>Old SNA Accordion</u>
Psychosis	Psychosis	Child Behavioral/Emotional Needs
Impulsivity and Attention	Impulsivity/Hyperactivity	Child Behavioral/Emotional Needs
Depression	Depression	Child Behavioral/Emotional Needs
Anxiety	Anxiety	Child Behavioral/Emotional Needs
Oppositional Behavior (Compliance with Authority)	Oppositional	Child Behavioral/Emotional Needs
Conduct	Conduct	Child Behavioral/Emotional Needs
Exposure and Response to Explicit Trauma	Adjustment to Trauma	Child Behavioral/Emotional Needs
Anger Control	Anger Control	Child Behavioral/Emotional Needs
Gambling	Gambling	Child Behavioral/Emotional Needs

Child Risk Behaviors

<u>Revised SNA Questions</u>	<u>Mapping to Old SNA</u>	<u>Old SNA Accordion</u>
Suicide Risk	Suicide Risk	Child Risk Behavior
Self-Injurious Behavior	Self-Mutilation	Child Risk Behavior
Other Self Harm	Other Self Harm	Child Risk Behavior
Danger to Others	Danger to Others	Child Risk Behavior
Problematic Sexual Behavior	Sexual Aggression	Child Risk Behavior
Flight Risk	Runaway	Child Risk Behavior
Legal/Juvenile Justice	Legal	Life Domain Functioning
Judgment	Judgment	Child Risk Behavior
Fire Setting	Fire Setting	Child Risk Behavior
Substance Use	Substance Use	Child Behavioral/Emotional Needs

Caregiver Strengths/Needs

<u>Revised SNA Questions</u>	<u>Mapping to Old SNA</u>	<u>Old SNA Accordion</u>
Natural Supports	Social Resources	Caregiver Strengths
Supervision	Supervision	Caregiver Strengths
Involvement With Care	Involvement	Caregiver Strengths
Knowledge of the Youth's Strengths/Needs	Knowledge	Caregiver Strengths
Residential Stability	Residential Stability	Caregiver Strengths
Physical/Medical	Physical	Caregiver Needs
Mental Health	Mental Health	Caregiver Needs
Substance Use	Substance Use	Caregiver Needs
Developmental	Developmental	Caregiver Needs
Child/Adolescent Protection	Safety	Caregiver Needs

5.2 IMDS CAT Mapping

For Crisis Assessment Tool's completed prior to the release, the actual text from those rated questions will be displayed in the previous assessment answer. The following is the mapping for what old text is displayed (the absence of a question means there is no mapping):

Life Domain Functioning

<u>Revised CAT Questions</u>	<u>Mapping to Old CAT</u>	<u>Old CAT Accordion</u>
Living Environment	Living Situation	Life Domain Functioning
Developmental Delay	Developmental	Life Domain Functioning
Medical	Medical	Physical Medical Health
Physical	Physical	Physical Medical Health
Sleep	Sleeping	Life Domain Functioning
Bullied by Others	Bullying	Risk Behaviors

Child Behavioral/Emotional Needs

<u>Revised CAT Questions</u>	<u>Mapping to Old CAT</u>	<u>Old CAT Accordion</u>
Psychosis	Psychosis	Behavioral/Emotional Symptoms
Impulsivity and Attention	Impulsivity/Hyperactivity	Behavioral/Emotional Symptoms
Depression	Depression	Behavioral/Emotional Symptoms
Anxiety	Anxiety	Behavioral/Emotional Symptoms
Oppositional Behavior (Compliance with Authority)	Oppositional	Behavioral/Emotional Symptoms
Conduct	Conduct	Behavioral/Emotional Symptoms
Exposure and Response to Explicit Trauma	Adjustment to Trauma	Behavioral/Emotional Symptoms
Anger Control	Anger Control	Behavioral/Emotional Symptoms
Gambling	Gambling	Risk Behaviors

Child Risk Behaviors

<u>Revised CAT Questions</u>	<u>Mapping to Old CAT</u>	<u>Old CAT Accordion</u>
Suicide Risk	Suicide Risk	Risk Behaviors
Self-Injurious Behavior	Self-Mutilation	Risk Behaviors
Other Self Harm	Other Self Harm	Risk Behaviors
Danger to Others	Danger to Others	Risk Behaviors
Problematic Sexual Behavior	Sexual Aggression	Risk Behaviors
Flight Risk	Runaway	Risk Behaviors
Legal/Juvenile Justice	Juvenile Justice Status	Juvenile Justice
Judgment	Judgment	Risk Behaviors
Fire Setting	Fire Setting	Risk Behaviors
Substance Use	Substance Use	Behavioral/Emotional Symptoms

