



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
OUTCOMES MEASURES APPLICATION
Transitional Age Youth (TAY) KEC
Age Group: 16-25

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"/>	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-Adult |
| <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:

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 participating 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 participating 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 participating 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:

CHANGE IN ADMINISTRATIVE INFORMATION *continued*

(skip this section if there are no changes)

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 placed in juvenile hall/ camp/ ranch.
- ☐ Community services / program interrupted - Client will be placed in California Youth Authority / Division of Juvenile Justice.
- ☐ 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 (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"/>	Single Room Occupancy (SRO) (must hold lease)				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 Housing				YES NO UNKNOWN N/A
<input type="checkbox"/>	Group Home (L 0-9)				YES NO UNKNOWN N/A

Why did client change residential status?

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

LIVING ARRANGEMENTS *continued*

(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)
<input type="checkbox"/>	Group Home (L10-11)				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"/>	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 (physical)				YES NO UNKNOWN N/A
<input type="checkbox"/>	Skilled Nursing (psychiatric)				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"/>	Jail				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
	SUPERVISED PLACEMENT				
<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)
- 2) At risk, sibling abuse
- 3) Caretaker / Absent or incapacitated
- 4) Decrease functioning
- 5) Decrease in financial status
- 6) Desired increase independence
- 7) Dissatisfied with prior living situation

- 8) Emotional abuse
- 9) General neglect
- 10) Health Reasons
- 11) Improved Functioning
- 12) Increase in financial resources
- 13) More affordable house / apartment
- 14) New / Better House / Apartment

- 15) Non-Payment of rent / evicted
- 16) Other
- 17) Physical Abuse
- 18) Sexual Abuse
- 19) Unable to maintain level of independence

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 Dependent Adult Abuse reports made related to 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)

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

Date of Grade Level Completion:

Is the client required by law to attend school? YES NO UNKNOWN (circle one)

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 N/A (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:

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL *continued**(skip this section if there are no changes)*The client's grades are: **(check one)**☐ Very Good ☐ Good ☐ Average ☐ Below Average ☐ Poor

The client had:

Number of Suspensions

Date of Suspension:

Number of Expulsions

Date of Expulsion:

CURRENT EMPLOYMENT

If there are any changes to the client's employment, indicate ALL NEW and ONGOING statuses including those previously reported.

Average Number
of Hours per Week

Hourly Wage

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	
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?
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)

LEGAL continued
(skip this section if there are no changes)

JUSTICE SYSTEM INVOLVEMENT

Has the client been arrested?	YES	NO	UNKNOWN	N/A	(circle one)
Date of client's arrest:	<input style="width: 100%;" type="text"/>				
How many were misdemeanor arrests?	<input style="width: 100%;" type="text"/>				
How many were felony arrests?	<input style="width: 100%;" 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 or incarcerated?	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 style="width: 100%;" type="text"/>				
Was the client removed from probation?	YES	NO	UNKNOWN	(circle one)	
- If yes, provide date:	<input style="width: 100%;" type="text"/>				
Was the client placed on parole by the California Youth Authority / Division of Juvenile Justice?	YES	NO	UNKNOWN	(circle one)	
- If yes, provide date:	<input style="width: 100%;" type="text"/>				
Was the client removed from parole by the California Youth Authority / Division of Juvenile Justice?	YES	NO	UNKNOWN	(circle one)	
- If yes, provide date:	<input style="width: 100%;" type="text"/>				
Was the client detained in the child welfare system?	YES	NO	UNKNOWN	(circle one)	
- If yes, provide date:	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>				
Was the client removed from W & I Code 300 Status?	YES	NO	UNKNOWN	(circle one)	
- If yes, provide date:	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>				
Was the client removed from W & I Code 601 / 602 Status?	YES	NO	UNKNOWN	(circle one)	
- If yes, provide date:	<input style="width: 100%;" type="text"/>				
Has the treatment been court ordered?	YES	NO	UNKNOWN	(circle one)	
- If yes, provide date:	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>			