



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

OUTCOMES MEASURES APPLICATION

Adult Key Event Change (KEC)

Age Group: 26-59

ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>	Client DOB	<input type="text"/>
Episode ID	<input type="text"/>	Provider Number	<input type="text"/>
Client L. Name	<input type="text"/>	Client F. Name	<input type="text"/>
Partnership Date	<input type="text"/>	Assessment Date	<input type="text"/>
Partnership Service Coordinator (Last Name)	<input type="text"/>	Assessment Completed By	<input type="text"/>

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

New Provider Number	<input type="text"/>	Date of Provider Number change:	<input type="text"/>
New Partnership Service Coordinator (Last Name)	<input type="text"/>	Date of Partnership Service Coordinator Change:	<input type="text"/>
New FSP Program Name (check one):	<input type="checkbox"/> FSP-Adult	<input type="checkbox"/> FSP-TAY	<input type="checkbox"/> FSP-Older Adult
Date of FSP Program Change:	<input type="text"/>		

In which program(s) is the client CURRENTLY involved?

AB2034:	<input type="checkbox"/> Now enrolled in the AB2034 Program	Date of AB2034 Change:	<input type="text"/>
	<input type="checkbox"/> No longer participation in the AB2034 Program		
Governor's Homeless Initiative (GHI):	<input type="checkbox"/> Now enrolled in the GHI Program	Date of Governor's Homeless Initiative (GHI) Change:	<input type="text"/>
	<input type="checkbox"/> No longer participation in the GHI Program		
MHSA Housing Program:	<input type="checkbox"/> Now enrolled in the MHSA Housing Program	Date of MHSA Housing Program Change:	<input type="text"/>
	<input type="checkbox"/> No longer participation in the MHSA Housing Program		

Indicate New Partnership Status:

- ☐ Discontinuation / Interruption of Full Service Partnership and/or community services / program (Indicate reason below)
- ☐ Reestablishment of Full Service Partnership and/or community services / program

Date of Partnership Status Change:

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and/or community services / program, indicate the reason (check one):

- ☐ Target population criteria are not met.
- ☐ Client decided to discontinue Full Service Partnership participation after partnership established.
- ☐ Client moved to another county / service area.
- ☐ After repeated attempts to contact client, he/she cannot be located.
- ☐ Community services / program interrupted - Client's circumstances reflect a need for residential / institutional mental health services at this time (such as Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital).
- ☐ Community services / program interrupted - Client will be serving jail sentence.
- ☐ Community services / program interrupted - Client will be serving prison sentence.
- ☐ Client has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- ☐ Client is deceased.

LIVING ARRANGEMENTS

(skip this section if there are no changes)

Client has had a change in living arrangement? (check one in this column)	RESIDENTIAL TYPE	DATE OF CHANGE	Why did client change residential status? (select from choices at the bottom of the page)	If the move is due to a reason other than jail or hospital. In the opinion of the client, is this a positive or negative change?	Do the client and staff personnel collaboratively view this as an appropriate change given the current needs and goals of the client? (circle one for each selection)
	GENERAL LIVING ARRANGEMENT				
<input type="checkbox"/>	With adult family members other than parents				YES NO UNKNOWN N/A
<input type="checkbox"/>	In an apartment or house alone or with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage				YES NO UNKNOWN N/A
<input type="checkbox"/>	With one or both Biological / Adoptive Parents				YES NO UNKNOWN N/A
<input type="checkbox"/>	Single Room Occupancy (SRO) (must hold lease)				YES NO UNKNOWN N/A
	SHELTER / HOMELESS				
<input type="checkbox"/>	Emergency Shelter				YES NO UNKNOWN N/A
<input type="checkbox"/>	Homeless (includes people living in their cars)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Temporary Housing (includes people living with friends but paying no rent)				YES NO UNKNOWN N/A
	HOSPITAL				
<input type="checkbox"/>	Acute Medical Hospital				YES NO UNKNOWN N/A
<input type="checkbox"/>	Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)				YES NO UNKNOWN N/A
<input type="checkbox"/>	State Psychiatric Hospital				YES NO UNKNOWN N/A
	RESIDENTIAL PROGRAM				
<input type="checkbox"/>	Alcohol or Substance Abuse Residential Rehabilitation Center				YES NO UNKNOWN N/A
<input type="checkbox"/>	Crisis Residential Program				YES NO UNKNOWN N/A
<input type="checkbox"/>	Group Living Home				YES NO UNKNOWN N/A
<input type="checkbox"/>	Institution for Mental Disease (IMD)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Long Term Residential Program				YES NO UNKNOWN N/A
<input type="checkbox"/>	Mental Health Rehabilitation Center (MHRC)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Skilled Nursing Facility (physical)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Skilled Nursing Facility (psychiatric)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Transitional Residential Program				YES NO UNKNOWN N/A
	JUSTICE PLACEMENT				
<input type="checkbox"/>	Jail				YES NO UNKNOWN N/A
<input type="checkbox"/>	Prison				YES NO UNKNOWN N/A
	SUPERVISED PLACEMENT				
<input type="checkbox"/>	Assisted Living Facility				YES NO UNKNOWN N/A
<input type="checkbox"/>	Licensed Community Care Facility (Board and Care)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Sober Living Home				YES NO UNKNOWN N/A
<input type="checkbox"/>	Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)				YES NO UNKNOWN N/A
	OTHERS				
<input type="checkbox"/>	Other				YES NO UNKNOWN N/A
<input type="checkbox"/>	Unknown				YES NO UNKNOWN N/A

