

OMA KEC Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
1A	No	No	Yes	Yes	Yes	Yes	Add KEC	Baseline	KEC	PK_BaselineID	int	4	
2A	No	No	Yes	Yes	Yes	Yes	Add KEC	Episode ID	KEC	ClinicalEpisodeID	uniqueidentifier	16	
5A	No	No	Yes	Yes	Yes	Yes	Add KEC	Assessment Completed By	KEC	AL_Assessment_Comp_By	nvarchar	50	Moved from Admin Info
6A	No	Yes	Yes	Yes	Yes	Yes	Add KEC	Assessment Date	KEC	AL_KEC_Assessment_Date	datetime	8	Moved from Admin Info
	Yes	No	Yes	Yes	Yes	Yes	Admin Info	Assessment Completed By	KeyEventChange_AdminInfo	AL_Assessment_Comp_By	nvarchar	50	Moved to Add KEC
	Yes	Yes	Yes	Yes	Yes	Yes	Admin Info	Assessment Date (mmddyyyy)	KeyEventChange_AdminInfo	AL_KEC_Assessment_Date	datetime	8	Moved to Add KEC
1B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	New Provider Site ID	KeyEventChange_AdminInfo	AL_KEC_NewProv_Site_ID	int	4	Corrected Field Name
2B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Date of Provider Site ID Change:	KeyEventChange_AdminInfo	AL_KEC_Date_Prov_Site_ID_Change	datetime	8	Corrected Field Name
3B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	New Partnership Service Coordinator (Last Name)	KeyEventChange_AdminInfo	AL_KEC_New_Part_Serv_Coord_ID	int	4	
4B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Date of Partnership Service Coordinator Change:	KeyEventChange_AdminInfo	AL_KEC_Date_Part_Serv_Coord_ID_Change	datetime	8	
5B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	New FSP Program Name	KeyEventChange_AdminInfo	AL_KEC_New_FSP_Prog_Name	nvarchar	50	
6B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Date of FSP Program Name Change:	KeyEventChange_AdminInfo	AL_KEC_Date_FSP_Name_Change	datetime	8	
7B	No	Yes	No	Yes	Yes	Yes	Admin Info	Now enrolled in the AB2034 Program (check box)	KeyEventChange_AdminInfo	AL_KEC_CI_Enrolled_AB2034	nvarchar	10	
8B	No	Yes	No	Yes	Yes	Yes	Admin Info	No longer enrolled in the AB2034 Program (check box)		AL_KEC_CI_No_AB2034			
9B	No	Yes	No	Yes	Yes	Yes	Admin Info	Date of AB2034 Change:	KeyEventChange_AdminInfo	AL_KEC_CI_AB2034_Date	datetime	8	
10B	No	Yes	No	Yes	Yes	Yes	Admin Info	Now enrolled in the Governor's Homeless Initiative (GHI) Program (check box)	KeyEventChange_AdminInfo	AL_KEC_CI_Enrolled_GHI	nvarchar	10	
11B	No	Yes	No	Yes	Yes	Yes	Admin Info	No longer enrolled in the Governor's Homeless Initiative (GHI) Program (check box)		AL_KEC_CI_No_GHI			
12B	No	Yes	No	Yes	Yes	Yes	Admin Info	Date of Governor's Homeless Initiative (GHI) Change:	KeyEventChange_AdminInfo	AL_KEC_CI_GHI_Date	datetime	8	
13B	No	Yes	No	Yes	Yes	Yes	Admin Info	Now enrolled in the MHSA Housing Program (check box)	KeyEventChange_AdminInfo	AL_KEC_CI_Enrolled_MHSA_HP	nvarchar	10	
14B	No	Yes	No	Yes	Yes	Yes	Admin Info	No longer enrolled in the MHSA Housing Program (check box)		AL_KEC_CI_No_MHSA_HP			
15B	No	Yes	No	Yes	Yes	Yes	Admin Info	Date of MHSA Housing Program Change:	KeyEventChange_AdminInfo	AL_KEC_CI_MHSA_Date	datetime	8	
16B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Indicate New Partnership Status: [Radio Button]	KeyEventChange_AdminInfo	New_Part_Status	int	4	
17B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Date of Partnership Status Change:	KeyEventChange_AdminInfo	Date_PS_Change	datetime	8	

OMA KEC Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
18B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	If there is a Discontinuation / Interruption of Full Service Partnership and/or community services / program, indicate the reason (select one): [Radio Button]	KeyEventChange_AdminInfo	Disc_Int_FSP	int	4	
1C	No	No	Yes	Yes	Yes	Yes	Living Arrangement	Client has had a change in living arrangement? [Yes/No]	1_KEC_LivingArrangement_ResidentialType	1_KEC_LA_Change	nvarchar	10	
