

Full Service Partnership Outcomes

DOCUMENTATION GUIDE FOR FSP REPORTING

Quality Improvement Department
MONTEREY COUNTY BEHAVIORAL HEALTH | 2020

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Introduction

Full-Service Partnership & MHSA Overview

FSP programs are funded by Proposition 63, the Mental Health Services Act (MHSA). FSP programs exist for children & youth (0-16 years), transition-age youth (16-25 years), adults (26-59 years), and older adults (60 years and older) who would benefit from an intensive service program for persons living with severe and persistent mental illness or severe emotional disturbance, and who would like to work in partnership with a service provider team to develop and achieve individualized recovery-focused goals.

FSP services provide services to support the most severely mentally ill clients and their families, twenty-four hours a day, seven days a week. These wraparound services include treatment, case management, peer support, transportation, housing, crisis intervention, family education, vocational training and employment services, as well as socialization and recreational activities, based upon the individual's needs and goals to obtain successful treatment outcomes.

FSP programs will focus on doing "whatever it takes" with the resources available to help people meet their individual recovery goals. The program provides the services necessary to help a person with serious mental illness live successfully in the community rather than in jails, hospitals, institutions, or on the streets. Research has shown that recovery from mental illness is possible with appropriate services and supports. The recovery process is not just improvement in mental health, but improvement in quality of life activities, including employment, education, meaningful relationships, and independence.

Purpose of this FSP Outcome Measurements Documentation Guide

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is responsible for providing oversight of the MHSA and its components, as well as the broader community mental health system in California. Within this role, the MHSOAC ensures accountability to taxpayers and the public. As one of its oversight approaches, the MHSOAC adopted a commitment to pursuing meaningful evaluation of the MHSA and greater community mental health system.

The ability to successfully use evaluation methods to provide oversight and hold responsible entities accountable for their roles within the MHSA is dependent upon access to valid data that is reliably reported and made available to the MHSOAC on a regular basis. Outcomes from the MHSA FSP are reported by MCBH staff and providers to the Department of Health Care Services (DHCS), and since August 2011, the MHSOAC has sponsored efforts to improve the quality of the FSP data. This FSP Outcome Measurements Documentation Guide is intended to add clarity to MHSA FSP reporting requirements.

General Requirements

Outcomes Measurements

Age Grouping

Each FSP Program is responsible for maintaining outcome measurements and data collection based on the four age groupings as specified in the Community Services and Supports (CSS) Plans:

- Youth (ages 0-15)
- Transitional Age Youth (ages 16-25)
- Adults (ages 26-59)
- Older Adults (ages 60+)

FSP Reporting is used to measure performance and accountability as they pertain to MHSA funded programs. **All FSP Programs** must conduct the following FSP Outcome Assessments and enter data into AVATAR for reporting purposes:

The Partnership Assessment Form (PAF)

- a. The PAF is completed:
 - i. Upon initial admission to an FSP; or
 - ii. To re-establish FSP services, if there has been more than one (1) year of discontinued FSP services

Key Event Tracking Form (KET)

- b. The KET is completed when a key event occurs in the beneficiary's life. Key events include:
 - i. A change in residence;
 - ii. Hospital admission/discharge;
 - iii. Jail admission/discharge;
 - iv. Change in education (starting or stopping school);
 - v. Change in employment (starting or stopping employment, or working more or less hours); and/or
 - vi. Emergency interventions (visits to the emergency room for either psychiatric or medical reasons).
- c. A PAF must be completed prior to completing a KET

Quarterly Assessment Form (3M)

- d. The 3M is completed every three months from the date of admission into the FSP program
- e. The 3M will collect information about changes regarding:
 - i. Education;
 - ii. Sources of financial support;
 - iii. Legal issues/designations;
 - iv. Health status;
 - v. Substance use/abuse; and/or

- vi. Activities of daily living for older adults.
- f. A PAF must be completed prior to completing a 3M
- g. 3Ms can be entered in AVATAR 15 days before the due date and up to 30 days after the due date

FSP Outcomes Data Collection Forms in AVATAR

Monterey County Behavioral Health Reports Partner information and outcomes of the FSP program to DHCS by submitting information gathered through the following 3 forms in AVATAR:

- The Partnership Assessment Form (PAF) gathers baseline information
- The Key Event Tracking (KET) Form provides information on status
- The Quarterly Assessment (3M) gathers follow up information.

The questions on the each of the PAF, KET and 3M forms may differ slightly depending on the age of the client (Child, TAY, Adult, Older Adult). It is important that each item on the form is completed in its entirety, specifically for the age group identified, **unless the field displays are specifically greyed out** (which means those elements may be reserved for only certain age groups).

Partnership Assessment Form in AVATAR

A Partnership Assessment Form (PAF) is completed when the partnership with the client is established. A PAF reflects a baseline assessment of client's functioning when entering into an FSP.

PAF Timelines

A PAF should be completed within the first 30 days after starting the FSP Program. The PAF is done at time of entry into an FSP program to establish a baseline. A PAF is valid until the client has been disenrolled from a program and a lapse of 365 days has occurred since the client was discharged.

If your program receives a client with an existing PAF, meaning that no lapse of 365 or greater days has occurred between events, then your program must enter a KET form in AVATAR to re-establish the Full Service Partnership.

- If a client-partnership is inactive for more than one year (365 days), a *new* PAF is required to return the client-partnership back to active status.
 - The avatar forms will activate specific required questions based on the age of the client
 - Any missed requirements upon submission or finalization will be specified in an error message
 - All questions that are activated for your client's Partnership Assessment Form need to be completed.
- If a client-partnership is inactive for less than one year, a Key Event Tracking (KET) form is completed to the change back to an active status.

