



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
**OUTCOMES MEASURES APPLICATION**  
Transitional Age Youth (TAY) Baseline  
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"/>

**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 |

**Who referred the client? (check one)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acute Psychiatric / State Hospital | <input type="checkbox"/> Juvenile Hall / Camp / Ranch / California Youth Authority / Division of Juvenile Justice | <input type="checkbox"/> School                                      |
| <input type="checkbox"/> Emergency Room                     |   | <input type="checkbox"/> Self  |
| <input type="checkbox"/> Faith-based Organization           | <input type="checkbox"/> Mental Health Facility / Community Agency  | <input type="checkbox"/> Significant Other                           |
| <input type="checkbox"/> Family Member                      | <input type="checkbox"/> Other  | <input type="checkbox"/> Social Services Agency                      |
| <input type="checkbox"/> Friend / Neighbor                  | <input type="checkbox"/> Other County / Community Agency  | <input type="checkbox"/> Street Outreach                             |
| <input type="checkbox"/> Homeless Shelter                   |   | <input type="checkbox"/> Substance Abuse Treatment Facility / Agency |
| <input type="checkbox"/> Jail / Prison                      | <input type="checkbox"/> Primary Care / Medical Office  |  |

**In which additional program(s) is the client CURRENTLY involved? (check all that apply)**

- |   |
|---|
| <input type="checkbox"/> AB2034                               |
| <input type="checkbox"/> Governor's Homeless Initiative (GHI) |
| <input type="checkbox"/> MHSA Housing Program                 |

## LIVING ARRANGEMENTS

RESIDENTIAL TYPE	FROM	TO	TONIGHT (check one in this column)	YESTERDAY (as of 11:59 PM the day <u>BEFORE</u> the partnership began) (check one in this column)	DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
					# Occurrences	# Days	
<b>GENERAL LIVING ARRANGEMENT</b>							
With adult family members other than parents (non foster care)			<input type="checkbox"/>	<input type="checkbox"/>			<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			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both Biological / Adoptive Parents			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
D-Rate Foster Home (non-relative)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
D-Rate Foster Home (relative)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with non-relatives)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with relatives)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Single Room Occupancy (SRO) (must hold lease)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Kin-Guardian Assist Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Therapeutic Foster Home			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>SHELTER / HOMELESS</b>							
Emergency Shelter			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeless (includes people living in their cars)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Temporary Housing (includes people living with friends but paying no rent)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>HOSPITAL</b>							
Acute Medical Hospital			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
State Psychiatric Hospital			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>RESIDENTIAL PROGRAM</b>							
Alcohol or Substance Abuse Residential Rehabilitation Center			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Crisis Residential Housing			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 0-9)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 10-11)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 12)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 14)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

**LIVING ARRANGEMENTS** *continued*

RESIDENTIAL TYPE	FROM	TO	TONIGHT (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE the partnership began) (check one in this column)	DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
					# Occurrences	# Days	
Community Treatment Facility (CTF)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Living Home			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Institution for Mental Disease (IMD)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Long Term Residential Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Mental Health Rehabilitation Center (MHRC)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility (physical)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility (psychiatric)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Transitional Residential Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>JUSTICE PLACEMENT</b>							
California Youth Authority / Division of Juvenile Justice			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Jail			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Juvenile Hall			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Juvenile Probation Camp / Ranch			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Prison							<input type="checkbox"/>
<b>SUPERVISED PLACEMENT</b>							
Licensed Community Care Facility (Board and Care)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Sober Living Home			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>OTHER</b>							
Other			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Unknown			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

**If the client was in a residential type more than once list it on the following page**

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 arrangements IN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Have there been Suspected Child Abuse reports made related to living arrangements IN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Have there been incidents of violence related to living arrangements IN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)







## DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL *continued*

- Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)? YES NO UNKNOWN (circle one)
- Is the client CURRENTLY receiving special education due to another reason? YES NO UNKNOWN (circle one)
- Does the client have a CURRENT Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)? YES NO UNKNOWN (circle one)
- Does this client CURRENTLY receive Regional Center Services? YES NO UNKNOWN (circle one)
- Is the client CURRENTLY receiving home study? YES NO UNKNOWN (circle one)
- DURING THE LAST 12 MONTHS, on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)?
- WITHIN THE LAST 4 WEEKS on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)?

### **SCHOOL ATTENDANCE**

Estimate the client's attendance level (excluding scheduled breaks and excused absences) DURING THE PAST 12 MONTHS: (check one)

- Always attends school (never truant)       Attends school most of the time       Never attends school  
 Sometimes attends school       Infrequently attends school

Estimate the client's attendance level (excluding scheduled breaks and excused absences) CURRENTLY: (check one)

- Always attends school (never truant)       Attends school most of the time       Never attends school  
 Sometimes attends school       Infrequently attends school

CURRENTLY, the client's grades are: (check one)

- Very Good       Good       Average       Below Average       Poor

IN THE LAST 12 MONTHS, the client's grades were: (check one)

- Very Good       Good       Average       Below Average       Poor

DURING THE PAST 12 MONTHS, the client had:

Number of Suspensions

Number of Expulsions

## DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL *continued*

<b>EMPLOYMENT DURING THE PAST 12 MONTHS</b> <small>Indicate how many weeks the client was employed in each of the following settings DURING THE PAST 12 MONTHS.</small>	<b>Number of Weeks</b>	<b>Average Number of Hours per Week</b>	<b>Average Hourly Wage</b>
<b>Competitive Employment</b> Paid employment in the community in a position that is also open to individuals without disability			
<b>Supported Employment</b> Competitive Employment (see above) with ongoing on-site or off-site job related support services provided			
<b>Transitional Employment / Enclave</b> 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			
<b>Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business)</b> 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			
<b>Non-paid (Volunteer) Work Experience</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment			
<b>Other Gainful / Employment Activity</b> 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)			
<b>Unemployed</b>			

<b>CURRENT EMPLOYMENT</b>	<b>Average Number of Hours per Week</b>	<b>Hourly Wage</b>
<b>Competitive Employment</b> Paid employment in the community in a position that is also open to individuals without disability		
<b>Supported Employment</b> Competitive Employment (see above) with ongoing on-site or off-site job related support services provided		
<b>Transitional Employment / Enclave</b> 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		
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<b>Non-paid (Volunteer) Work Experience</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment		
<b>Other Gainful / Employment Activity</b> 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)		

Is the client unemployed AT THIS TIME?	YES    NO    UNKNOWN <u>(circle one)</u>
Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME?	YES    NO    UNKNOWN <u>(circle one)</u>



## LEGAL

### JUSTICE SYSTEM INVOLVEMENT

Did the client have contact with the police WITHIN THE LAST 12 MONTHS?	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)
Was the client arrested anytime DURING THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS:				<input type="text"/>
How many were misdemeanor arrests?				<input type="text"/>
How many were felony arrests?				<input type="text"/>
Were any of the arrests related to a mental health issue?	YES	NO	UNKNOWN	N/A (circle one)
Were any of the arrests related to a substance abuse issue?	YES	NO	UNKNOWN	N/A (circle one)
Was the client detained in the juvenile justice system <u>or</u> incarcerated WITHIN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was treatment court ordered WITHIN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Has the client been on probation DURING THE PAST 12 MONTHS? - If yes, what type: <b>(check one)</b>	YES	NO	UNKNOWN	(circle 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)				
Is the client CURRENTLY on probation?	YES	NO	UNKNOWN	(circle one)
Was the client on probation PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Is the client CURRENTLY a ward of the court according to W & I Code 601 / 602 Status?	YES	NO	UNKNOWN	(circle one)
Has the client been a ward of the court according to W & I Code 601 / 602 Status at anytime DURING THE PAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the client on any kind of parole DURING PAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Is the client CURRENTLY on parole from the California Youth Authority / Division of Juvenile Justice?	YES	NO	UNKNOWN	(circle one)
Was the client on any kind of parole PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)

### DEPENDENT (W&I CODE 300 STATUS) INFORMATION

Was the client detained in child welfare system WITHIN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Did the client become a dependent of the court IN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the client a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
If the client was EVER a dependent of the court, indicate the year he/she was FIRST PLACED on W & I Code 300 Status:				<input type="text"/>
Is the client CURRENTLY a dependent of the court according to W & I Code 300 Status?	YES	NO	UNKNOWN	(circle one)