Caregiver Strengths/Needs

<u>Revised CAT Questions</u>	<u>Mapping to Old CAT</u>	<u>Old CAT Accordion</u>
Natural Supports	Social Resources	Caregiver Needs and Strengths
Supervision	Supervision	Caregiver Needs and Strengths
Involvement With Care	Involvement	Caregiver Needs and Strengths
Residential Stability	Residential Stability	Caregiver Needs and Strengths

5.3 IMDS BPS Assessment Mapping

The following is the mapping for which rated questions in the BPS Assessment will have text changes to match the new CANS questions:

Life Domain Functioning

<u>Revised BPS Questions</u>	<u>Mapping to Old BPS</u>	<u>Old BPS Accordion</u>
Living Environment	Living Situation	Life Domain Functioning
Developmental Delay	Developmental	Life Domain Functioning
Medical	Medical	Physical Medical Health
Physical	Physical	Physical Medical Health
Sleep	Sleeping	Life Domain Functioning
Sexual Health	Sexuality	Life Domain Functioning
Bullied by Others	Bullying	Child Risk Behaviors

Child Strengths

<u>Revised BPS Questions</u>	<u>Mapping to Old BPS</u>	<u>Old BPS Accordion</u>
Relationship Stability	Relationship Permanence	Life Domain Functioning

Child Behavioral/Emotional Needs

<u>Revised BPS Questions</u>	<u>Mapping to Old BPS</u>	<u>Old BPS Accordion</u>
Psychosis	Psychosis	Child Behavioral/Emotional Needs
Impulsivity and Attention	Impulsivity/Hyperactivity	Child Behavioral/Emotional Needs
Depression	Depression	Child Behavioral/Emotional Needs
Anxiety	Anxiety	Child Behavioral/Emotional Needs
Oppositional Behavior (Compliance with Authority)	Oppositional	Child Behavioral/Emotional Needs
Conduct	Conduct	Child Behavioral/Emotional Needs
Exposure and Response to Explicit Trauma	Adjustment to Trauma	Child Behavioral/Emotional Needs
Anger Control	Anger Control	Child Behavioral/Emotional Needs
Gambling	Gambling	Child Behavioral/Emotional Needs

Child Risk Behaviors

<u>Revised BPS Questions</u>	<u>Mapping to Old BPS</u>	<u>Old BPS Accordion</u>
Suicide Risk	Suicide Risk	Child Risk Behaviors
Self-Injurious Behavior	Self-Mutilation	Child Risk Behaviors
Other Self Harm	Other Self Harm	Child Risk Behaviors
Danger to Others	Danger to Others	Child Risk Behaviors
Problematic Sexual Behavior	Sexual Aggression	Child Risk Behaviors
Flight Risk	Runaway	Child Risk Behaviors
Legal/Juvenile Justice	Legal	Life Domain Functioning
Judgment	Judgment	Child Risk Behaviors
Fire Setting	Fire Setting	Child Risk Behaviors
Substance Use	Substance Use	Child Behavioral/Emotional Needs

Caregiver Strengths/Needs

<u>Revised BPS Questions</u>	<u>Mapping to Old BPS</u>	<u>Old BPS Accordion</u>
Natural Supports	Social Resources	Caregiver Strengths
Supervision	Supervision	Caregiver Strengths
Involvement With Care	Involvement	Caregiver Strengths
Knowledge of the Youth's Strengths/Needs	Knowledge	Caregiver Strengths
Residential Stability	Residential Stability	Caregiver Strengths
Physical/Medical	Physical	Caregiver Needs
Mental Health	Mental Health	Caregiver Needs
Substance Use	Substance Use	Caregiver Needs
Developmental	Developmental	Caregiver Needs
Child/Adolescent Protection	Safety	Caregiver Needs

5.4 IMDS OOH Assessment Mapping

The following is the mapping for which rated questions in the OOH Assessment will have text changes to match the new CANS questions:

Life Domain Functioning

<u>Revised OOH Questions</u>	<u>Mapping to Old OOH</u>	<u>Old OOH Accordion</u>
Living Environment	Living Situation	Life Domain Functioning
Developmental Delay	Developmental	Life Domain Functioning
Medical	Medical	Life Domain Functioning
Physical	Physical	Life Domain Functioning
Sleep	Sleeping	Life Domain Functioning
Sexual Health	Sexuality	Life Domain Functioning
Bullied by Others	Bullying	Risk Behaviors

