



**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**

- Now enrolled in the AB2034 Program  
 No longer participating in the AB2034 Program

Date of AB2034 Change:

**Governor's Homeless Initiative (GHI)**

- Now enrolled in the GHI Program  
 No longer participating in the GHI Program

Date of Governor's Homeless Initiative (GHI) Change:

**MHSA Housing Program**

- Now enrolled in the MHSA Housing Program  
 No longer participating in the MHSA Housing Program

Date of MHSA Housing 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:

## 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)
<b>GENERAL LIVING ARRANGEMENT</b>					
<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
<b>SHELTER / HOMELESS</b>					
<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
<b>HOSPITAL</b>					
<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
<b>RESIDENTIAL PROGRAM</b>					
<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)               | 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)

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
<b>JUSTICE PLACEMENT</b>					
<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
<b>SUPERVISED PLACEMENT</b>					
<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
<b>OTHERS</b>					
<input type="checkbox"/>	Other				YES NO UNKNOWN N/A
<input type="checkbox"/>	Unknown				YES NO UNKNOWN N/A

### Why did client change residential status?

- |   |                                       |  |
|---|---------------------------------------|--|
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| 2) At risk, sibling abuse                   | 9) General neglect                    | 16) Other                                    |
| 3) Caretaker / Absent or incapacitated      | 10) Health Reasons                    | 17) Physical Abuse                           |
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## 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	<u>(circle one)</u>
Is the client's CURRENT living arrangement suitable? (According to clinician / FSP Team)	YES	NO	UNKNOWN	<u>(circle one)</u>
Is the CURRENT living arrangement in the least restrictive setting? (According to clinician / FSP Team)	YES	NO	UNKNOWN	<u>(circle one)</u>
Is the client satisfied with the CURRENT living arrangement?	YES	NO	UNKNOWN	<u>(circle one)</u>
Have there been Suspected Dependent Adult Abuse reports made related to living arrangement?	YES	NO	UNKNOWN	<u>(circle one)</u>
Have there been Suspected Child Abuse reports made related to living arrangement?	YES	NO	UNKNOWN	<u>(circle one)</u>
Have there been incidents of violence related to living arrangement?	YES	NO	UNKNOWN	<u>(circle one)</u>

## SOCIAL SUPPORT

*(skip this section if there are no changes)*

### IDENTIFY CURRENT STATUS

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

## 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	<u>(circle one)</u>
Has the client been removed from Payee status?	YES	NO	UNKNOWN	<u>(circle one)</u>
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:





**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:

How many were misdemeanor arrests?

How many were felony arrests?

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)

Voluntary Probation (i.e., WIC 236/654)

Informal Types of Probation  
(i.e., 601, 790, Summary Probation)

Formal Probation (i.e., 602)

Date the client was placed on probation:

Was the client removed from probation? YES NO UNKNOWN (circle one)

- If yes, provide date:

Was the client placed on parole by the California Youth Authority / Division of Juvenile Justice? YES NO UNKNOWN (circle one)

- If yes, provide date:

Was the client removed from parole by the California Youth Authority / Division of Juvenile Justice? YES NO UNKNOWN (circle one)

- If yes, provide date:

Was the client detained in the child welfare system? YES NO UNKNOWN (circle one)

- If yes, provide date:

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:

Was the client removed from W & I Code 300 Status? YES NO UNKNOWN (circle one)

- If yes, provide date:

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:

Was the client removed from W & I Code 601 / 602 Status? YES NO UNKNOWN (circle one)

- If yes, provide date:

Has the treatment been court ordered? YES NO UNKNOWN (circle one)

- If yes, provide date:

**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: