

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
Full Service Partnership (FSP) Key Event Change (KEC)
Older Adult: Ages 60+

ADMINISTRATIVE INFORMATION

DMH#	<input type="text"/>	Assessment Date	<input type="text"/>
Client First Name	<input type="text"/>	Provider Number	<input type="text"/> (4 characters)
Client Last Name	<input type="text"/>		
Client DOB	<input type="text"/>		

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

New Provider Number:	<input type="text"/> (4 characters)	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"/>
Date of Program Name Change:	<input type="text"/>		
New Program Name (select one)			
<i>Programs with an asterisk have ended as of 6/30/21</i>			
Adult FSP	Assisted Outpatient Treatment FSP (AOT-LA-FSP)	Homeless FSP	
Older Adult FSP*	Integrated Mobile Health Team FSP (IMHT-FSP)	Housing FSP-MHSA*	
	Forensic FSP (F-FSP)*	Housing FSP-Measure H*	

PROGRAM INFORMATION

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

AB2034 PROGRAM	
Now enrolled in AB2034 Program	Date of AB2034 Program Change: <input type="text"/>
No longer participating in the AB2034 Program	
GOVERNOR'S HOMELESS INITIATIVE (GHI) PROGRAM	
Now enrolled in GHI Program	Date of Governor's Homeless Initiative (GHI) Program Change: <input type="text"/>
No longer participating in the GHI Program	
MHSA HOUSING PROGRAM	
Now enrolled in MHSA Housing Program	Date of MHSA Housing Program Change: <input type="text"/>
No longer participating in the MHSA Housing Program	

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Name DMH#

Agency Provider#

Los Angeles County - Department of Mental Health

CHANGE IN ADMINISTRATIVE INFORMATION *continued*
(skip this section if there are no changes)

Indicate NEW Partnership Status

Date of Partnership Status Change: _____

Discontinuation/Interruption of Full Service Partnership and/or Community Services/Program (**indicate the reason below**)
Reestablishment of Full Service Partnership and/or Community Services/Program.

If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or Community Services/Program, indicate the reason (select one)

- Target Criteria: Target population criteria are not met.
- Client Discontinued: Client decided to discontinue Full Service Partnership participation after partnership established.
- Moved: Client moved to another County/service area.
- Not located: After repeated attempts to contact client, s/he cannot be located.
- Residential/Institutional Mental Health Services: Client's circumstances reflect a need for Residential/Institutional Mental Health Services at this time (such as State Hospital).
- Jail: Community Services/Program interrupted.
- Prison: Community Services/Program interrupted.
- Met Goals: Client has successfully met their goals such that discontinuation of Full Service Partnership is appropriate.
- Deceased: Client is deceased.

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Los Angeles County - Department of Mental Health

FULL SERVICE PARTNERSHIP KEC - OLDER ADULT

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
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LIVING ARRANGEMENTS

(skip this section if there are no changes)

Date of Residential Status Change: _____

Indicate NEW residential status (select one)	RESIDENTIAL TYPE
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GENERAL LIVING ARRANGEMENT

<input type="checkbox"/>	With adult family member(s) other than parents
<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"/>	With one or both biological/adoptive parents
<input type="checkbox"/>	Single Room Occupancy (SRO) (must hold lease)

SHELTER/HOMELESS

<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Homeless (includes people living in their cars)
<input type="checkbox"/>	Temporary Housing (includes people living with friends but paying no rent)

HOSPITAL

<input type="checkbox"/>	Acute Medical Hospital
<input type="checkbox"/>	Acute Psychiatric Hospital/Psychiatric Health Facility (PHF)
<input type="checkbox"/>	State Psychiatric Hospital