2C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangement	Residential Type [Dropdown List]	1_KEC_LivingArrangement_ResidentialType	1_KEC_Residential_Type	int	4	
3C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangement	Date of Change:	1_KEC_LivingArrangement_ResidentialType	1_KEC_Date_Change	datetime	8	
4C	No	No	Yes	Yes	Yes	Yes	Living Arrangement	Why did client change residential status? [Dropdown List]	1_KEC_LivingArrangement_ResidentialType	1_KEC_ChangeReasonID	int	4	
5C	No	No	Yes	Yes	Yes	Yes	Living Arrangement	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? [Radio Button]	1_KEC_LivingArrangement_ResidentialType	1_KEC_ChangePositive	nvarchar	50	
6C	No	No	Yes	Yes	Yes	Yes	Living Arrangement	Do the client and staff personnel collaboratively view this as an appropriate change given the CURRENT needs and goals of the client? [Yes/No]	1_KEC_LivingArrangement_ResidentialType	1_KEC_Appropriate_Change	nvarchar	10	
9C	No	No	Yes	Yes	No	Yes	Living Arrangement	Is the client at risk of being removed from their CURRENT living arrangement? (select one) [Yes/No]	1_KEC_LivingArrangement	[1_KEC_Remove_Risk]	nvarchar	10	Corrected Table Name
10C	No	No	Yes	Yes	No	Yes	Living Arrangement	Is the client's living arrangement suitable? (According to clinician / FSP Team) [Yes/No]	1_KEC_LivingArrangement	[1_KEC_Arrangement_Suitable]	nvarchar	10	Corrected Table Name
11C	No	No	Yes	Yes	No	Yes	Living Arrangement	Is the living arrangement in the least restrictive setting? (According to clinician / FSP Team) [Yes/No]	1_KEC_LivingArrangement	[1_KEC_Least_Restrictive]	nvarchar	10	Corrected Table Name
12C	No	No	Yes	Yes	No	Yes	Living Arrangement	Is the client satisfied with the CURRENT living arrangement? [Yes/No]	1_KEC_LivingArrangement	[1_KEC_Satisfied]	nvarchar	10	Corrected Table Name
13C	No	No	Yes	Yes	No	No	Living Arrangement	Have there been Suspected Child Abuse reports made related to living arrangements? [Yes/No]	1_KEC_LivingArrangement	[1_KEC_Suspected]	nvarchar	10	Corrected Table Name
14C	No	No	No	Yes	No	Yes	Living Arrangement	Have there been Suspected Dependent Adult Abuse reports made related to living arrangements? [Yes/No]	1_KEC_LivingArrangement	1_KEC_Susp_Dep_Adult_Abuse	nvarchar	10	Corrected Table Name
15C	No	No	Yes	Yes	No	Yes	Living Arrangement	Have there been incidents of violence related to living arrangement? [Yes/No]	1_KEC_LivingArrangement	[1_KEC_Violence_Incident]	nvarchar	10	Corrected Table Name
1D	No	No	Yes	Yes	No	Yes	Social Support	Socializes with others [Yes/No]	2_KEC_Social_Support	[2_KEC_Socializes]	nvarchar	10	
2D	No	No	Yes	Yes	No	Yes	Social Support	Develops and maintains friendships [Yes/No]	2_KEC_Social_Support	[2_KEC_Develops]	nvarchar	10	
3D	No	No	Yes	Yes	No	Yes	Social Support	Receives spiritual support [Yes/No]	2_KEC_Social_Support	[2_KEC_Support]	nvarchar	10	
4D	No	No	Yes	Yes	No	Yes	Social Support	Requires protection from abuse [Yes/No]	2_KEC_Social_Support	[2_KEC_Protection]	nvarchar	10	
5D	No	No	Yes	Yes	No	Yes	Social Support	Client has age appropriate, positive peer relationship? [Yes/No]	2_KEC_Social_Support	[2_KEC_Age_Appropriate_Rel]	nvarchar	10	
6D	No	No	Yes	Yes	No	Yes	Social Support	Client has age appropriate involvement in family? [Yes/No]	2_KEC_Social_Support	[2_KEC_Age_Appropriate_Fam]	nvarchar	3	
7D	No	No	Yes	Yes	No	Yes	Social Support	Client has supportive interactions / relationships with: Parent [Yes/No]	2_KEC_Social_Support	[2_KEC_Supportive_Parent]	nvarchar	3	
8D	No	No	Yes	Yes	No	Yes	Social Support	Family [Yes/No]	2_KEC_Social_Support	[2_KEC_Supportive_Family]	nvarchar	3	
9D	No	No	Yes	Yes	No	Yes	Social Support	Caregiver [Yes/No]	2_KEC_Social_Support	[2_KEC_Supportive_Caregiver]	nvarchar	3	
10D	No	No	Yes	Yes	No	Yes	Social Support	Is the family or significant other(s) involved in the client's treatment? [Yes/No]	2_KEC_Social_Support	[2_KEC_Fam_Involved]	nvarchar	3	
11D	No	No	Yes	Yes	No	Yes	Social Support	Client has access to at least one stable, supportive adult? [Yes/No]	2_KEC_Social_Support	[2_KEC_Supportive_Adult]	nvarchar	10	
1E	No	No	Yes	Yes	Yes	Yes	Financial	Identify CURRENT status (select all that apply): Medi-Cal [Yes/No]	3_KEC_Financial	3_KEC_B_Medi_Cal	nvarchar	10	

OMA KEC Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
2E	No	No	Yes	Yes	Yes	Yes	Financial	Medicare [Yes/No]	3_KEC_Financial	3_KEC_B_Medicare	nvarchar	10	
3E	No	No	Yes	Yes	Yes	Yes	Financial	Veteran's Assistance (VA) Benefits [Yes/No]	3_KEC_Financial	3_KEC_B_VA_Benefits	nvarchar	10	
4E	No	No	Yes	Yes	No	No	Financial	AB3632 / SB90 [Yes/No]	3_KEC_Financial	3_KEC_B_AB3632_SB90	nvarchar	10	
5E	No	No	Yes	Yes	No	No	Financial	Healthy Families [Yes/No]	3_KEC_Financial	3_KEC_B_Healthy_Families	nvarchar	10	
6E	No	No	Yes	Yes	Yes	Yes	Financial	Participant in CalWORKs [Yes/No]	3_KEC_Financial	3_KEC_B_CalWorks	nvarchar	10	
7E	No	No	Yes	Yes	Yes	Yes	Financial	Private Insurance [Yes/No]	3_KEC_Financial	3_KEC_B_Private_Insurance	nvarchar	10	
8E	No	No	Yes	Yes	Yes	Yes	Financial	HMO [Yes/No]	3_KEC_Financial	3_KEC_B_HMO	nvarchar	10	
9E	No	No	Yes	Yes	No	No	Financial	Healthy Kids [Yes/No]	3_KEC_Financial	3_KEC_B_Healthy_Kids	nvarchar	10	
10E	No	Yes	Yes	Yes	Yes	Yes	Financial	Has the client been placed on Payee status? [Yes/No]	3_KEC_Financial	3_KEC_CPS_Placed_PS	nvarchar	10	
11E	No	Yes	Yes	Yes	Yes	Yes	Financial	Has the client been removed from Payee status? [Yes/No]	3_KEC_Financial	3_KEC_CPS_Removed_PS	nvarchar	10	
12E	No	Yes	Yes	Yes	Yes	Yes	Financial	Date of Payee Status Change:	3_KEC_Financial	3_KEC_CPS_Date	datetime	8	
13E	No	No	No	No	No	Yes	Financial	Identify current status (select all that apply): Adult Day Health Care	4_KEC_DAVEL	4_KEC_Adult_DayCare	bit	1	
14E	No	No	No	No	No	Yes	Financial	Senior Center Participation	4_KEC_DAVEL	4_KEC_Senior_Center	bit	1	
1F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	New Educational Setting:	4_KEC_DAVEL	4_KEC_Current_EducationID	int	4	
2F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Date of Educational Setting Change:	4_KEC_DAVEL	4_KEC_CE_DateChange	datetime	8	
3F	No	No	No	Yes	Yes	Yes	DA/V/EL	Average number of HOURS PER WEEK in school (1-40):	4_KEC_DAVEL	4_KEC_Avg_Hrs_Wk	int	4	
4F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	If the client is in some way STOPPING school or training (e.g., graduation, summer vacation, dropped): Did the client successfully complete the CURRENT term or course? [Yes/No]	4_KEC_DAVEL	4_KEC_Current_Course	nvarchar	10	
5F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Did the client successfully complete a degree or training program? [Yes/No]	4_KEC_DAVEL	4_KEC_Degree_Program	nvarchar	10	
6F	No	No	No	Yes	Yes	Yes	DA/V/EL	If the client is in some way BEGINNING school or training: Will the client formally enroll in a new class / course? [Yes/No]	4_KEC_DAVEL	4_KEC_Enroll_NewClass	nvarchar	10	
7F	No	No	No	Yes	Yes	Yes	DA/V/EL	Will the client be enrolled in a program with a goal beyond the completion of this particular class / course or term? [Yes/No]	4_KEC_DAVEL	4_KEC_Enrolled_Program	nvarchar	10	
8F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Does one of the client's CURRENT recovery goals include any kind of education AT THIS TIME? [Yes/No]	4_KEC_DAVEL	4_KEC_Not_In_School	nvarchar	10	