Mandatory Fields on the PAF Form

There are several required fields to be completed on the PAF for the PAF to be saved and the partnership to be established:

1. Partnership Date (Episode Start Date). See example below.
2. Partnership Service Coordinator ID (PSC ID). This will be generated automatically once you enter your name into the form under “Administrative Information” See example below.
 - a. If the PSC ID does not populate, please contact 415-QA@co.monterey.ca.us or (831)755-4545

Information on the PAF can later be updated at any time by submitting updated information for the client’s PAF while it remains in “Draft” status.

While information for the PAF can be obtained over multiple visits, a PAF cannot be finalized until all required information is completed.

When the PAF becomes “Final” the information on the PAF can no longer be updated.

How to Create a PAF in AVATAR

LOCATION: CWS → MHSA → Partnership Assessment Form (PAF)

RULES:

- A partnership assessment form is completed when the partnership with the client is established.
- If a client-partnership is inactive for more than one year (365 days), a new PAF is required to return the client-partnership back to active status.
- If a client-partnership is inactive for less than one year, a Key Event Tracking (KET) form is completed to Reestablish the Partnership and change back to an active status.
- The avatar forms will activate specific required questions based on the client’s current age. All questions that are activated for your client’s Partnership assessment form needs to be completed.

NOTE: Complete all the information in each section to the best of your knowledge. Some areas will be grayed out. This means the information is not required for that particular age group or program.

STEPS:

Select the client (it will be highlighted) and Double Click to open the chart view.

1. Select the FSP Episode from the client chart.

Partnership Assessment Form	
Name:	CINDY TEST
ID:	1
Sex:	Female
Date of Birth:	05/12/2004
Episode	Program
33	Interim OMNI Program
32	Drake House MHSA MHS FSP
31	Prop 47 MILPA
30	CS North Salinas High IEP
29	Pre-Admission Program
26	SUD Door to Hope Outpatient ASAM only
25	Access Promotores

PARTNERSHIP INFORMATION:

2. Enter Partnership date (episode start date). The form in Avatar will auto-populate with the episode admission date; do not change this date.
3. This section will auto fill based on the clients age.
4. Select draft if you are still working on this assessment. Once you have reviewed the information you will finalize the form.
5. The “External Previously Assigned GUID number” is automatically populated. **DO NOT** make changes to this number. This GUID number is issued by and used for State reporting.
6. Select “New Partnership” (no previous PAF) or “Re-establish Partnership.”

ADMINISTRATIVE INFORMATION:

1. Enter your name here. The Partnership Service Coordinator ID (PSC ID) will be generated automatically once you enter your name.
 - i. If the PSC ID does not populate, please contact 415-QA@co.monterey.ca.us or (831)755-4545.
 - ii. Select applicable information in the program information section.

The screenshot shows the 'Partnership Assessment Form' interface. On the left is a navigation menu with categories like Partnership Information, Residential Information, Education, Employment, and Health Status. The main content area is divided into three sections:

- ADMINISTRATIVE INFORMATION:** Includes a 'Staff Member' dropdown menu, a 'Partnership Service Coordinator ID' text field, and a 'PROGRAM INFORMATION' section with checkboxes for 'Governor's Homeless Initiative (GHI)' and 'MHSA Housing Program'.
- AB2034 PROGRAM:** Includes a question 'In which programs is the client CURRENTLY involved?' with checkboxes for 'AB2034' and 'Governor's Homeless Initiative (GHI)'. It also has radio buttons for 'Gender' (Male, Female, Transgender), a dropdown for 'Ethnicity', radio buttons for 'Veteran' (Yes, No), and a dropdown for 'Insurance at Enrollment'.

RESIDENTIAL INFORMATION:

2. Complete each applicable section (general Arrangement, Family Member, Foster Home, Shelter, etc.)
 - i. At least one of the residential options needs to be marked “tonight”
 - ii. At least one of the residential options needs to be marked “yesterday”
 - iii. At least one of the residential options needs to be marked “prior to the past 12 months”
- a. Number of Occurrences During Past twelve months
 - i. If the number of occurrences is 1 or greater, the number of days field is required
 - ii. If the number of days field is 1 or greater, the number of occurrences field is required
- b. Number of Days during last twelve months (number of das during past twelve months can be equal to or less than 365 days, but should total 365 days across all sections)

The screenshot shows the 'General Arrangement' section of the form. It features a blue header with a dropdown arrow and a yellow callout bubble with the number '8'. The section is titled 'In an apartment or house alone / with spouse / partner/ minor children / other dependents / roommate - must hold lease or share in rent/ mortgage'. It contains three main groups of questions:

- Select All That Apply:** A group of radio buttons for 'Tonight', 'Yesterday (as of 11:59 PM the day BEFORE partnership)', and 'Prior To The Last 12 Months'. To the right are two input fields: 'Number of Occurrences During the Past 12 Months' (with a yellow callout 'A') and 'Number of Days During the Past 12 Months' (with a yellow callout 'B').
- With one or both biological/adoptive parents:** A group of radio buttons for 'Tonight', 'Yesterday (as of 11:59 PM the day BEFORE partnership)', and 'Prior To The Last 12 Months'. To the right are two input fields: 'Number of Occurrences During the Past 12 Months' and 'Number of Days During the Past 12 Months'.
- Family Member:** A sub-section header with a dropdown arrow. Below it is a group of radio buttons for 'Tonight', 'Yesterday (as of 11:59 PM the day BEFORE partnership)', and 'Prior To The Last 12 Months'. To the right are two input fields: 'Number of Occurrences During the Past 12 Months' and 'Number of Days During the Past 12 Months'.

