



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"/> |

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-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.

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.) / Technical or Vocational Degree |
| <input type="checkbox"/> 3rd Grade | <input type="checkbox"/> 10th Grade | <input type="checkbox"/> Level Unknown (e.g., client in non-public school) |
| <input type="checkbox"/> 4th Grade | <input type="checkbox"/> 11th Grade | |

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**)

- Very Good Good Average Below Average 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)

| 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 |
| <input type="checkbox"/> Disciplinary action | <input type="checkbox"/> Laid off | <input type="checkbox"/> Other |