RESIDENTIAL PROGRAM

<input type="checkbox"/>	Alcohol or Substance Abuse Residential Rehabilitation Center
<input type="checkbox"/>	Crisis Residential Housing
<input type="checkbox"/>	Institution for Mental Disease (IMD)
<input type="checkbox"/>	Long-Term Residential Program
<input type="checkbox"/>	Mental Health Rehabilitation Center (MHRC)
<input type="checkbox"/>	Skilled Nursing Facility (physical)
<input type="checkbox"/>	Skilled Nursing Facility (psychiatric)
<input type="checkbox"/>	Transitional Residential Program

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	Los Angeles County - Department of Mental Health

LIVING ARRANGEMENTS *continued*
(skip this section if there are no changes)

Indicate NEW residential status (select one)	RESIDENTIAL TYPE
JUSTICE PLACEMENT	
	Jail
	Prison
SUPERVISED PLACEMENT	
	Assisted Living Facility
	Group Living Home
	Licensed Community Care Facility (Board and Care)
	Sober Living Home
	Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
OTHER	
	Other
	Unknown

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL

(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion:

Highest Level of Education Attained (**select one**)

- | | |
|--|---|
| No High School Diploma/No GED | Associate's Degree (e.g. A.A., A.S.)/Technical or Vocational Degree |
| GED Coursework | Bachelor's Degree (e.g., B.A., B.S.) |
| High School Diploma/GED | Master's Degree (e.g., M.A., M.S.) |
| Some College/Some Technical or Vocational Training | Doctoral Degree (e.g., M.D., Ph.D.) |

EDUCATIONAL SETTING

Date of Educational Setting Change:

If there are any educational setting changes, indicate ALL NEW and ONGOING statuses including those previously reported (**check all that apply**)

- | | | |
|-----------------------------|----------------------------------|-----------------|
| Not in school of any kind | Technical/Vocational School | Graduate School |
| High School/Adult Education | Community College/4-year College | Other |

If the client is stopping school, did the client complete a class and/or program?	Yes	No
Does one of the client's CURRENT recovery goals include any kind of education AT THIS TIME?	Yes	No

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL *continued*

(skip this section if there are no changes)

	Average Number of Hours per Week	Average Hourly Wage
Date of Employment Change: _____ CURRENT EMPLOYMENT If there are any changes to the client's employment, indicate ALL NEW and ONGOING statuses, including those previously reported.		
Unemployed: Check if the client is Unemployed at this time.		
Competitive Employment Paid employment <u>in the community in a position that is also open to individuals without a disability.</u>		
Supported Employment Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.		
Transitional Employment/Enclave Paid jobs <u>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.</u>		
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business) Paid jobs <u>open only to program participants with a disability.</u> <ul style="list-style-type: none"> 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).		
Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME? Yes No		

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EMERGENCY INTERVENTION

(skip this section if there are no changes)

EMERGENCY ROOM/CRISIS STABILIZATION

Date of Emergency Intervention:

Indicate the type of Emergency Intervention (**select one**)

- ER - Physical Health
- ER - Psychiatric
- ER - Substance Abuse
- Crisis Stabilization/Urgent Care Center (UCC) - Psychiatric
- Crisis Stabilization/Urgent Care Center (UCC) - Substance Abuse

PSYCHIATRIC MOBILE RESPONSE TEAM OR 24/7 CRISIS RESPONSE TEAM

Date of Psychiatric Mobile Response Team or 24/7 Crisis Response Team Intervention:

Did the Psychiatric Mobile Response Team or 24/7 Crisis Response Team call result in a hospitalization? Yes No

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LEGAL

(skip this section if there are no changes)

ARREST INFORMATION

Date of client's arrest:

PROBATION INFORMATION

Date client broke the terms of probation:

Date of probation status change:

Indicate new probation status (**select one**)

- Removed from probation
- Placed on probation

CONSERVATORSHIP INFORMATION

Date of conservatorship status change:

Indicate new conservatorship status (**select one**)

- Removed from conservatorship
- Placed on conservatorship

PAYEE INFORMATION

Date of payee status change:

Indicate new payee status (**select one**)

- Removed from payee status
- Placed on payee status

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