EDUCATION:

- 3. Education Section: Highest level of education completed must be reported for all clients and:
 - a. Only for children and TAY age group: Select Yes/No
 - And the user MUST complete at least:
 - b. FOR YOUTH REQUIRED BY LAW TO ATTEND SCHOOL
 - OR
 - c. FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL
1. This is for all age ranges, not just YOUTH

The screenshot shows the 'Partnership Assessment Form' with the 'Education' section highlighted in the left sidebar. The main content area contains the following fields:

- Highest Level of Education Completed:** A dropdown menu.
- Is the partner CURRENTLY receiving special education due to serious emotional disturbance?** Radio buttons for Yes and No.
- Is the partner CURRENTLY receiving special education due to another reason?** Radio buttons for Yes and No.
- FOR YOUTH REQUIRED BY LAW TO ATTEND SCHOOL** (circled in orange):
 - Estimate the partner's attendance* level DURING THE PAST 12 MONTHS:
 - Always attends school (never truant)
 - Sometimes attends school
 - Never attends school
 - Attends school most of the time
 - Infrequently attends school
 - Estimate the partner's attendance* level Currently:
 - Always attends school (never truant)
 - Sometimes attends school
 - Never attends school
 - Attends school most of the time
 - Infrequently attends school
 - *excludes scheduled breaks and excused absences
 - CURRENTLY, his/her grades are:
 - Very Good
 - Good
 - Average
 - Below Average
 - Poor
 - DURING THE PAST 12 MONTHS, his/her grades were:
 - Very Good
 - Good
 - Average
 - Below Average
 - Poor
 - DURING THE PAST 12 MONTHS, how many times has s/he been suspended? [Input field]
 - DURING THE PAST 12 MONTHS, how many times has s/he been expelled? [Input field]
- FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL** (circled in orange):
 - For the following educational settings, please indicate where the partner was not in school of any kind Was DURING THE PAST 12 MONTHS (# of weeks) [Input field]
 - is CURRENTLY:
 - Yes
 - No

On the right side of the form, there are three yellow callout bubbles: '9' at the top, 'A' in the middle, and 'B' below it. At the bottom right, there is a yellow callout bubble with 'C'.

SOURCES OF FINANCIAL SUPPORT:

4. Select all items that apply: during the past 12 months and currently. At least one option must be marked currently and one option marked for during the past 12 months.

Indicate all the Sources of Financial Support used to meet the needs of the partner: 10

<p>Caregiver's Wages Select All That Apply <input checked="" type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Child Support Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Partner's Wages Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Partner's Spouse / Significant Other's Wages Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Savings Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Other Family Member / Friend Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p>	<p>Housing Subsidy Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>General Relief / General Assistance Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Food Stamps Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Temporary Assistance for Needy Families (TANF) Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>Social Security Disability Insurance (SSDI) Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p> <p>State Disability Insurance (SDI) Select All That Apply <input type="checkbox"/> During The Past 12 Months <input type="checkbox"/> Currently</p>
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EMPLOYMENT:

11. Enter employment history for the client during the past 12 months. If client was not employed, enter a value of 0.
 - a. If # of week is completed, the average hours/week or average wage becomes required
 - b. At least one section must be completed
12. If client is currently employed
 - a. If yes selected: answer the remainder of the questions in the applicable sections.
 1. Complete if employment is part of treatment goals
 2. If # of week is completed, the average hours/week or average wage becomes required
 3. At least one section must be completed
 - b. If no selected: answer the treatment goals section but no employment options sections are completed

The screenshot shows a web-based form titled "Employment Status". It is divided into two main sections: "Indicate the partner's EMPLOYMENT STATUS DURING THE PAST 12 MONTHS" and "Partner's Employment Status".

Indicate the partner's EMPLOYMENT STATUS DURING THE PAST 12 MONTHS

Competitive Employment: (Paid employment in the community in a position that is also open to individuals without a disability.)

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supported Employment: (Competitive Employment (see above) with an ongoing on-site or off-site job-related support services provided.)

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)

# OF WEEKS	AVERAGE HOURS/WEEK
<input type="text"/>	<input type="text"/>

Other Gainful/Employment Activity: Any informal employment activity that increases the partner'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.)

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unemployed

OF WEEKS
<input type="text"/>

Partner's Employment Status

Is the Partner employed at this time? Yes No

Does one of the partner's current recovery goals include any kind of employment at this time? Yes No

Indicate the partner's CURRENT EMPLOYMENT STATUS:

Competitive Employment: (Paid employment in the community in a position that is also open to individuals without a disability.)

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

LEGAL ISSUES/DESIGNATIONS:

13. If the client has not been arrested, enter 0 for times arrested and select "No" for all areas that are not applicable.

Involvement

JUSTICE SYSTEM INVOLVEMENT 13

ARREST INFORMATION
Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:

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

PROBATION INFORMATION
Is the partner CURRENTLY on probation?
 Yes No

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

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

PAROLE INFORMATION
Is the partner CURRENTLY on parole from the Division of Juvenile Justice?
 Yes No

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

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

Conservatorship

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION:
Is the partner CURRENTLY on conservatorship?
 Yes No

Was the partner on conservatorship DURING THE PAST 12 MONTHS?
 Yes No

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

PAYEE INFORMATION:
Does the partner CURRENTLY have a payee?
 Yes No

Did the partner have a payee DURING THE PAST 12 MONTHS?
 Yes No

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

Index of INDEPENDENT ACTIVITIES OF DAILY LIVING (ADLs)

14. If ADL section is applicable, complete all fields with at least one response.

For each area of functioning listed below, select the description that applies. (The word 'assistance' means supervision, direction or personal assistance.) 14

BATHING - either sponge bath, tub bath or shower:

- Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)
- Receives assistance in bathing only one part of body (such as back or leg)
- Receives assistance in bathing more than one part of the body (or not bathed)

DRESSING - gets clothes from closets and drawers, including underclothes, outer garments and users fasteners (including braces, if worn):

- Gets clothes and get completely dressed without assistance
- Gets clothes and get dressed without assistance, except for assistance in tying shoes
- Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

TOILETING:

- Goes to 'toilet room', cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)
- Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
- Doesn't go to room termed 'toilet' for the elimination process

EMERGENCY INTERVENTION:

15. Indicate the number of emergency interventions (ER visit, crisis stabilization) the client had in the last 12 months. If none, select 0.

Chart Partnership Assessment Form

Partnership Information
Administrative Information
Residential Information
General Arrangement
Family Member
Foster Home
Shelter/Homeless
Supervised Placement
Hospital
Residential
Justice Placement
Education
Sources of Financial Support
Employment
Employment Status
Partner's Employment Status
Legal Issues/Designations
Involvement
Conservatorship
Dependent
Index of Independent Activities
Emergency Intervention
Health Status
Substance Abuse
Instrumental Activities
County Use Questions

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had DURING THE PAST 12 MONTHS that were:

Physical Health Related	Mental Health / Substance Abuse Related
<input type="text"/>	<input type="text"/>

15

HEALTH STATUS

16. Select yes/no related to client's current connection with a primary care physician.

Chart Partnership Assessment Form

- Partnership Information
- Administrative Informa...
- Residential Information
 - General Arrangement
 - Family Member
 - Foster Home
 - Shelter/Homeless
 - Supervised Placement
 - Hospital
 - Residential
 - Justice Placement
- Education
- Sources of Financial Sup...
- Employment
 - Employment Status
 - Partner's Employment Sta...
- Legal Issues/Designati...
- Involvement
- Conservatorship
- Dependent
- Index of Independent A...
- Emergency Intervention
- Health Status**
- Substance Abuse
- Instrumental Activities ...
- County Use Questions

Does the partner have a primary care physician CURRENTLY? 16

Yes No

Did the partner have a primary care physician DURING THE PAST 12 MONTHS?

Yes No

SUBSTANCE ABUSE

17. Select yes/no pertaining to client's substance use.

Chart Partnership Assessment Form

- Partnership Information
- Administrative Informa...
- Residential Information
 - General Arrangement
 - Family Member
 - Foster Home
 - Shelter/Homeless
 - Supervised Placement
 - Hospital
 - Residential
 - Justice Placement
- Education
- Sources of Financial Sup...
- Employment
 - Employment Status
 - Partner's Employment Sta...
- Legal Issues/Designati...
- Involvement
- Conservatorship
- Dependent
- Index of Independent A...
- Emergency Intervention
- Health Status
- Substance Abuse**
- Instrumental Activities ...
- County Use Questions

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use program? 17

Yes No

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use program?

Yes No

Is the partner CURRENTLY receiving substance abuse services?

Yes No

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (ADL)

18. If the Instrumental ADL section is applicable, complete all fields with one response. For each area of functioning, select the description (without help, with some help, completely unable to do) that applies to the client.

The screenshot displays the 'Partnership Assessment Form' interface. On the left is a navigation menu with categories such as 'Partnership Information', 'Residential Information', 'Education', and 'Instrumental Activities' (which is highlighted in green). The main content area is titled 'For each area of functioning listed below, select the description that applies.' and contains six questions, each with three radio button options: 'Without Help', 'With Some Help', and 'Completely Unable To Do'. The questions are: 'Can the client use the telephone?', 'Can the client get to places out of walking distance?', 'Can the client go shopping for groceries?', 'Can the client prepare his/her own meals?', 'Can the client do his/her own housework?', and 'Can the client do his/her own handyman work?'. A yellow circle with the number '18' is in the top right corner of the form area.

COUNTY USE QUESTIONS

19. Leave the County Use Questions section blank.

The screenshot shows the 'County Use Questions' section of the 'Partnership Assessment Form'. The left navigation menu is visible, with 'County Use Questions' highlighted in green. The main content area is divided into two columns: 'To be tracked on the KEY EVENT TRACKING form:' and 'To be tracked on the Quarterly Assessment form:'. Each column contains three input fields labeled 'County Use Field #1', 'County Use Field #2', and 'County Use Field #3'. All six input fields are empty and have a large red 'X' drawn over them, indicating they should be left blank. A yellow circle with the number '19' is in the top right corner of the form area.

Special Reminders:

- Go back to the first section “Partnership Information” and select Draft if you still need to make edits to this form or Final if you have completed all the information.
- Click Submit to save your work.

Key Event Tracking (KET) Form in AVATAR

This form is used for tracking key events (changes) in a beneficiary's life. A program only needs to complete the KET forms when reporting a change with three exceptions: dis-enrolling a client, transferring a client, or receiving a transferred client. Areas of a client's life to be tracked include: education, employment status, legal issues and designations, emergency interventions, and residential information.

KET Timelines

Prior to completion of a KET form, the Partnership record of a client must be entered and established in Avatar using the PAF form. After this, the KET form can be created and used to enter the status of the partner for certain domains through AVATAR.

A KET update is needed within 30 days of an identified event; preferably on the day the partner reports the "new updated" information to the program. Check to make sure information has not been previously entered. It is important to not duplicate information on KET's.

KET Mandatory Fields

The KET is completed *every time* there is a change in one of the KET domains. KET Domains include:

- Administrative Information – All changes
- Education – Dates of school enrollment or graduation dates
- Employment – All changes
- Legal Issues / Designations – Dates of Partner's legal issues
- Emergency Interventions – All changes.
- Residential – All changes

Domain areas must be completed with all questions answered on the form. Incomplete information will create problems when submitting this data to the state.

