

OUTCOMES MEASURES APPLICATION FORM FIELD CAPABLE CLINICAL SERVICES (FCCS)

ADMINISTRATIVE INFORMATION

Client ID		Client DOB	
Client Last Name		Client First Name	
Episode ID		FCCS Program Age Group	
	FCCS Start Date		

FCCS OMA Completed By: (Write Staff Code in appropriate box below)

FCCS Baseline	6-Month Update	1-Year Update
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FCCS OMA Date: (Write Date in appropriate box below)

FCCS Baseline	6-Month Update	1-Year Update
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LIVING ARRANGEMENT

Please select the Client's Living Arrangement from the list below and write number in box

FCCS Baseline	6-Month Update	1-Year Update
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Living Arrangements

General

1. With Adult Family Members other than parents
2. In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage
3. With one or both Biological / Adoptive Parents
4. D-Rate Foster Home (non-relative)
5. D-Rate Foster Home (relative)
6. Foster Home (with non-relatives)
7. Foster Home (with relatives)
8. Single Room Occupancy (SRO) (must hold lease)
9. Kin-Guardian Assist Program
10. Therapeutic Foster Home

Shelter/Homeless

11. Emergency Shelter
12. Homeless (includes people living in their cars)

13. Temporary Housing (includes people living with friends but paying no rent)

Hospital

14. Acute Medical Hospital
15. Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)
16. State Psychiatric Hospital

Residential Program

17. Alcohol or Substance Abuse Residential Rehabilitation Center
18. Crisis Residential Housing
19. Group Home (L 0-9)
20. Group Home (L10-11)
21. Group Home (L 12)
22. Group Home (L 14)
23. Community Treatment Facility (CTF)
24. Group Living Home
25. Institution for Mental Disease (IMD)
26. Long Term Residential Program

27. Mental Health Rehabilitation Center (MHRC)
 28. Skilled Nursing (physical)
 29. Skilled Nursing (psychiatric)
 30. Transitional Residential Program
- #### Justice Placement
31. California Youth Authority / Division of Juvenile Justice
 32. Jail
 33. Juvenile Hall
 34. Juvenile Probation Camp/Ranch
- #### Supervised Placement
35. Licensed Community Care Facility (Board and Care)
 36. Sober Living Home
 37. Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)

Others

38. Other
39. Unknown

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:	IS#:
Agency:	Provider #:
Los Angeles County - Department of Mental Health	

OUTCOMES MEASURES APPLICATION FORM FIELD CAPABLE CLINICAL SERVICES (FCCS)

LIVING ARRANGEMENTS

Is the Client's current living arrangement suitable?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the Client's current living arrangement free from abuse, neglect, and domestic violence?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the Client satisfied with their current living arrangement?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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If the Client's Living Arrangement changed, why? (Select from list below and write number in box)

FCCS Baseline (NOT APPLICABLE)	6-Month Update	1-Year Update
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. Decreased 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 increased independence	13. More affordable house/apartment	20. NOT APPLICABLE (no change)
7. Dissatisfied with prior situation	14. New/Better House/Apartment	

SUPPORTIVE RELATIONSHIPS

Does the Client have access to at least one stable, supportive adult?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEDICAL SERVICES

Does the Client have access to needed medical services?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the Client receive needed medical services?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEANINGFUL USE OF TIME

Does the Client have age appropriate involvement in the community?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the Client have activities (could be solitary) that he/she defines as meaningful?

FCCS Baseline <input type="checkbox"/> Yes <input type="checkbox"/> No	6-Month Update <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Year Update <input type="checkbox"/> Yes <input type="checkbox"/> No
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END OF SERVICES

If the Client has terminated FCCS services, please write in their END DATE in the appropriate box

Not Applicable		
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