Child Strengths

<u>Revised OOH Questions</u>	<u>Mapping to Old OOH</u>	<u>Old OOH Accordion</u>
Relationship Stability	Relationship Permanence	Life Domain Functioning

Child Behavioral/Emotional Needs

<u>Revised OOH Questions</u>	<u>Mapping to Old OOH</u>	<u>Old OOH Accordion</u>
Psychosis	Psychosis	Behavioral Emotional Symptoms
Impulsivity and Attention	Impulsivity/Hyperactivity	Behavioral Emotional Symptoms
Depression	Depression	Behavioral Emotional Symptoms
Anxiety	Anxiety	Behavioral Emotional Symptoms
Oppositional Behavior (Compliance with Authority)	Oppositional	Behavioral Emotional Symptoms
Conduct	Conduct	Behavioral Emotional Symptoms
Exposure and Response to Explicit Trauma	Adjustment to Trauma	Behavioral Emotional Symptoms
Anger Control	Anger Control	Behavioral Emotional Symptoms
Gambling	Gambling	Risk Behaviors

Child Risk Behaviors

<u>Revised OOH Questions</u>	<u>Mapping to Old OOH</u>	<u>Old OOH Accordion</u>
Suicide Risk	Suicide Risk	Risk Behaviors
Self-Injurious Behavior	Self Mutilation	Risk Behaviors
Other Self Harm	Other Self Harm	Risk Behaviors
Danger to Others	Danger to Others	Risk Behaviors
Problematic Sexual Behavior	Sexual Aggression	Risk Behaviors
Flight Risk	Runaway	Risk Behaviors
Legal/Juvenile Justice	Legal	Life Domain Functioning
Judgment	Judgment	Risk Behaviors
Fire Setting	Fire Setting	Risk Behaviors
Substance Use	Substance Abuse	Behavioral Emotional Symptoms

Caregiver Strengths/Needs

<u>Revised OOH Questions</u>	<u>Mapping to Old OOH</u>	<u>Old OOH Accordion</u>
Natural Supports	Social Resources	Caregiver Strengths
Supervision	Supervision	Caregiver Strengths
Involvement With Care	Involvement	Caregiver Strengths
Knowledge of the Youth's Strengths/Needs	Knowledge	Caregiver Strengths
Residential Stability	Residential Stability	Caregiver Strengths
Physical/Medical	Physical	Caregiver Needs
Mental Health	Mental Health	Caregiver Needs
Substance Use	Substance Abuse	Caregiver Needs
Developmental	Developmental	Caregiver Needs
Child/Adolescent Protection	Safety	Caregiver Needs

5.5 IMDS Needs Assessment Mapping

The following is the mapping for which rated questions in the Needs Assessment will have text changes to match the new CANS questions:

Life Domain Functioning

<u>Revised NA Questions</u>	<u>Mapping to Old NA</u>	<u>Old NA Accordion</u>
Living Environment	Living Situation	Life Domain Functioning
Developmental Delay	Developmental	Life Domain Functioning
Medical	Medical	Life Domain Functioning
Physical	Physical	Life Domain Functioning
Sexual Health	Sexuality	Life Domain Functioning
Bullied by Others	Bullying	Child Risk Behaviors

Child Strengths

<u>Revised NA Questions</u>	<u>Mapping to Old NA</u>	<u>Old NA Accordion</u>
Relationship Stability	Relationship Permanence	Life Domain Functioning

Child Behavioral/Emotional Needs

<u>Revised NA Questions</u>	<u>Mapping to Old NA</u>	<u>Old NA Accordion</u>
Psychosis	Psychosis	Child Behavioral/Emotional Needs
Impulsivity and Attention	Impulsivity/Hyperactivity	Child Behavioral/Emotional Needs
Depression	Depression	Child Behavioral/Emotional Needs
Anxiety	Anxiety	Child Behavioral/Emotional Needs
Oppositional Behavior (Compliance with Authority)	Oppositional	Child Behavioral/Emotional Needs
Conduct	Conduct	Child Behavioral/Emotional Needs
Exposure and Response to Explicit Trauma	Adjustment to Trauma	Child Behavioral/Emotional Needs
Anger Control	Anger Control	Child Behavioral/Emotional Needs

Child Risk Behaviors

<u>Revised NA Questions</u>	<u>Mapping to Old NA</u>	<u>Old NA Accordion</u>
Suicide Risk	Suicide Risk	Child Risk Behaviors
Self-Injurious Behavior	Self-Mutilation	Child Risk Behaviors
Other Self Harm	Other Self Harm	Child Risk Behaviors
Danger to Others	Danger to Others	Child Risk Behaviors
Problematic Sexual Behavior	Sexual Aggression	Child Risk Behaviors
Flight Risk	Runaway	Child Risk Behaviors
Legal/Juvenile Justice	Legal	Life Domain Functioning
Judgment	Judgement	Child Risk Behaviors
Fire Setting	Fire Setting	Child Risk Behaviors
Substance Use	Substance Use	Child Behavioral/Emotional Needs

Caregiver Strengths/Needs

<u>Revised NA Questions</u>	<u>Mapping to Old NA</u>	<u>Old NA Accordion</u>
Natural Supports	Social Resources	Caregiver Strengths
Supervision	Supervision	Caregiver Strengths
Involvement With Care	Involvement	Caregiver Strengths
Knowledge of the Youth's Strengths/Needs	Knowledge	Caregiver Strengths
Residential Stability	Residential Stability	Caregiver Strengths
Physical/Medical	Physical	Caregiver Needs
Mental Health	Mental Health	Caregiver Needs
Substance Use	Substance Use	Caregiver Needs
Developmental	Developmental	Caregiver Needs
Child/Adolescent Protection	Safety	Caregiver Needs

6 Other Enhancements

The following enhancements were implemented and have been included in this release.

FogBugz #/ Work Order #	Description
FB 20981 WO 180191	Request: Add Security Code Definition column with attached definition to the “tblSecCode” table. Enhancement: A Security Code Definition column with attached definition has been added to the “tblSecCode” table.

7 Defect Fixes

The following items were fixed and have been included in this release.

FogBugz #/ Work Order #	Description
FB 4407 WO 47396	Issue: The anomaly for Case management agencies not submitting a progress note for 30 days while still open to a youth was being cleared by a CSA entering a progress note. Fix: The anomaly for Case management agencies not submitting a progress note for 30 days while still open to a youth is now only cleared by a user from that agency entering a progress note.
FB 20923 WO 178837	Issue: "IIH C/T" progress notes could only be viewed by IIH, BHH, UCM and CRI users. Fix: "IIH C/T" progress notes can now be viewed by all Behavioral Health users.
FB 21283 WO 184254	Issue: Service requests in treatment plans allowed users to enter partial dates, which would then cause the plans to freeze when saved. Fix: Service requests in treatment plans no longer allow users to enter partial dates.
FB 21336 WO 184818	Issue: In the progress notes generated by Utilization Management forms, "IMDS" was spelled "IDMS". Fix: In the progress notes generated by Utilization Management forms, "IMDS" is now spelled correctly.
FB 21348 WO 184598 WO 184642 WO 184647	Issue: When a treatment plan was automatically approved, the authorization that was automatically generated from the service request on that plan was missing the cost. Fix: When a treatment plan is automatically approved, the authorization that is automatically generated from the service request on that plan includes the cost.
FB 21385	Issue: If a CSA user associates a plan or assessment to a Utilization Management Service Request form and then clicks "Save & Close", the form remains in "InProgress" status but a Submitted Date is generated. Fix: If a CSA user associates a plan or assessment to a Utilization Management Service Request form and then clicks "Save & Close", the form remains in "InProgress" status and no Submitted Date is generated.
FB 21476 WO 185740	Issue: IIC Providers with the "ProviderDetailsSelfEdit" security group were able to edit various fields on the "Add/Edit Provider Details" screen for the Medicaid tab of Provider Details. Fix: IIC Providers with the "ProviderDetailsSelfEdit" security group are no longer able to edit fields on the "Add/Edit Provider Details" screen for the Medicaid tab of Provider Details.
FB 22122 WO 190088	Issue: If a youth had an MST/FFT/PHP authorization with a start date prior to that agency's tracking element start date, the process that automatically terminates the tracking element was generating an incorrect tracking element end date. Fix: If a youth has an MST/FFT/PHP authorization with a start date prior to that agency's tracking element start date, the process that automatically terminates the tracking element now generates the correct tracking element end date.

8 Change Log

	Change Log
V.1.1	