How to Complete a KET in AVATAR

LOCATION: Avatar → Forms → Key Event Tracking Form (KET)

RULES:

- A KET is completed every time there is a change in one of the KET domains.
- If a Partnership status is to be discontinued all other events and information about the Partnership must be entered on a separate KET prior to submitting the KET for the discontinuation.
- Once the Partnership is discontinued, the Partnership becomes inactive.
- When entering a KET to re-establish partnership for a partner that is currently inactive, the change date (such as Date of Residential Status Change) must be a date that is Before the Discontinuation Date AND After the Partnership Date.

- Domains that have no changes, do not require information to be updated, such as: Employment information. If the Partner is not employed, skip the domain section.
- Only one residential change should be made per day.
- KET Events that occur on the same date in same domain are completed on the same KET form.
- KET Events that occur on the same date, but in different domains are completed on same KET form.
- KET Events that occur on different dates, but you are entering them on the same day, need to be on separate KET forms.
- If a Partner has several changes in status for the same question, with different dates (e.g., the Partner changes residential status several nights in a row), then a separate KET will need to be entered for each change.
- Changes to the partner’s information in any domain during the 3M period is completed separately from the KET. 3M and KET forms are to be completed in date order of events.
- KET information should be done either before or after the 3M depending on whether the 3M is due before or after the KET updates.
- 3M assessment that is needed at time of discharge must be completed at discharge before the KET form can be done for discontinuation of services from the FSP Program via a KET with a discontinuation reason and date.

STEPS:

Select the client (It will be highlighted) and Double Click to open the chart view.

1. Select the FSP Episode from the client chart.



PARTNERSHIP INFORMATION

2. Enter the date the KET was completed.
3. This section will auto fill based on the clients age.
4. Select draft if you are still working on KET. Once you have reviewed the information you will finalize the form.
5. The “External Previously Assigned GUID number” is automatically populated. **DO NOT** make changes to this number. This GUID number is issued by and used for State reporting.

Partnership Information

- Change In Administrati...
- Education
- Employment
- Legal Issues / Designati...
- Emergency Intervention
- County Use Questions
- Residential Information

Submit

Online Documentation

Date Completed

Partnership Form Type

- Adult Key Event Tracking Form
- Older Adult Key Event Tracking Form
- Child/Youth Key Event Tracking Form
- Transition Age Youth Key Event Tracking Form

Assessment Status

- Draft
- Final

Previously Submitted Partnership GUID

External Previously Assigned GUID

CHANGE IN ADMINISTRATIVE INFORMATION

6. This section is mostly used to track partnership status changes including:
 - a. New Partnership status
 - b. Discontinued services or interruption in services

PROGRAM INFORMATION

AB2034

Date of AB2034 change

Governor's Homeless Initiative (GHI)

- Yes
- No

Date of Governor's Homeless Initiative (GHI) change

MHSA Housing Program

- Yes
- No

Date of MHSA Housing Program change

Date of Provider Number/National Provider Identifier (NPI) Change

Date of Full Service Partnership Program ID Change

Date of Partnership Service Coordinator ID Change

NEW Staff Member

NEW Partnership Service Coordinator ID:

Date of Partnership Status Change

Indicate new partnership status

- Discontinuation/Interruption Of Full Service Partnership And/Or Community Services /Program (Indicate 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:

- Target population criteria are not met.
- Partner decided to discontinue Full Service Partnership participation after partnership established.
- Partner moved to another county/service area.
- After repeated attempts to contact partner, s/he cannot be located.
- Community services/program interrupted - Partner's circumstances reflect a need for residential/institutional mental health services at this time (such as IMD, MHRC, State Hospital).
- Partner has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.
- Partner is deceased.
- Community services/program interrupted - Partner will be placed in JUVENILE HALL / CAMP / RANCH.
- Community services/program interrupted - Partner will be placed in DIVISION of JUVENILE JUSTICE.
- Community services/program interrupted - Partner will be serving JAIL sentence.
- Community services/program interrupted - Partner will be serving PRISON sentence.

EDUCATION

7. This section tracks changes in education including: completion of a grade level, suspensions/expulsions, and changes in educational settings.

GRADE LEVEL INFORMATION

Date of Grade Level Completion: [Month] [T] [Y]

Level of education completed: 10th Grade

FOR YOUTH REQUIRED BY LAW TO ATTEND SCHOOL

SUSPENSION INFORMATION

Date of Suspension: [Month] [T] [Y]

EXPULSION INFORMATION

Date of Expulsion: [Month] [T] [Y]

FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change: [Month] [T] [Y]

Indicate the new educational setting(s):

- Not In School Of Any Kind
- High School / Adult Education
- Technical / Vocational School
- Community College / 4 Year College
- Graduate School
- Other

If stopping school, did the partner complete a class and/or program?
 Yes No

Does one of the partner's current recovery goals include any kind of education at this time?
 Yes No

EMPLOYMENT

8. This section tracks changes in the client's employment, including stopping or starting employment.

Date of Employment Change: [Month] [T] [Y]

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

Competitive Employment:

Average Hours/Week: [] Hourly Wage: []

Supported Employment:

Average Hours/Week: [] Hourly Wage: []

Transitional Employment/Enclave:

Average Hours/Week: [] Hourly Wage: []

Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):

Average Hours/Week: [] Hourly Wage: []

Non-paid (Volunteer) Work Experience:

Average Hours/Week: []

Other Gainful/Employment Activity:

Average Hours/Week: [] Hourly Wage: []

Is the partner not employed at this time?
 Yes No

Does one of the partner's current recovery goals include any kind of employment at this time?
 Yes No

LEGAL ISSUES/ DESIGNATIONS

9. This section tracks arrests, probation status, as well as conservatorship and payee status.

The screenshot displays the 'Key Event Tracking Form' with a sidebar on the left containing navigation options: Partnership Information, Change In Administrati..., Education, Employment, Legal Issues / Designati..., Emergency Intervention, County Use Questions, and Residential Information. The main form area is divided into four sections:

- ARREST INFORMATION** (marked with a yellow circle '9'): Includes a 'Date Partner Arrested' field with a calendar icon and 'T'/'Y' buttons.
- PROBATION / PAROLE INFORMATION**: Includes a 'Date of Probation Status Change' field, radio buttons for 'Removed From Probation' and 'Placed On Probation', a 'Date of Division of Juvenile Justice Parole Status Change' field, and radio buttons for 'Removed From Parole' and 'Placed on Parole'.
- CONSERVATORSHIP / PAYEE INFORMATION**: Includes a 'Date of Conservatorship Status Change' field, radio buttons for 'Removed from conservatorship' and 'Placed on conservatorship', a 'Date of Payee Status Change' field, and radio buttons for 'Removed from payee status' and 'Placed on payee status'.
- DEPENDENT (W & I CODE 300 STATUS) INFORMATION**: Includes a 'Date of W & I Code 300 Status Change' field and radio buttons for 'Removed From W & I Code 300 Status' and 'Placed On W & I Code 300 Status'.

EMERGENCY INTERVENTION

10. This section tracks the date and type of emergency intervention.

The screenshot shows the 'Key Event Tracking Form' with the 'Emergency Intervention' section highlighted in the sidebar. The main form area includes:

- A 'Date of Emergency Intervention' field with a calendar icon and 'T'/'Y' buttons, marked with a yellow circle '10'.
- A text area for 'Indicate the type of emergency intervention (e.g., emergency room visit, crisis stabilization unit)' with two radio button options: 'Physical Health Related' and 'Mental Health / Substance Abuse Related'.

COUNTY USE QUESTIONS

11. Leave the County Use Questions section blank.

The screenshot shows the 'Key Event Tracking Form' with the 'County Use Questions' section highlighted in the sidebar. The main form area includes three rows of fields:

- 'Date of County Use Field #1 Change' with a calendar icon and 'T'/'Y' buttons, marked with a yellow circle '11'.
- 'Indicate NEW County Use Field #1' with a text input field.
- 'Date of County Use Field #2 Change' with a calendar icon and 'T'/'Y' buttons.
- 'Indicate NEW County Use Field #2' with a text input field.
- 'Date of County Use Field #3 Change' with a calendar icon and 'T'/'Y' buttons.
- 'Indicate NEW County Use Field #3' with a text input field.

Large red 'X' marks are placed over the 'Date of County Use Field #1 Change', 'Date of County Use Field #2 Change', and 'Date of County Use Field #3 Change' fields, indicating they should be left blank.

RESIDENTIAL INFORMATION

12. This section collects information about a client's residential status change.

Key Event Tracking Form

Date of Residential Status Change

Indicate the new residential status (select one):

GENERAL LIVING ARRANGEMENT

- With one or both biological/adoptive parents
- 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 rent / mortgage
- Single Room Occupancy (must hold lease)
- Foster Home (with relative)
- Foster Home (with non-relative)

SHELTER / HOMELESS

- Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)
- Homeless (includes people living in their cars)

HOSPITAL

- Acute Medical Hospital
- Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)
- State Psychiatric Hospital

SUPERVISED PLACEMENT

- Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
- Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
- Licensed Community Care Facility (Board and Care)
- Assisted Living Facility

Special Reminders

- After the submission of a KET, the **Partnership Date** and **Partner's Date of Birth** are NOT editable fields. All other information however, can be edited. If the date is wrong, you will need to Discontinue/Delete the PAF and any corresponding KETs and 3Ms then re-enter the information with the correct date.
- In terms of making corrections, please note that client information that has already been submitted, such as County, Partner name, date completed, and date of birth can be corrected, but the PAF will need to be put back in draft. This change can only occur within 10 days of entering the information, due to state submission occurring at the end of each month. To request the form be placed back in draft and error report will need to be submitted.
- When a client is discontinued and placed in "inactive" status, the client can remain inactive for up to 365 days and get re-established with a program; however, if they are inactive for longer than 365 days a new PAF will have to be created.
- Date changes (such as Date of Residential Status Change) **MUST** be a date that is before the Discontinuation Date and after the Partnership Date.
- There is no limit to the number of KET assessments that can be submitted.
- A KET cannot be submitted prior to the submission of the PAF (Partnership Assessment form).
- To close out an FSP users must access the KET (Key Event Tracking) form in Avatar, complete all details needed for client; including any additional KET's that are separate from the discontinuation KET. Be sure to include the reason for discontinuation and submit.
- You only need to complete the section of the KET for which you are reporting a change. You can report multiple changes in a single KET as long as the changes are in different domains

Quarterly Assessment Form in AVATAR

This form is used to track updates in the beneficiary's life on a quarterly basis. This measurement is also known as **3M**.

3M Timelines

- 3M is due every 3-months after the initial PAF Partnership Date. There is a 15-day window prior to the 3-month anniversary and 30 days after to complete the 3M form entry. Each 3M thereafter would be in 3-month intervals (6 months, 9 months, 12 months, etc.).
- Regular submissions of 3M should continue on schedule regardless of KET reporting.
- Use the **195 MHSA Episode Status Report** form on Avatar to obtain a list of due dates and date ranges for quarterly submittals.

3M Mandatory Fields

It is important to complete all the information in each section to the best of your knowledge. Some areas will be grayed out based on age category of the partner. This means the information is not required for that particular age group or program.

How to Complete a 3M in AVATAR

LOCATION Avatar → Forms → Quarterly assessment Form

RULES

- A 3M is completed every three months after the initial PAF date.
- 3Ms are completed at regular intervals independent of KETs.
- Changes to the partner's information in any domain during the 3M period is completed separately from the KET. 3M and KET forms are to be completed in date order of events.
- KET information should be done either before or after the 3M depending on whether the 3M is due before or after the KET updates.
- 3M assessment that is needed at time of discharge must be completed at discharge before the KET form can be done for discontinuation of services from the FSP Program via a KET with a discontinuation reason and date.