Why did client change residential status?

- | | | |
|---|---------------------------------------|--|
| 1) Asked to leave by other(s) | 8) Emotional abuse | 15) Non-Payment of rent / evicted |
| 2) At risk, sibling abuse | 9) General neglect | 16) Other |
| 3) Caretaker / Absent or incapacitated | 10) Health Reasons | 17) Physical Abuse |
| 4) Decrease functioning | 11) Improved Functioning | 18) Sexual Abuse |
| 5) Decrease in financial status | 12) Increase in financial resources | 19) Unable to maintain level of independence |
| 6) Desired increase independence | 13) More affordable house / apartment | |
| 7) Dissatisfied with prior living situation | 14) New / Better House / Apartment | |

FINANCIAL

(skip this section if there are no changes)

BENEFITS

Identify CURRENT status (check all that apply):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Veteran's Assistance (VA) Benefits | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Participant in CalWORKs | <input type="checkbox"/> HMO |

CHANGE IN PAYEE STATUS

Has the client been placed on Payee status? YES NO UNKNOWN (circle one)

Has the client been removed from Payee status? YES NO UNKNOWN (circle one)

Date of Payee Status Change:

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL

(skip this section if there are no changes)

EDUCATIONAL SETTING

If there are any educational setting changes, indicate ALL NEW and ONGOING statuses including those previously reported. (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Not in school of any kind | <input type="checkbox"/> Community College / 4 year College |
| <input type="checkbox"/> High School / Adult Education | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> Technical / Vocational School | <input type="checkbox"/> Other |

Date of Educational Setting Change:

Average number of HOURS PER WEEK in school (1-40):

If the client is in some way **STOPPING** school or training (e.g., graduation, summer vacation, dropped out):

Did the client successfully complete the CURRENT term or course? YES NO UNKNOWN N/A (circle one)

Did the client successfully complete a degree or training program? YES NO UNKNOWN (circle one)

If the client is in some way **BEGINNING** school or training:

Will the client formally enroll in a new class / course? YES NO UNKNOWN N/A (circle one)

Will the client be enrolled in a program with a goal beyond the completion of this particular class / course or term? YES NO UNKNOWN N/A (circle one)

Does one of the client's CURRENT recovery goals include any kind of education, AT THIS TIME? YES NO UNKNOWN (circle one)

GRADE LEVEL INFORMATION

Highest Level of Education Attained (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> No High School Diploma / No GED | <input type="checkbox"/> Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree | <input type="checkbox"/> Master's Degree (e.g., M.A., M.S.) |
| <input type="checkbox"/> GED Coursework | <input type="checkbox"/> Some College / Some Technical or Vocational Training | <input type="checkbox"/> Doctoral Degree (e.g., M.D., Ph.D.) |
| <input type="checkbox"/> High School Diploma / GED | <input type="checkbox"/> Bachelor's Degree (e.g., B.A., B.S.) | |

Date of Grade Level Completion:

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL *continued*

(skip this section if there are no changes)

CURRENT EMPLOYMENT		Average Number of Hours per Week	Hourly Wage
If there are any changes to the client's employment, indicate ALL NEW and ONGOING statuses including those previously reported.			
Competitive Employment Paid employment in the community in a position that is also open to individuals without disability			
Supported Employment Competitive Employment (see above) with ongoing on-site or off-site job related support services provided			
Transitional Employment / Enclave Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work			
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community			
Non-paid (Volunteer) Work Experience Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment			
Other Gainful / Employment Activity Any informal employment activity that increases the client's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution)			

Date of Employment Status Change:

Is the client unemployed AT THIS TIME?

YES NO UNKNOWN (circle one)

Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME?

YES NO UNKNOWN (circle one)

IF UNEMPLOYED: Why did the client change his/her employment status? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Attending school | <input type="checkbox"/> Retired | <input type="checkbox"/> Physical health condition |
| <input type="checkbox"/> Does not want to work | <input type="checkbox"/> Benefits or income is lost if money is earned | <input type="checkbox"/> Not satisfied with working conditions |
| <input type="checkbox"/> Transportation issues | <input type="checkbox"/> Domestic circumstances | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Disciplinary action | <input type="checkbox"/> Laid off | <input type="checkbox"/> Other |

PHYSICAL HEALTH

(skip this section if there are no changes)

Has there been a change in status?	CURRENT (circle one for each question)	DATE
Client states that he/she is in good physical health?	YES NO UNKNOWN	
Client has access to needed medical services?	YES NO UNKNOWN	
Client receives needed medical services?	YES NO UNKNOWN	
Client has a primary care physician?	YES NO UNKNOWN	
Client uses a primary care physician?	YES NO UNKNOWN	
Client has access to needed dental services?	YES NO UNKNOWN	
Client receives needed dental services?	YES NO UNKNOWN	
Is the client obese (based on BMI)?	YES NO UNKNOWN	
Has the client EVER been told by a physician that he/she has diabetes?	YES NO UNKNOWN	

Did the client receive physical health services from a DHS clinic or hospital? YES NO UNKNOWN (circle one)

Does the client have a chronic physical health care problem or problems that require periodic medical services? YES NO UNKNOWN (circle one)

CRISIS STABILIZATION / PMRT

(skip this section if there are no changes)

Did the client receive services in an Emergency Room or Crisis Stabilization? YES NO UNKNOWN (circle one)

Date of Service:

Indicate the type of Emergency Room / Crisis Stabilization intervention: (check one)

☐ ER - Physical Health

☐ ER - Psychiatric

☐ ER - Substance Abuse

☐ Crisis Stabilization - Psychiatric

☐ Crisis Stabilization - Substance Abuse

Was the client seen by a Psychiatric Mobile Response Team or 24/7 Response Team?

YES NO UNKNOWN
(circle one)

How many times?

Did any of the Psychiatric Mobile Response Team or 24/7 Response Team calls result in a hospitalization?

YES NO UNKNOWN
(circle one)

How many times?

LEGAL

(skip this section if there are no changes)

JUSTICE SYSTEM INVOLVEMENT

Did the client have contact with the police?

YES NO UNKNOWN (circle one)

Was the contact related to mental health issues?

YES NO UNKNOWN N/A (circle one)

Was the contact related to substance abuse issues?

YES NO UNKNOWN N/A (circle one)

Has the client been arrested?

YES NO UNKNOWN N/A (circle one)

Date of client's arrest:

How many were misdemeanor arrests?

How many were felony arrests?

Was the arrest related to a mental health issue?

YES NO UNKNOWN N/A (circle one)

Was the arrest related to a substance abuse issue?

YES NO UNKNOWN N/A (circle one)

Was the client incarcerated?

YES NO UNKNOWN (circle one)

Was the client placed on probation?

YES NO UNKNOWN (circle one)

- If yes, provide date:

Was the client removed from probation?

YES NO UNKNOWN (circle one)

- If yes, provide date:

CHANGE OF CONSERVATORSHIP STATUS

Has the client been placed on conservatorship?

YES NO UNKNOWN (circle one)

Has client been removed from conservatorship?

YES NO UNKNOWN (circle one)

Date of Conservatorship Status Change: