

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
Full Service Partnership (FSP) Baseline
Transition Age Youth (TAY): Ages 16-25

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"/>	Partnership Date	<input type="text"/>
Client DOB	<input type="text"/>	Partnership Service	<input type="text"/>
		Coordinator (Last Name)	<input type="text"/>

Program Name (select one)

Programs with an asterisk have ended as of 6/30/21

- | | | |
|-----------------------------------|------------------------------------------------|------------------------|
| Child and Young Adult FSP | Wraparound FSP | Homeless FSP |
| Child FSP* | Wraparound FSP-Child* | Housing FSP-MHSA* |
| Transitional Age Youth (TAY) FSP* | Wraparound FSP-TAY* | Housing FSP-Measure H* |
| Adult FSP | Intensive FCCS-Child (IFCCS-Child) | Forensic FSP (F-FSP)* |
| | Integrated Mobile Health Team FSP (IMHT-FSP) | |
| | Assisted Outpatient Treatment FSP (AOT-LA-FSP) | |

Who referred the client? (select one)

- | | |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| Acute Psychiatric/State Hospital | Other |
| Emergency Room | Other County/Community Agency |
| Faith-based Organization | Primary Care/Medical Office |
| Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent) | School |
| Friend/Neighbor (i.e., unrelated other) | Self |
| Homeless Shelter/Emergency Shelter | Significant Other (e.g., boyfriend/girlfriend, spouse) |
| Jail/Prison | Social Services Agency |
| Juvenile Hall/Camp/Ranch/Division of Juvenile Justice | Street Outreach |
| Mental Health Facility/Community Agency | Substance Abuse Treatment Facility/Agency |

PROGRAM INFORMATION

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

- AB2034 Program
- Governor's Homeless Initiative (GHI) Program
- MHSA Housing Program

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Name _____ DMH# _____
 Agency _____ Provider# _____

Los Angeles County - Department of Mental Health

LIVING ARRANGEMENTS					
RESIDENTIAL TYPE	TONIGHT (as of 11:59 PM the day OF partnership) (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE 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)
	Number of Occurrences	Number of Days (Column must = 365 days)			
GENERAL LIVING ARRANGEMENT					
With adult family member(s) other than parents (non-foster care)					
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate (must hold lease or share in rent/mortgage)					
With one or both biological/adoptive parents					
Foster Home (with non-relative)					
Foster Home (with relative)					
Single Room Occupancy (SRO) (must hold lease)					
SHELTER/HOMELESS					
Emergency Shelter/Temporary Shelter Care Facility (TSCF)					
Homeless (includes people living in their cars)					
Temporary Housing (includes people living with friends but paying no rent)					
HOSPITAL					
Acute Medical Hospital					
Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)					
State Psychiatric Hospital					
RESIDENTIAL PROGRAM					
Alcohol or Substance Abuse Residential Rehabilitation Center					
Crisis Residential Housing					
Group Home (L 0-9)					
Group Home (L 10-11)					
Group Home (L 12)					
Group Home (L 14)					

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FULL SERVICE PARTNERSHIP BASELINE - TAY

LIVING ARRANGEMENTS *continued*

RESIDENTIAL TYPE	TONIGHT (as of 11:59 PM the day OF partnership) (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE 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)
			Number of Occurrences	Number of Days (Column must = 365 days)	
Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform (CCR))					
Community Treatment Facility (CTF)					
Institution for Mental Disease (IMD)					
Long-Term Residential Program					
Mental Health Rehabilitation Center (MHRC)					
Skilled Nursing Facility (physical)					
Skilled Nursing Facility (psychiatric)					
Transitional Residential Program					
JUSTICE PLACEMENT					
Division of Juvenile Justice					
Jail					
Juvenile Hall					
Juvenile Probation Camp/Ranch					
Prison					
SUPERVISED PLACEMENT					
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					

Total Days:

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	Agency _____ Provider# _____
	Los Angeles County - Department of Mental Health

FULL SERVICE PARTNERSHIP BASELINE - TAY

FINANCIAL		
SOURCES OF FINANCIAL SUPPORT Indicate all the sources of financial support used to meet the needs of the client.	DURING THE PAST 12 MONTHS (check all that apply)	CURRENT (check all that apply)
Caregiver's Wages		
Client's Wages		
Client's Spouse/Significant Other's Wages		
Savings		
Other Family Member/Friend		
Retirement/Social Security Income		
Veteran's Assistance (VA) Benefits		
Loan/Credit		
Housing Subsidy		
General Relief (GR)/General Assistance (GA)		
Food Stamps		
Temporary Assistance for Needy Families (TANF)/CalWORKs		
Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program		
Social Security Disability Insurance (SSDI)		
State Disability Insurance (SDI)		
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)		
Child Support		
Other		
No Financial Support		

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL

GRADE LEVEL INFORMATION

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

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

Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)? Yes No
 Is the client CURRENTLY receiving special education due to another reason? Yes No
 Is the client required by law to attend school? Yes* No**

**If Yes, only answer questions in Subsection A below.*

***If No, only answer questions in Subsection B below.*

Subsection A: For Youth, Who Are Required by Law to Attend School:

SCHOOL ATTENDANCE

CURRENTLY, estimate the client's attendance level (excluding breaks and excused absences) (**select one**)

- Always attends school (never truant)
- Attends school most of the time (4 days per week)
- Sometimes attends school (3 days per week)
- Infrequently attends school (1-2 days per week)
- Never attends school

DURING THE PAST 12 MONTHS, estimate the client's attendance level (excluding breaks and excused absences) (**select one**)