9F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Highest Level of Education Attained (select one): [Radio Buttons]	4_KEC_DAVEL	4_KEC_HLEA_Change	nvarchar	100	
10F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Date of Grade Level Status Completion:	4_KEC_DAVEL	4_KEC_GLS_Date_Change	datetime	8	
11F	No	No	No	Yes	No	No	DA/V/EL	Is the client required by law to attend school? [Yes/No]	4_KEC_DAVEL	4_KEC_Req_Attend_School	nvarchar	10	
12F	No	No	Yes	Yes	No	No	DA/V/EL	Does the client have age appropriate involvement in school activities? [Yes/No]	4_KEC_DAVEL	4_KEC_Inv_School_Act	nvarchar	10	
13F	No	No	Yes	Yes	No	No	DA/V/EL	Does the client have age appropriate involvement in the community? [Yes/No]	4_KEC_DAVEL	4_KEC_Inv_Community	nvarchar	10	
14F	No	No	Yes	Yes	No	No	DA/V/EL	Does the client's performance meet developmental expectations? [Yes/No]	4_KEC_DAVEL	4_KEC_Dev_Expectations	nvarchar	10	
15F	No	No	Yes	Yes	No	No	DA/V/EL	Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)? [Yes/No]	4_KEC_DAVEL	4_KEC_Special_Education	nvarchar	10	
16F	No	No	Yes	Yes	No	No	DA/V/EL	Date of Change:	4_KEC_DAVEL	4_KEC_SE_Date_Change	datetime	8	
17F	No	No	Yes	Yes	No	No	DA/V/EL	Is the client CURRENTLY receiving home study? [Yes/No]	4_KEC_DAVEL	4_KEC_Home_Study	nvarchar	10	
18F	No	No	Yes	Yes	No	No	DA/V/EL	Date of Change:	4_KEC_DAVEL	4_KEC_HS_Date_Change	datetime	8	

OMA KEC Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
	Yes	No	No	Yes	No	No	DA/V/EL	On an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)? [Yes/No]	4_KEC_DAVEL	4_KEC_Hrs_Wk_Extra	int	4	Moved to 3M - TAY
	Yes	No	No	Yes	No	No	DA/V/EL	Date of Change:	4_KEC_DAVEL	4_KEC_HWE_Date_Change	datetime	8	Moved to 3M - TAY
19F	No	No	Yes	Yes	No	No	DA/V/EL	The client's grades are: [Dropdown List]	4_KEC_DAVEL	4_KEC_GradesID	int	4	
20F	No	No	Yes	Yes	No	No	DA/V/EL	Number of Suspensions	4_KEC_DAVEL	4_KEC_Suspensions	int	4	
21F	No	Yes	Yes	Yes	No	No	DA/V/EL	Date of Suspensions:	4_KEC_DAVEL	4_KEC_Suspensions_Date	datetime	8	
22F	No	No	Yes	Yes	No	No	DA/V/EL	Number of Expulsions	4_KEC_DAVEL	4_KEC_Expulsions	int	4	
23F	No	Yes	Yes	Yes	No	No	DA/V/EL	Date of Expulsions:	4_KEC_DAVEL	4_KEC_Expulsions_Date	datetime	8	
24F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Competitive Employment: Average Number of Hours per Week	4_KEC_DAVEL	4_KEC_Comp_Emp_Avg_Hrs_Wk	int	4	
25F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Average Hourly Wage	4_KEC_DAVEL	4_KEC_Comp_Emp_Hr_Wage	money	8	
26F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Supported Employment: Average Number Hours per Week	4_KEC_DAVEL	4_KEC_Supp_Emp_Avg_Hrs_Wk	int	4	
27F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Average Hourly Wage	4_KEC_DAVEL	4_KEC_Supp_Emp_Hr_Wage	money	8	
28F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Transitional Employment / Enclave: Average Number of Hours per Week	4_KEC_DAVEL	4_KEC_Trans_Emp_Avg_Hrs_Wk	int	4	
29F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Average Hourly Wage	4_KEC_DAVEL	4_KEC_Trans_Emp_Hr_Wage	money	8	
30F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Average Number of Hours per Week	4_KEC_DAVEL	4_KEC_Paid_House_Avg_Hrs_Wk	int	4	
31F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Average Hourly Wage	4_KEC_DAVEL	4_KEC_Paid_House_Hr_Wage	money	8	
32F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Non-paid (Volunteer) Work Experience: Average Number of Hours per Week	4_KEC_DAVEL	4_KEC_Non_Paid_Avg_Hrs_Wk	int	4	
33F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Other Gainful / Employment Activity: Average Number of Hours per Week	4_KEC_DAVEL	4_KEC_Other_Gainful_Avg_Hrs_Wk	money	8	
34F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Average Hourly Wage	4_KEC_DAVEL	4_KEC_Other_Gainful_Hr_Wage	int	4	
