



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
OUTCOMES MEASURES APPLICATION
Child Key Event Change (KEC)
Age Group: 0-15

ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>	Client DOB	<input type="text"/>
Episode ID	<input type="text"/>	Provider Number	<input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

New Provider Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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-Child | <input type="checkbox"/> FSP-Transitional Age Youth (TAY) |
| <input type="checkbox"/> Transitional Age Youth-Probation Camp Services | <input type="checkbox"/> Specialized Foster Care-Intensive Services |
| <input type="checkbox"/> Specialized Foster Care-Basic Mental Health Services | |

Date of FSP Program Change:

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 an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital).
- ☐ Community services / program interrupted - Client will be placed in juvenile hall / camp / ranch.
- ☐ Community services / program interrupted - Client will be placed in California Youth Authority / Division of Juvenile Justice.
- ☐ 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 (non foster care)				YES NO UNKNOWN N/A
<input type="checkbox"/>	In an apartment or house alone / 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"/>	D-rate Foster Home (non-relative)				YES NO UNKNOWN N/A
<input type="checkbox"/>	D-rate Foster Home (relative)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Foster Home (with non-relatives)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Foster Home (with relatives)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Kin-Guardian Assist Program				YES NO UNKNOWN N/A
<input type="checkbox"/>	Therapeutic Foster Home				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 Home (L 0-9)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Group Home (L 10-11)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Group Home (L 12)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Group Home (L 14)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Community Treatment Facility (CTF)				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"/>	Transitional Residential Program				YES NO UNKNOWN N/A
	JUSTICE PLACEMENT				
<input type="checkbox"/>	California Youth Authority / Division of Juvenile Justice				YES NO UNKNOWN N/A
<input type="checkbox"/>	Juvenile Hall				YES NO UNKNOWN N/A
<input type="checkbox"/>	Juvenile Probation Camp / Ranch				YES NO UNKNOWN N/A
	OTHER				
<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 | |

LIVING ARRANGEMENTS *continued*

(skip this section if there are no changes)

Is the client at risk of being removed from their CURRENT living arrangement?	YES	NO	UNKNOWN	(circle one)
Is the client's CURRENT living arrangement suitable? (According to clinician / FSP Team)	YES	NO	UNKNOWN	(circle one)
Is the CURRENT living arrangement in the least restrictive setting? (According to clinician / FSP Team)	YES	NO	UNKNOWN	(circle one)
Is the client satisfied with the CURRENT living arrangement?	YES	NO	UNKNOWN	(circle one)
Have there been Suspected Child Abuse reports made related to living arrangement?	YES	NO	UNKNOWN	(circle one)
Have there been incidents of violence related to living arrangement?	YES	NO	UNKNOWN	(circle one)

SOCIAL SUPPORT

(skip this section if there are no changes)

IDENTIFY CURRENT STATUS

Socializes with others	YES	NO	(circle one)	Develops and maintains friendships	YES	NO	(circle one)
Receives spiritual support	YES	NO	(circle one)	Requires protection from abuse	YES	NO	(circle one)
Client has age appropriate, positive peer relationships?	YES	NO	UNKNOWN	(circle one)			
Client has age appropriate involvement in family?	YES	NO	UNKNOWN	N/A	(circle one)		
Client has supportive interactions / relationships with:							
Parent	YES	NO	UNKNOWN	N/A	(circle one)		
Family	YES	NO	UNKNOWN	N/A	(circle one)		
Caregiver	YES	NO	UNKNOWN	N/A	(circle one)		
Is the family or significant other(s) involved in the client's treatment?	YES	NO	UNKNOWN	(circle one)			
Client has access to at least one stable, supportive adult?	YES	NO	UNKNOWN	(circle one)			

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"/> AB3632 / SB90	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> Medicare	<input type="checkbox"/> Healthy Families	<input type="checkbox"/> HMO
<input type="checkbox"/> Veteran's Assistance (VA) Benefits	<input type="checkbox"/> Participant in CalWORKs	<input type="checkbox"/> Healthy Kids

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:	<input type="text"/>			

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL

(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Highest Level of Education Attained (**check one**):

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Day Care | <input type="checkbox"/> 5th Grade | <input type="checkbox"/> 12th Grade |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> 6th Grade | <input type="checkbox"/> GED Coursework |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 7th Grade | <input type="checkbox"/> High School Diploma / GED |
| <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 8th Grade | <input type="checkbox"/> Some College / Some Technical or Vocational Training |
| <input type="checkbox"/> 2nd Grade | <input type="checkbox"/> 9th Grade | <input type="checkbox"/> Associate's Degree (e.g., A.A., A.S.) / |
| <input type="checkbox"/> 3rd Grade | <input type="checkbox"/> 10th Grade | Technical or Vocational Degree |
| <input type="checkbox"/> 4th Grade | <input type="checkbox"/> 11th Grade | <input type="checkbox"/> Level Unknown (e.g., client in non-public school) |

Date of Grade Level Completion:

EDUCATIONAL SETTING

Does the client have age appropriate involvement in school activities?