- Always attends school (never truant)
- Attends school most of the time (4 days per week)
- Sometimes attends school (3 days per week)
- Infrequently attends school (1-2 days per week)
- Never attends school

SCHOOL GRADES

CURRENTLY, his/her grades are (**select one**)

- Very Good (A- or higher)
- Good (B- to B+)
- Average (C- to C+)
- Below Average (D- to D+)
- Poor (F)

DURING THE LAST 12 MONTHS, his/her grades were (**select one**)

- Very Good (A- or higher)
- Good (B- to B+)
- Average (C- to C+)
- Below Average (D- to D+)
- Poor (F)

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Agency _____ Provider# _____

Los Angeles County - Department of Mental Health

DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL *continued*

SUSPENSION/EXPULSION

DURING THE PAST 12 MONTHS, the client had: Number of Suspensions _____ Number of Expulsions _____

Subsection B: For Youth, Who Are NOT Required by Law to Attend School:

<u>EDUCATIONAL SETTINGS DURING THE PAST 12 MONTHS</u>	Number of Weeks (Column must = 52 weeks)
Indicate how many weeks the client was enrolled at each of the following educational settings DURING THE PAST 12 MONTHS.	
Not in school of any kind	
High School/Adult Education	
Technical/Vocational School	
Community College/4-year College	
Graduate School	
Other	
<u>CURRENT EDUCATIONAL SETTING</u>	Check all that apply
Not in school of any kind	
High School/Adult Education	
Technical/Vocational School	
Community College/4-year College	
Graduate School	
Other	
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*

<p align="center">EMPLOYMENT DURING THE PAST 12 MONTHS</p> <p>Indicate how many weeks the client was employed in each of the following settings DURING THE PAST 12 MONTHS.</p>	<p align="center">Number of Weeks (Column must = 52 weeks)</p>	<p align="center">Average Number of Hours per Week</p>	<p align="center">Average Hourly Wage</p>
<p>Competitive Employment Paid employment in the community in a position that is also open to individuals without a disability.</p>			
<p>Supported Employment Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>			
<p>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.</p>			
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business) Paid jobs open only to program participants with a disability.</p> <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. 			
<p>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.</p>			
<p>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).</p>			
<p>Unemployed</p>			

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL <i>continued</i>		
<u>CURRENT EMPLOYMENT</u>	Average Number of Hours per Week	Average Hourly Wage
Unemployed: Check if the client is Unemployed at this time.		
Competitive Employment Paid employment in the community in a position that is also open to individuals without a 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. <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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PHYSICAL HEALTH		
Does the client have a primary care physician CURRENTLY?	Yes	No
Did the client have a primary care physician DURING THE PAST 12 MONTHS?	Yes	No
Did the client visit a primary care physician or another doctor for physical health reasons IN THE PAST 12 MONTHS?	Yes	No

SUBSTANCE ABUSE		
Is the client CURRENTLY receiving substance abuse services?	Yes	No
In the opinion of the Partnership Service Coordinator, does the client CURRENTLY have an active co-occurring mental illness and substance use problem?	Yes	No
In the opinion of the Partnership Service Coordinator, has the client EVER had a co-occurring mental illness and substance use problem?	Yes	No

EMERGENCY INTERVENTION			
EMERGENCY ROOM/CRISIS STABILIZATION			
IN THE LAST 12 MONTHS, identify how many times the client received services in an emergency room for:	Physical Health	Psychiatric	Substance Abuse
	_____	_____	_____
IN THE LAST 12 MONTHS, identify how many times the client received services in a crisis stabilization/urgent care center for:		Psychiatric	Substance Abuse
		_____	_____
	Total Services		

PSYCHIATRIC MOBILE RESPONSE TEAM OR 24/7 CRISIS RESPONSE TEAM			
Was the client seen by a Psychiatric Mobile Response Team or 24/7 Crisis Response Team WITHIN THE LAST 12 MONTHS?	Yes	No	How many times? _____
Did any of the Psychiatric Mobile Response Team or 24/7 Crisis Response Team calls result in a hospitalization?	Yes	No	How many times? _____

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	Los Angeles County - Department of Mental Health

LEGAL

ARREST INFORMATION

(If the client was not arrested enter 0 in the following box.)

Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS:

Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PROBATION INFORMATION

Is the client CURRENTLY on probation? Yes No

Was the client on probation DURING THE PAST 12 MONTHS? Yes No

Was the client on probation anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PAROLE INFORMATION

Is the client CURRENTLY on parole from the Division of Juvenile Justice? Yes No

Was the client on any kind of parole DURING THE PAST 12 MONTHS? Yes No

Was the client on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS? Yes No

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

Is the client CURRENTLY a dependent of the court? Yes No

Was the client a dependent of the court DURING THE LAST 12 MONTHS? Yes No

Was the client a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS? Yes No

If the client was EVER a dependent of the court, indicate the year the client was FIRST PLACED on W & I Code 300 status:

CONSERVATORSHIP INFORMATION

Is the client CURRENTLY on conservatorship? Yes No

Was the client on conservatorship DURING THE LAST 12 MONTHS? Yes No

Was the client on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? Yes No

CUSTODY INFORMATION

Indicate the total number of children the client has who are CURRENTLY:

(If the client has no children enter 0 in the following boxes.)

Number placed on W & I Code 300 Status (dependent of the court):

Number placed in Foster Care:

Number legally Reunified with the client:

Number Adopted Out:

PAYEE INFORMATION

Does the client CURRENTLY have a payee? Yes No

Has the client had a payee IN THE LAST 12 MONTHS? Yes No

Did the client have a payee anytime PRIOR TO THE LAST 12 MONTHS? Yes No

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