35F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Date of Employment Change:	4_KEC_DAVEL	4_KEC_NES_Date_Change	datetime	8	
36F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Is the client unemployed AT THIS TIME? [Yes/No]	4_KEC_DAVEL	4_KEC_Not_Employed	nvarchar	10	
37F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME? [Yes/No]	4_KEC_DAVEL	4_KEC_Current_Goals	nvarchar	10	
38F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	If Unemployed: Why did the client change his/her employment status? (select all that apply) Attending school [Yes/No]	4_KEC_DAVEL	4_KEC_Att_School	nvarchar	10	
39F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Does not want to work [Yes/No]	4_KEC_DAVEL	4_KEC_Does_Not_Want	nvarchar	10	
40F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Transportation issues [Yes/No]	4_KEC_DAVEL	4_KEC_Trans_Issues	nvarchar	10	
41F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Disciplinary action [Yes/No]	4_KEC_DAVEL	4_KEC_Disciplinary	nvarchar	10	
42F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Retired [Yes/No]	4_KEC_DAVEL	4_KEC_Retired	nvarchar	10	
43F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Benefits or income is lost if money is earned [Yes/No]	4_KEC_DAVEL	4_KEC_Benefits_Lost	nvarchar	10	
44F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Domestic circumstances [Yes/No]	4_KEC_DAVEL	4_KEC_Domestic_Circ	nvarchar	10	
45F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Laid off [Yes/No]	4_KEC_DAVEL	4_KEC_Laid_Off	nvarchar	10	
46F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Physical health condition [Yes/No]	4_KEC_DAVEL	4_KEC_Physical_Cond	nvarchar	10	
47F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Not satisfied with working conditions [Yes/No]	4_KEC_DAVEL	4_KEC_Not_Satisfied	nvarchar	10	
48F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Military service [Yes/No]	4_KEC_DAVEL	4_KEC_Military_Svs	nvarchar	10	
49F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Other [Yes/No]	4_KEC_DAVEL	4_KEC_Other_ES	nvarchar	10	
1G	No	No	Yes	Yes	Yes	Yes	Physical Health	Has there been a change in status? Client states they are in good physical health? [Yes/No]	5_KEC_Physical_Health	5_KEC_Good_Cond	nvarchar	10	
2G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Good Physical Health)	5_KEC_Physical_Health	5_KEC_GC_Date	datetime	8	
3G	No	No	Yes	Yes	Yes	Yes	Physical Health	Client has needed medical services? [Yes/No]	5_KEC_Physical_Health	5_KEC_Meds_Svs	nvarchar	10	

OMA KEC Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
4G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Needed Med Services)	5_KEC_Physical_Health	5_KEC_MS_Date	datetime	8	
5G	No	No	Yes	Yes	Yes	Yes	Physical Health	Client receives needed medical services? [Yes/No]	5_KEC_Physical_Health	5_KEC_Rec_Meds_Svs	nvarchar	10	
6G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Receives Med Services)	5_KEC_Physical_Health	5_KEC_RMS_Date	datetime	8	
7G	No	No	Yes	Yes	Yes	Yes	Physical Health	Client has a primary care physician? [Yes/No]	5_KEC_Physical_Health	5_KEC_Prim_Care	nvarchar	10	
8G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Primary Care Physician)	5_KEC_Physical_Health	5_KEC_PC_Date	datetime	8	
9G	No	Yes	Yes	Yes	Yes	Yes	Physical Health	Client uses a primary care physician? [Yes/No]	5_KEC_Physical_Health	5_KEC_Prim_Phy	nvarchar	10	
10G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Uses Primary Care Physician)	5_KEC_Physical_Health	5_KEC_PP_Date	datetime	8	
11G	No	No	Yes	Yes	Yes	Yes	Physical Health	Client has needed dental services? [Yes/No]	5_KEC_Physical_Health	5_KEC_Dental_Svs	nvarchar	10	
12G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Needed Dental Services)	5_KEC_Physical_Health	5_KEC_DS_Date	datetime	8	
13G	No	No	Yes	Yes	Yes	Yes	Physical Health	Client receives needed dental services? [Yes/No]	5_KEC_Physical_Health	5_KEC_Rec_Dental_Svs	nvarchar	10	
14G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Receives Dental Services)	5_KEC_Physical_Health	5_KEC_RDS_Date	datetime	8	
15G	No	No	Yes	Yes	No	Yes	Physical Health	Client demonstrates signs of regressive behavior (bed wetting, soiling)? [Yes/No]	5_KEC_Physical_Health	5_KEC_Reg_Behavior	nvarchar	10	
16G	No	No	Yes	Yes	No	Yes	Physical Health	Date (Regressive Behavior)	5_KEC_Physical_Health	5_KEC_RB_Date	datetime	8	
17G	No	No	Yes	Yes	No	Yes	Physical Health	Client demonstrates self-injurious behavior? [Yes/No]	5_KEC_Physical_Health	5_KEC_Self_Inj	nvarchar	10	
18G	No	No	Yes	Yes	No	Yes	Physical Health	Date (Self-Injurious Behavior)	5_KEC_Physical_Health	5_KEC_SI_Date	datetime	8	
19G	No	No	Yes	Yes	No	Yes	Physical Health	Client has violent encounters? [Yes/No]	5_KEC_Physical_Health	5_KEC_Violent_Enc	nvarchar	10	
20G	No	No	Yes	Yes	No	Yes	Physical Health	Date (Violent encounters)	5_KEC_Physical_Health	5_KEC_VE_Date	datetime	8	
21G	No	No	No	No	No	Yes	Physical Health	Client has caretaker relationship?	5_KEC_Physical_Health	5_KEC_Caretaker_Rel	nvarchar	10	
22G	No	No	No	No	No	Yes	Physical Health	Date (Caretaker Relationship)	5_KEC_Physical_Health	5_KEC_CR_Date	datetime	8	
23G	No	No	No	No	No	Yes	Physical Health	Is the caretaker a paid In-Home Worker?	5_KEC_Physical_Health	5_KEC_Paid_In_Home	nvarchar	10	
24G	No	No	No	No	No	Yes	Physical Health	Date (Paid In-Home Worker)	5_KEC_Physical_Health	5_KEC_PIH_Date	datetime	8	
25G	No	No	No	No	No	Yes	Physical Health	Is the caretaker a paid Supported Transitional Worker?	5_KEC_Physical_Health	5_KEC_Paid_Supported	nvarchar	10	
26G	No	No	No	No	No	Yes	Physical Health	Date (Supported Trans Worker)	5_KEC_Physical_Health	5_KEC_PS_Date	datetime	8	
27G	No	No	No	No	No	Yes	Physical Health	Is the caretaker a significant other?	5_KEC_Physical_Health	5_KEC_Sign_Other	nvarchar	10	
28G	No	No	No	No	No	Yes	Physical Health	Date (Significant other)	5_KEC_Physical_Health	5_KEC_SO_Date	datetime	8	
29G	No	No	No	No	No	Yes	Physical Health	Is the caretaker a family member?	5_KEC_Physical_Health	5_KEC_Family	nvarchar	10	
30G	No	No	No	No	No	Yes	Physical Health	Date (Family Member)	5_KEC_Physical_Health	5_KEC_F_Date	datetime	8	
31G	No	No	Yes	Yes	Yes	Yes	Physical Health	Is client obese (based on BMI)? [Yes/No]	5_KEC_Physical_Health	5_KEC_Obese	nvarchar	10	
32G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Obese)	5_KEC_Physical_Health	5_KEC_O_Date	datetime	8	
33G	No	No	Yes	Yes	Yes	Yes	Physical Health	Has client ever been told by a physician that he/she has diabetes? [Yes/No]	5_KEC_Physical_Health	5_KEC_Diabetes	nvarchar	10	
34G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date (Diabetes)	5_KEC_Physical_Health	5_KEC_D_Date	datetime	8	
35G	No	No	Yes	Yes	No	No	Physical Health	Is the client pregnant? [Yes/No]	5_KEC_Physical_Health	5_KEC_Client_Pregnant	nvarchar	10	
36G	No	No	Yes	Yes	No	No	Physical Health	Is the client receiving prenatal care? [Yes/No]	5_KEC_Physical_Health	5_KEC_Rec_Prenatal_Care	nvarchar	10	
37G	No	No	No	No	No	Yes	Physical Health	Based on the Mini Mental Exam (MMSE), the client presented with symptoms of cognitive impairment.	5_KEC_Physical_Health	5_KEC_MMSE_Symptoms	nvarchar	10	
38G	No	No	No	No	No	Yes	Physical Health	If yes, what level: [Dropdown List]	5_KEC_Physical_Health	5_KEC_MMSE_LevelID	int	4	
39G	No	No	No	No	No	Yes	Physical Health	Based on the Confusion Assessment Method (CAM), the client presented with symptoms of delirium.	5_KEC_Physical_Health	5_KEC_CAM_Symptoms	nvarchar	10	