YES NO UNKNOWN N/A (**circle one**)

Does the client have age appropriate involvement in the community?

YES NO UNKNOWN (**circle one**)

Does the client's performance meet developmental expectations?

YES NO UNKNOWN (**circle one**)

Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)?

YES NO UNKNOWN (**circle one**)

Date of Change:

Is the client CURRENTLY receiving home study?

YES NO UNKNOWN (**circle one**)

Date of Change:

The client's grades are: (**check one**)

- | | | | | |
|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|

The client had:

Number of Suspensions

Date of Suspension:

Number of Expulsions

Date of Expulsion:

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL*continued**(skip this section if there are no changes)*

<u>CURRENT EMPLOYMENT</u>	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 |
| <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	
Client demonstrates signs of regressive behavior (bed wetting, soiling)?	YES NO UNKNOWN	
Client demonstrates self-injurious behavior?	YES NO UNKNOWN	
Client has violent encounters?	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	

Is the client pregnant?	YES	NO	UNKNOWN	N/A	(circle one)
Is the client receiving prenatal care?	YES	NO	UNKNOWN	N/A	(circle one)
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)
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Date of Service:

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

<input type="checkbox"/> ER - Physical Health	<input type="checkbox"/> ER - Psychiatric	<input type="checkbox"/> ER - Substance Abuse
<input type="checkbox"/> Crisis Stabilization - Psychiatric	<input type="checkbox"/> 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?	
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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?	
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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:	<input type="text"/>			
How many were misdemeanor arrests?	<input type="text"/>			
How many were felony arrests?	<input type="text"/>			
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 detained in the juvenile justice system?	YES	NO	UNKNOWN	(circle one)
Was the client placed on probation?	YES	NO	UNKNOWN	(circle one)
If yes, what type: (check one)				
<input type="checkbox"/> Voluntary Probation (i.e., WIC 236/654)	<input type="checkbox"/> Informal Types of Probation (i.e., 601, 790, Summary Probation)	<input type="checkbox"/> Formal Probation (i.e., 602)		
Date the client was placed on probation:	<input type="text"/>			
Was the client removed from probation?	YES	NO	UNKNOWN	(circle one)
-If yes, provide date:	<input type="text"/>			
Was the client placed on California Youth Authority / Division of Juvenile Justice Parole?	YES	NO	UNKNOWN	(circle one)
-If yes, provide date:	<input type="text"/>			
Was the client removed from California Youth Authority / Division of Juvenile Justice Parole?	YES	NO	UNKNOWN	(circle one)
-If yes, provide date:	<input type="text"/>			
Was the client detained in child welfare system?	YES	NO	UNKNOWN	(circle one)
-If yes, provide date:	<input type="text"/>			
Did the client become a dependent of the court according to W & I Code 300 Status?	YES	NO	UNKNOWN	(circle one)
- If yes, provide date:	<input type="text"/>			
Was the client removed from W & I Code 300 Status?	YES	NO	UNKNOWN	(circle one)
- If yes, provide date:	<input type="text"/>			
Did the client become a ward of the court according to W & I Code 601 / 602 Status?	YES	NO	UNKNOWN	(circle one)
- If yes, provide date:	<input type="text"/>			
Was the client removed from W & I Code 601 / 602 Status?	YES	NO	UNKNOWN	(circle one)
- If yes, provide date:	<input type="text"/>			
Has the treatment been court ordered?	YES	NO	UNKNOWN	(circle one)
- If yes, provide date:	<input type="text"/>			

CHANGE OF CONSERVATORSHIP STATUS

Has the client been placed on conservatorship?	YES	NO	UNKNOWN	(circle one)
Has the client been removed from conservatorship?	YES	NO	UNKNOWN	(circle one)
Date of Conservatorship Status Change:	<input type="text"/>			