

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

OUTCOMES MEASURES APPLICATION

Child Baseline

Age Group: 0-15

ADMINISTRATIVE INFORMATION

<p>Client ID <input style="width: 150px; height: 20px;" type="text"/></p> <p>Episode ID <input style="width: 150px; height: 20px;" type="text"/></p> <p>Client Last Name <input style="width: 200px; height: 20px;" type="text"/></p> <p>Partnership Date <input style="width: 130px; height: 20px;" type="text"/></p> <p>Partnership Service Coordinator (Last Name) <input style="width: 200px; height: 20px;" type="text"/></p>	<p>Client DOB <input style="width: 150px; height: 20px;" type="text"/></p> <p>Provider Number <input style="width: 150px; height: 20px;" type="text"/> (4 characters)</p> <p>Client First Name <input style="width: 250px; height: 20px;" type="text"/></p> <p>Assessment Date <input style="width: 150px; height: 20px;" type="text"/></p> <p>Assessment Completed By <input style="width: 150px; height: 20px;" type="text"/> (10 characters NPI #)</p>
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Program Name (select one)

- FSP-Child
- FSP-Transitional Age Youth (TAY)
- Wraparound FSP-Child
- Wraparound FSP-TAY
- Intensive FCCS-Child (IFCCS-Child)

Who referred the client? (select one)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Acute Psychiatric / State Hospital <input type="radio"/> Emergency Room <input type="radio"/> Faith-based Organization <input type="radio"/> Family Member <input type="radio"/> Friend / Neighbor <input type="radio"/> Homeless Shelter | <ul style="list-style-type: none"> <input type="radio"/> Juvenile Hall / Camp / Ranch / California Youth Authority / Division of Juvenile Justice <input type="radio"/> Mental Health Facility / Community Agency <input type="radio"/> Other <input type="radio"/> Other County / Community Agency <input type="radio"/> Primary Care / Medical Office <input type="radio"/> School | <ul style="list-style-type: none"> <input type="radio"/> Self <input type="radio"/> Significant Other <input type="radio"/> Social Services Agency <input type="radio"/> Street Outreach <input type="radio"/> Substance Abuse Treatment Facility / Agency |
|--|--|---|

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Name	<input style="width: 95%; height: 20px;" type="text"/>	IS#	<input style="width: 95%; height: 20px;" type="text"/>
Agency	<input style="width: 95%; height: 20px;" type="text"/>	Provider #	<input style="width: 95%; height: 20px;" type="text"/>
Los Angeles County - Department of Mental Health			

LIVING ARRANGEMENTS

RESIDENTIAL TYPE	FROM	TO	TONIGHT (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	

GENERAL LIVING ARRANGEMENT

With adult family members other than parents (non foster care)			<input type="checkbox"/>	<input type="checkbox"/>			<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"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both Biological / Adoptive Parents			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
D-Rate Foster Home (non-relative)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
D-Rate Foster Home (relative)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with non-relatives)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with relatives)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Kin-Guardian Assist Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Therapeutic Foster Home			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

SHELTER / HOMELESS

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

HOSPITAL


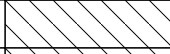
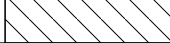
Acute Medical Hospital			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
State Psychiatric Hospital				<input type="checkbox"/>		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

RESIDENTIAL PROGRAM

Alcohol or Substance Abuse Residential Rehabilitation Center			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Crisis Residential Housing			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 0-9)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 10-11)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L12)				<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 14)				<input type="checkbox"/>			<input type="checkbox"/>
Community Treatment Facility (CTF)				<input type="checkbox"/>			<input type="checkbox"/>
Institution for Mental Disease (IMD)				<input type="checkbox"/>			<input type="checkbox"/>

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LIVING ARRANGEMENTS <i>continued</i>							
RESIDENTIAL TYPE	FROM	TO	TONIGHT (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	
Long Term Residential Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Transitional Residential Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
JUSTICE PLACEMENT							
California Youth Authority / Division of Juvenile Justice				<input type="checkbox"/>			<input type="checkbox"/>
Juvenile Hall				<input type="checkbox"/>			<input type="checkbox"/>
Juvenile Probation Camp / Ranch				<input type="checkbox"/>			<input type="checkbox"/>
OTHER							
Other			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Unknown			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

If the client was in a residential type more than once list it on the following page

