

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH  
**Full Service Partnership (FSP) Key Event Change (KEC)**  
Child: Ages 0-15

**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"/>		
<b>New Program Name (select one)</b>			
<i>Programs with an asterisk have ended as of 6/30/21</i>			
Child and Young Adult FSP	Wraparound FSP	Intensive FCCS-Child (IFCCS-Child)	
Child FSP*	Wraparound FSP-Child*		
Transitional Age Youth (TAY) FSP*	Wraparound FSP-TAY*		

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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).
- Juvenile Hall/Camp/Ranch: Client will be placed in Juvenile hall/Camp/Ranch.
- Division of Juvenile Justice: Client will be placed in a division of Juvenile Justice.
- 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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Name \_\_\_\_\_ DMH# \_\_\_\_\_

Agency \_\_\_\_\_ Provider# \_\_\_\_\_

Los Angeles County - Department of Mental Health

**FULL SERVICE PARTNERSHIP KEC - CHILD**

**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:

<b>Indicate NEW residential status (select one)</b>	<b>RESIDENTIAL TYPE</b>
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**GENERAL LIVING ARRANGEMENT**

<input type="checkbox"/>	With adult family member(s) other than parents (non-foster care)
<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"/>	Foster Home (with non-relative)
<input type="checkbox"/>	Foster Home (with relative)

**SHELTER/HOMELESS**

<input type="checkbox"/>	Emergency Shelter/Temporary Shelter Care Facility (TSCF)
<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"/>	Group Home (L 0-9)
<input type="checkbox"/>	Group Home (L 10-11)
<input type="checkbox"/>	Group Home (L 12)
<input type="checkbox"/>	Group Home (L 14)
<input type="checkbox"/>	Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform (CCR))
<input type="checkbox"/>	Community Treatment Facility (CTF)
<input type="checkbox"/>	Long-Term Residential Program
<input type="checkbox"/>	Transitional Residential Program

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	Agency <input type="text"/> Provider# <input type="text"/>
	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
<b>JUSTICE PLACEMENT</b>	
	Division of Juvenile Justice
	Juvenile Hall
	Juvenile Probation Camp/Ranch
<b>OTHER</b>	
	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**)

- |                       |                        |   |
|-----------------------|------------------------|---|
| Day Care              | 6 <sup>th</sup> Grade  | High School Diploma/GED   |
| Preschool             | 7 <sup>th</sup> Grade  | Some College/Some Technical or Vocational Training                  |
| Kindergarten          | 8 <sup>th</sup> Grade  | Associate's Degree (e.g. A.A., A.S.)/Technical or Vocational Degree |
| 1 <sup>st</sup> Grade | 9 <sup>th</sup> Grade  | Level Unknown (e.g., client in non-public school)                   |
| 2 <sup>nd</sup> Grade | 10 <sup>th</sup> Grade |   |
| 3 <sup>rd</sup> Grade | 11 <sup>th</sup> Grade |   |
| 4 <sup>th</sup> Grade | 12 <sup>th</sup> Grade |   |
| 5 <sup>th</sup> Grade | GED Coursework         |   |

**SUSPENSION/EXPULSION**

Date of Suspension:  Date of Expulsion:

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Agency  Provider#

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**DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL** *continued*  
*(skip this section if there are no changes)*

Date of Employment Change: _____	<b>Average Number of Hours per Week</b>	<b>Average Hourly Wage</b>
<b>CURRENT EMPLOYMENT</b> 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.**

<b>Competitive Employment</b> Paid employment <u>in the community</u> in a position that is also open to individuals without a <u>disability</u> .		
<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 <u>in the community</u> that are 1) <u>open only to individuals with a disability</u> 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 <u>open only to program participants with a disability</u> . <ul style="list-style-type: none"> <li>• <b>A Sheltered Workshop</b> usually offers sub-minimum wage work in a simulated environment.</li> <li>• <b>A Work Experience (Adjustment) Program</b> within an agency provides exposure to the standard expectations and advantages of employment.</li> <li>• <b>An Agency-Owned Business</b> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.</li> </ul>		
<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).		

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 of probation status change:

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

- Removed from probation
- Placed on probation

**JUVENILE JUSTICE PAROLE INFORMATION**

Date of Division of Juvenile Justice parole status change:

Indicate new Division of Juvenile Justice parole status (**select one**)

- Removed from Division of Juvenile Justice parole
- Placed on Division of Juvenile Justice parole

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

Date of W&I Code 300 status change:

Indicate new W&I Code 300 status (**select one**)

- Removed from W&I Code 300 status
- Placed on W&I Code 300 status

**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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