40G	No	No	No	No	No	Yes	Physical Health	If yes, identify the most appropriate: [Dropdown List]	5_KEC_Physical_Health	5_KEC_CAM_LevelID	int	4	
41G	No	No	No	No	No	Yes	Physical Health	Based on the Geriatric Depression Scale (GDS), the client presented depressive symptoms.	5_KEC_Physical_Health	5_KEC_GDS	nvarchar	10	
42G	No	No	Yes	Yes	Yes	Yes	Physical Health	Did the client receive physical health services from a DHS clinic or hospital? [Yes/No]	5_KEC_Physical_Health	5_KEC_DHS_Svs	nvarchar	10	
43G	No	No	Yes	Yes	Yes	Yes	Physical Health	Does the client have a chronic physical health care problem or problems that require periodic medical services? [Yes/No]	5_KEC_Physical_Health	5_KEC_Chron_Health	nvarchar	10	
1H	No	No	Yes	Yes	Yes	Yes	CS/PMRT	Did the client receive services in an Emergency Room or Crisis Stabilization? [Yes/No]	6_KEC_Hospitalization_CrisisStabilization	6_KEC_Admit_Emergency	nvarchar	10	

OMA KEC Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
2H	No	Yes	Yes	Yes	Yes	Yes	CS/PMRT	Date of Service:	6_KEC_Hospitalization_CrisisStabilization	6_KEC_Date_ER_CS_Service	datetime	8	
3H	No	Yes	Yes	Yes	Yes	Yes	CS/PMRT	Indicate the type of Emergency Room / Crisis Stabilization intervention: (Dropdown List)	6_KEC_Hospitalization_CrisisStabilization	6_KEC_Indicate_Type_ER_CS	int	4	
4H	No	No	Yes	Yes	Yes	Yes	CS/PMRT	Was the client seen by a Psychiatric Mobile Response Team or 24/7 Response Team? [Yes/No]	6_KEC_Hospitalization_CrisisStabilization	6_KEC_PMRT	nvarchar	10	
	Yes	No	Yes	Yes	Yes	No	CS/PMRT	How many times?	6_KEC_Hospitalization_CrisisStabilization	6_KEC_PMRT_Times	int	4	
5H	No	No	Yes	Yes	Yes	Yes	CS/PMRT	Did any of the Psychiatric Mobile Response Team or 24/7 Response Team calls result in a hospitalization? [Yes/No]	6_KEC_Hospitalization_CrisisStabilization	6_KEC_PMRT_Call	nvarchar	10	
	Yes	No	Yes	Yes	Yes	No	CS/PMRT	How many times?	6_KEC_Hospitalization_CrisisStabilization	6_KEC_PMRT_Call_Times	int	4	
1J	No	No	Yes	Yes	Yes	Yes	LEGAL	Did the client have contact with the police? [Yes/No]	7_KEC_Legal	7_KEC_Police_Contact	nvarchar	10	
2J	No	No	Yes	Yes	Yes	Yes	LEGAL	Was the contact related to mental health issues? [Yes/No]	7_KEC_Legal	7_KEC_Contact_MH_Related	nvarchar	10	
3J	No	No	Yes	Yes	Yes	Yes	LEGAL	Was the contact related to substance abuse issues? [Yes/No]	7_KEC_Legal	7_KEC_Contact_Substance_Related	nvarchar	10	
4J	No	No	Yes	Yes	Yes	Yes	LEGAL	Has the client been arrested? [Yes/No]	7_KEC_Legal	7_KEC_Client_Arrested	nvarchar	10	
5J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	Date of client's arrest:	7_KEC_Legal	7_KEC_Client_Arrested_Date	datetime	8	
6J	No	No	Yes	Yes	Yes	Yes	LEGAL	How many were misdemeanor arrests?	7_KEC_Legal	7_KEC_Num_Misdemeanor	int	4	
7J	No	No	Yes	Yes	Yes	Yes	LEGAL	How many were felony arrests?	7_KEC_Legal	7_KEC_Num_Felonies	int	4	
8J	No	No	Yes	Yes	Yes	Yes	LEGAL	Was the arrest related to a mental health issue? [Yes/No]	7_KEC_Legal	7_KEC_Legal_JusticeSys_MH_Related	nvarchar	10	
9J	No	No	Yes	Yes	Yes	Yes	LEGAL	Was the arrest related to a substance abuse issue? [Yes/No]	7_KEC_Legal	7_KEC_Legal_JusticeSys_Substance_Related	nvarchar	10	
10J	No	No	Yes	Yes	Yes	Yes	LEGAL	Was the client detained in the juvenile justice system <u>or</u> incarcerated? [Yes/No] (TAY)	7_KEC_Legal	7_KEC_Client_JusticeSys	nvarchar	10	
11J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	Was the client placed on probation? [Yes/No]	7_KEC_Legal	7_KEC_Client_Prob	nvarchar	10	
12J	No	No	Yes	Yes	No	No	LEGAL	If yes, what type:	7_KEC_Legal	7_KEC_Client_Prob_TypeID	int	4	
13J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	Date the client was placed on probation:	7_KEC_Legal	7_KEC_CProb_Date	datetime	8	
14J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	Was the client removed from probation? [Yes/No]	7_KEC_Legal	7_KEC_Client_Removed_Prob	nvarchar	10	
15J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_Rem_Prob_Date	datetime	8	
16J	No	Yes	Yes	Yes	No	No	LEGAL	Was the client placed on parole by the California Youth Authority / Division of Juvenile Justice? [Yes/No]	7_KEC_Legal	7_KEC_Client_Parole	nvarchar	10	
17J	No	Yes	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_CP_Date	datetime	8	
18J	No	Yes	Yes	Yes	No	No	LEGAL	Was the client removed from parole by the California Youth Authority / Division of Juvenile Justice? [Yes/No]	7_KEC_Legal	7_KEC_Client_Removed_Parole	nvarchar	10	
19J	No	Yes	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_CRP_Date	datetime	8	
20J	No	No	Yes	Yes	No	No	LEGAL	Was the client detained in the child welfare system?	7_KEC_Legal	7_KEC_Client_Welfare	nvarchar	10	
21J	No	No	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_CWEl_Date	datetime	8	
22J	No	Yes	Yes	Yes	No	No	LEGAL	Did the client become a dependent of the court according to W & I Code 300 Status? [Yes/No]	7_KEC_Legal	7_KEC_Client_Placed300	nvarchar	10	
23J	No	Yes	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_CP300_Date	datetime	8	
24J	No	Yes	Yes	Yes	No	No	LEGAL	Was the client removed from W & I Code 300 Status?	7_KEC_Legal	7_KEC_Client_Removed300	nvarchar	10	
25J	No	Yes	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_CR300_Date	datetime	8	
26J	No	No	Yes	Yes	No	No	LEGAL	Did the client become a ward of the court according to W & I Code 601 / 602 status? [Yes/No]	7_KEC_Legal	7_KEC_Client_Ward_601_602_Placed	varchar	10	
27J	No	No	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_601_P_Date	datetime	8	
28J	No	No	Yes	Yes	No	No	LEGAL	Was the client removed from W & I Code 601 / 602 Status? [Yes/No]	7_KEC_Legal	7_KEC_Client_Ward_601_602_Removed	varchar	10	
29J	No	No	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_601_R_Date	datetime	8	

OMA KEC Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
30J	No	No	Yes	Yes	No	No	LEGAL	Has the treatment been court ordered? [Yes/No]	7_KEC_Legal	7_KEC_Client_Treatment	nvarchar	10	
31J	No	No	Yes	Yes	No	No	LEGAL	If yes, provide date:	7_KEC_Legal	7_KEC_TCO_Date	datetime	8	
32J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	Has the client been placed on conservatorship? [Yes/No]	7_KEC_Legal	7_KEC_Client_Conserved	nvarchar	10	
	Yes	No	No	Yes	No	No	LEGAL	If yes, with whom?	7_KEC_Legal	7_KEC_Client_Probate_Whom	nvarchar	400	
33J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	Has the client been removed from conservatorship? [Yes/No]	7_KEC_Legal	7_KEC_Client_Cons_Removed	nvarchar	10	
34J	No	Yes	Yes	Yes	Yes	Yes	LEGAL	Date of Conservatorship Status Change:	7_KEC_Legal	7_KEC_Client_Conserved_Date	datetime	8	
35J	No	No	No	No	No	Yes	LEGAL	Does the client have a Probate Conservator	7_KEC_Legal	7_KEC_Client_Probate	nvarchar	10	
36J	No	No	No	No	No	Yes	LEGAL	Has the client been removed from Probate Conservator? [Yes/No]	7_KEC_Legal	7_KEC_Client_Probate_Rem	nvarchar	10	
37J	No	No	No	No	No	Yes	LEGAL	Date of Probate Conservator Status Change:	7_KEC_Legal	7_KEC_Client_Probate_Date	datetime	8	
38J	No	No	No	No	No	Yes	LEGAL	Does the client have a Power of Attorney?	7_KEC_Legal	7_KEC_Client_PowerAttorney	nvarchar	10	
39J	No	No	No	No	No	Yes	LEGAL	Has the client been removed from Power of Attorney? [Yes/No]	7_KEC_Legal	7_KEC_Client_PowerAttorney_Rem	nvarchar	10	
40J	No	No	No	No	No	Yes	LEGAL	Date of Probate Conservator Status Change:	7_KEC_Legal	7_KEC_Client_PowerAttorney_Date	datetime	8	