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LIVING ARRANGEMENTS *continued*

- Is the client at risk of being removed from their CURRENT living arrangement? Yes No
- Is the client's CURRENT living arrangement suitable? (According to clinician / FSP Team) Yes No
- Is the CURRENT living arrangement in the least restrictive setting? (According to clinician / FSP Team) Yes No
- Is the client satisfied with CURRENT living arrangement? Yes No
- Have there been Suspected Child Abuse reports made related to living arrangements IN THE LAST 12 MONTHS? Yes No
- Have there been incidents of violence related to living arrangements IN THE LAST 12 MONTHS? Yes No

SOCIAL SUPPORT

IDENTIFY CURRENT STATUS

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

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Los Angeles County - Department of Mental Health			

FINANCIAL

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 |

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the client.

	DURING THE PAST 12 MONTHS		CURRENT	
	Check all that apply	Monthly Average Amount	Check all that apply	Monthly Average Amount
Caregiver's Wages	<input type="checkbox"/>		<input type="checkbox"/>	
Client's Wages	<input type="checkbox"/>		<input type="checkbox"/>	
Client's Spouse / Significant Other's Wages	<input type="checkbox"/>		<input type="checkbox"/>	
Savings	<input type="checkbox"/>		<input type="checkbox"/>	
Other Family Member / Friend	<input type="checkbox"/>		<input type="checkbox"/>	
Retirement / Social Security Income	<input type="checkbox"/>		<input type="checkbox"/>	
Veteran's Assistance (VA) Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
Loan / Credit	<input type="checkbox"/>		<input type="checkbox"/>	
Housing Subsidy	<input type="checkbox"/>		<input type="checkbox"/>	
General Relief (GR) / General Assistance (GA)	<input type="checkbox"/>		<input type="checkbox"/>	
Food Stamps	<input type="checkbox"/>		<input type="checkbox"/>	
Temporary Assistance for Needy Families (TANF) / CalWORKs	<input type="checkbox"/>		<input type="checkbox"/>	
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>		<input type="checkbox"/>	
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>		<input type="checkbox"/>	
State Disability Insurance (SDI)	<input type="checkbox"/>		<input type="checkbox"/>	
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>		<input type="checkbox"/>	
Unemployment	<input type="checkbox"/>		<input type="checkbox"/>	
Child Support	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>		<input type="checkbox"/>	
No Financial Support	<input type="checkbox"/>		<input type="checkbox"/>	

PAYEE INFORMATION

- Does the client CURRENTLY have a Payee? Yes No
- Has the client had a Payee for finances 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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Agency Provider #

Los Angeles County - Department of Mental Health

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL

GRADE LEVEL INFORMATION

Highest Level of Education Attained (**check one**):

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

EDUCATIONAL SETTING

- Does the client have age appropriate involvement in school activities? Yes No N/A
- Does the client have age appropriate involvement in the community? Yes No N/A
- Does the client's performance meet developmental expectations? Yes No N/A
- WITHIN THE LAST 4 WEEKS on an average, how many HOURS PER WEEK did the client attend classes?
- 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
- Does the client have a CURRENT Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)? Yes No
- Does this client CURRENTLY receive Regional Center Services? Yes No
- Is the client CURRENTLY receiving home study? Yes No
- DURING THE LAST 12 MONTHS, on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)?
- WITHIN THE LAST 4 WEEKS, on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)?

SCHOOL ATTENDANCE

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

- Always attends school (never truant)
- Attends school most of the time
- Sometimes attends school
- Infrequently attends school
- Never attends school

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Los Angeles County - Department of Mental Health			

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL *continued*

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

- Always attends school (never truant)
- Attends school most of the time
- Sometimes attends school
- Infrequently attends school
- Never attends school

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

- Very Good
- Good
- Average
- Below Average
- Poor

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

- Very Good
- Good
- Average
- Below Average
- Poor

DURING THE PAST 12 MONTHS, the client had:

Number of Suspensions Number of Expulsions

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Los Angeles County - Department of Mental Health

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL *continued*

EMPLOYMENT DURING THE PAST 12 MONTHS Indicate how many weeks the client was employed in each of the following settings DURING THE PAST 12 MONTHS.		Number of Weeks	Average Number of Hours per Week	Average Hourly Wage
Competitive Employment Paid employment in the community in a position that is also open to individuals without disability.				
Supportive 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. 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).				
Unemployed				

CURRENT EMPLOYMENT		Average # of Hours per Week	Average Hourly Wage
Competitive Employment Paid employment in the community in a position that is also open to individuals without disability.			
Supportive 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.			
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Is the client unemployed AT THIS TIME? Yes No

Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME? Yes No

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Los Angeles County - Department of Mental Health

PHYSICAL HEALTH

	CURRENT (LAST 4 WEEKS) (select one for each question)	LAST 12 MONTHS (select one for each question)
Client states that he/she is in good physical health?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client has access to needed medical services?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client receives needed medical services?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client has a primary care physician?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client uses a primary care physician?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client has access to needed dental services?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client receives needed dental services?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client demonstrates signs of regressive behavior (bed wetting, soiling)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client demonstrates self-injurious behavior?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Client has violent encounters?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the client obese (based on BMI)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Has the client EVER been told by a physician that he/she has diabetes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the client pregnant?	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> N/A
Is the client receiving prenatal care?	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> N/A
Did the client receive physical health services from a DHS clinic or hospital IN THE PAST 12 MONTHS?	<input type="radio"/> Yes	<input type="radio"/> No
Does the client have a chronic physical health care problem or problems that require periodic medical services?	<input type="radio"/> Yes	<input type="radio"/> No

CRISIS STABILIZATION / PMRT

Did the client receive services in an Emergency Room or Crisis Stabilization IN THE LAST 12 MONTHS? Yes No

Identify how many times in
Emergency Room for: Physical Health Psychiatric Substance Abuse

Identify how many times in
Crisis Stabilization for: Psychiatric Substance Abuse

Total Services

Was the client seen by a Psychiatric Mobile Response Team or 24/7 Response Team WITHIN THE LAST 12 MONTHS? Yes No How many times?

Did any of the Psychiatric Mobile Response Team or 24/7 Response Team calls result in a hospitalization? Yes No How many times?

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Los Angeles County - Department of Mental Health

LEGAL

JUSTICE SYSTEM INVOLVEMENT

- Did the client have contact with the police WITHIN THE LAST 12 MONTHS? Yes No
- Was the contact related to mental health issues? Yes No N/A
- Was the contact related to substance abuse issues? Yes No N/A
- Was the client arrested anytime DURING THE LAST 12 MONTHS? Yes No
- Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS:
- How many were misdemeanor arrests?
- How many were felony arrests?
- Were any of the arrests related to a mental health issue? Yes No N/A
- Were any of the arrests related to a substance abuse issue? Yes No N/A
- Was the client detained in the juvenile justice system WITHIN THE LAST 12 MONTHS? Yes No
- Was treatment court ordered WITHIN THE LAST 12 MONTHS? Yes No
- Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS? Yes No
- Was the client on probation DURING THE PAST 12 MONTHS? Yes No
- 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)
- Is the client CURRENTLY on probation? Yes No
- Was the client on probation anytime PRIOR TO THE LAST 12 MONTHS? Yes No
- Is the client CURRENTLY a ward of the court according to W & I Code 601 / 602 Status? Yes No
- Has the client been a ward of the court according to W & I Code 601 / 602 Status at anytime DURING THE LAST 12 MONTHS? Yes No
- Was the client on any kind of parole anytime DURING THE PAST 12 MONTHS? Yes No
- Is the client CURRENTLY on parole from the California Youth Authority / Division of Juvenile Justice? 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

- Was the client detained in child welfare system WITHIN THE LAST 12 MONTHS? Yes No
- Did the client become a dependent of the court IN 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 he/she was FIRST PLACED on W & I Code 300 Status:
- Is the client CURRENTLY a dependent of the court according to W & I Code 300 Status? Yes No

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Los Angeles County - Department of Mental Health

LEGAL continued

SUBSTANCE ABUSE

- Client uses substances? Yes No
- Client abuses substances? 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
- 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
- Is the client CURRENTLY receiving substance abuse services? Yes No

CONSERVATORSHIP INFORMATION

- 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
- Is the client CURRENTLY on conservatorship? 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.)

- Placed on W & I Code 300 Status (Dependent of the court):
- Placed in Foster Care:
- Legally Reunified with the client:
- Adopted Out:
- Living with the client:

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