STEPS

1. Select the client's FSP episode from the client's chart.

Chart Quarterly Assessment Form

Name: CINDY TEST
 ID: 1
 Sex: Female
 Date of Birth: 05/12/2004

Episode	Program
33	Interim OMNI Program
32	Drake House MHSA MHS FSP
31	Prop 47 MILPA
30	CS North Salinas High IEP
29	Pre-Admission Program
26	SUD Door to Hope Outpatient ASAM only
25	Access Promotores
24	SUD SSC OP Outpatient King City

PARTNERSHIP INFORMATION

2. Enter the date the quarterly was completed.
3. This section will auto fill based on the clients age.
4. Select draft if you are still working on KET. Once you have reviewed the information you will finalize the form.
5. The “External Previously Assigned GUID number” is automatically populated. **DO NOT** make changes to this number. This GUID number is issued by and used for State reporting.

EDUCATION

6. This section provides updates on client’s education.

Chart Quarterly Assessment Form

Partnership Information

Education

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?
 Yes No

Is the partner CURRENTLY receiving special education due to another reason?
 Yes No

FOR CHILDREN/YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) currently:

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:
 Very Good Good Average Below Average Poor

SOURCES OF FINANCIAL SUPPORT

7. This section allows the user to multi select current sources of financial support.

Chart Quarterly Assessment Form

Partnership Information

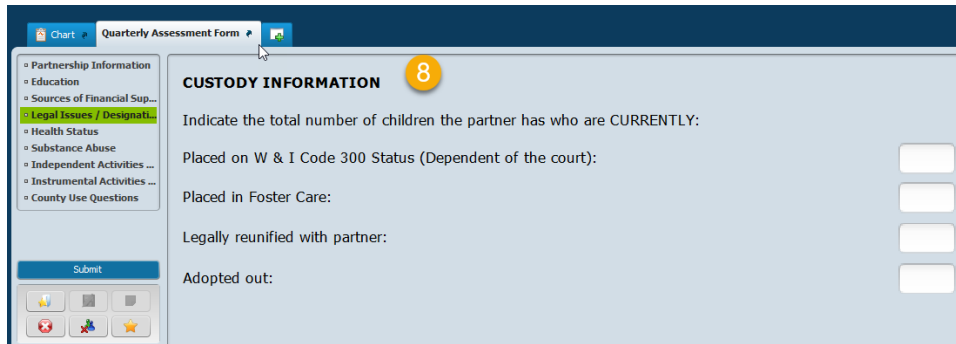
Sources of Financial Support

Indicate all the sources of financial support that are CURRENTLY used to meet the needs of the child/youth/partner (mark all that apply):

- American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)
- Caregiver Wages
- Child Support
- Food Stamps
- General Relief / General Assistance
- Housing Subsidy
- Loan / Credit
- No Financial Support
- Other Family Member / Friend
- Other
- Partner Wages
- Partner's Spouse / Significant Other's Wages
- Retirement / Social Security Income
- Savings
- Social Security Disability Insurance (SSDI)
- State Disability Insurance (SDI)

LEGAL ISSUES/ DESIGNATION

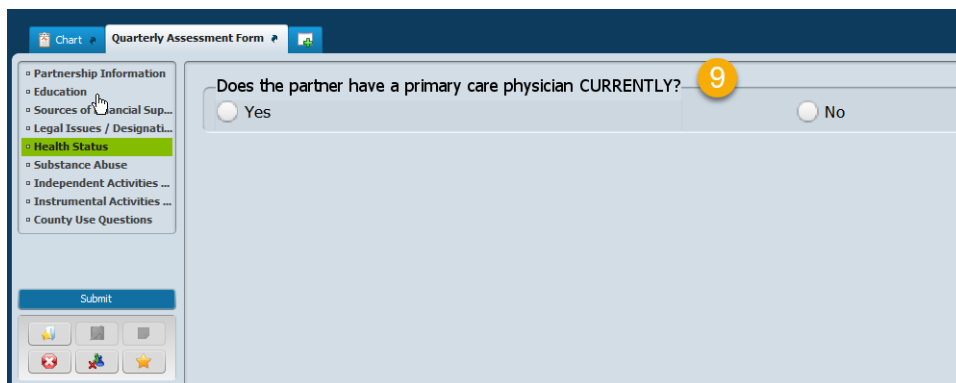
8. This section covers custody information.
 - i. Enter a numerical value (0-99) for each item
 - a. None = 0
 - b. Single digit for numbers 0-9
 - c. Double digits for numbers 10-99



The screenshot shows the 'Quarterly Assessment Form' interface. On the left is a navigation menu with categories: Partnership Information, Education, Sources of Financial Sup..., Legal Issues / Designat..., Health Status, Substance Abuse, Independent Activities..., Instrumental Activities..., and County Use Questions. The 'Legal Issues / Designat...' category is highlighted. The main content area is titled 'CUSTODY INFORMATION' with a yellow circle containing the number '8'. Below the title are four questions, each with a corresponding input field on the right: 'Indicate the total number of children the partner has who are CURRENTLY:', 'Placed on W & I Code 300 Status (Dependent of the court):', 'Placed in Foster Care:', and 'Legally reunified with partner:'. The 'Adopted out:' question has an input field that is currently empty.

HEALTH STATUS

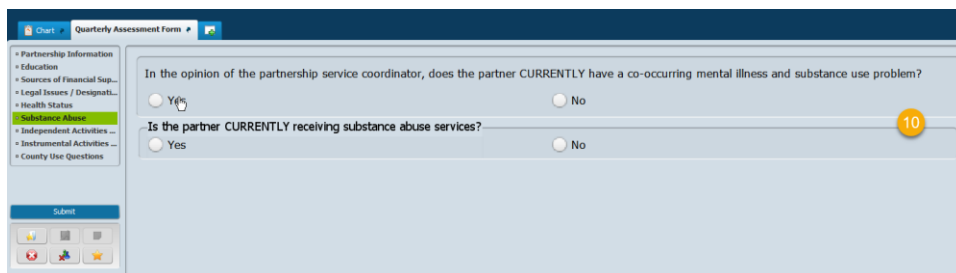
9. This section allows for yes/no selection regarding client's primary care physician.



The screenshot shows the 'Quarterly Assessment Form' interface. The navigation menu on the left has 'Health Status' highlighted. The main content area is titled 'Health Status' with a yellow circle containing the number '9'. The question is 'Does the partner have a primary care physician CURRENTLY?' with two radio button options: 'Yes' and 'No'.

SUBSTANCE ABUSE

10. This section gathers yes/no information about substance use.



The screenshot shows the 'Quarterly Assessment Form' interface. The navigation menu on the left has 'Substance Abuse' highlighted. The main content area is titled 'Substance Abuse' with a yellow circle containing the number '10'. There are two questions, each with two radio button options: 'Yes' and 'No'. The first question is 'In the opinion of the partnership service coordinator, does the partner CURRENTLY have a co-occurring mental illness and substance use problem?'. The second question is 'Is the partner CURRENTLY receiving substance abuse services?'.

INDEPENDENT ACTIVITIES OF DAILY LIVING

11. This section collects information about client's current areas of daily living skills.

11

For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction or personal assistance)

BATHING - either sponge bath, tub bath or shower:

- Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)
- Receives assistance in bathing only one part of the body (such as back or leg)
- Receives assistance in bathing more than one part of the body (or not bathed)

DRESSING - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn):

- Gets clothes and gets completely dressed without assistance
- Gets clothes and gets dressed without assistance, except for assistance in tying shoes
- Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

TOILETING:

- Goes to 'toilet room,' cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)
- Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
- Doesn't go to room termed 'toilet' for the elimination process

TRANSFER:

- Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as a cane or walker)
- Moves in and out of bed or chair with assistance
- Doesn't get out of bed

CONTINENCE

- Controls urination and bowel movement completely by self

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

12. This section focuses on specific areas of functioning and the user can rate the beneficiary as “without help, with some help, completely unable to do.”

12

For each area of functioning listed below, check the description that applies.

Can the partner use the telephone?

Without Help With Some Help Completely Unable To Do

Can the partner get to places out of walking distance?

Without Help With Some Help Completely Unable To Do

Can the partner go shopping for groceries?

Without Help With Some Help Completely Unable To Do

Can the partner prepare his/her own meals?

Without Help With Some Help Completely Unable To Do

Can the partner do his/her own housework?

Without Help With Some Help Completely Unable To Do

Can the partner do his/her own handyman work?

Without Help With Some Help Completely Unable To Do

COUNTY USE QUESTIONS

13. Leave County Use Questions blank

Indicate NEW County Use Field #1

Indicate NEW County Use Field #2

Indicate NEW County Use Field #3

Special Reminders

- There is no limit to the number of KET assessments that can be submitted.

- A 3M cannot be submitted prior to the submission of the PAF (Partnership Assessment form)
- To close out an FSP users must access the KET (Key Event Tracking) form in Avatar, complete all details needed for client; including any additional KET's that are separate from the discontinuation KET. Be sure to include the reason for discontinuation and submit.

For clinicians who do not use AVATAR for documentation

MCBH Quality Improvement Department has developed PDF versions of PAFS, KETs, and 3M forms that can be used by clinicians who do not document in AVATAR as part of their regular workflow.

The information collected on these forms *must be* administratively entered into AVATAR within the required timelines. This administrative data entry does not need to be completed by the clinician. For questions about this process, please email 415-QA@co.monterey.ca.us, or contact (831) 755-4545.

Fillable PDF forms can be found here (Ctrl+Click to follow link):

- [PAF](#)
- [KET](#)
- [3Ms](#)

Frequently Asked Questions

General

What outcomes do I need to complete and what clients do I need to complete them for?

For every client that is enrolled in a full service partnership program, a baseline assessment must be completed upon enrollment. The baseline covers the activities of the client during the 12 months prior to enrollment and the day of partnership, and includes a few questions covering the client's life before the past year. If information reported in the baseline changes in certain areas, (i.e. residential status, hospitalizations, emergency room contacts, starting and stopping school or work, etc.), you will need to report each change on a Key Event Change form. A three month assessment is due every three months on every enrollee in full service partnership programs.

Who can complete the outcomes forms?

It is recommended that Baselines be completed by clinicians, since many questions require clinical judgment and knowledge. As with any initial assessment with a client, clinicians needs to gather client's background information and make informed clinical decision. Since KET's and 3M's are more focused on fact finding/changes with the client, support staff can gather that information and seek consultation with the clinician if they need to answer questions that are clinical in nature or if they are unsure of how to answer them.

When do I complete the forms?

For Full Service Partnership, a Baseline assessment should be completed within the first 30 days after enrolling in services. The sooner the baseline is completed the faster your program can start to show outcomes. The three month assessment is due on every 3 month anniversary of your start date. You have a window of 15 days prior to the 3 month anniversary and 30 days after to complete it. A Key Event Tracking (KET) needs to be completed as soon as a change is known. You only need to complete the section of the KET for which you are reporting a change. You may report more than one change on a single KET assessment as long as the changes are in different domains. If you are disenrolling a client, transferring a client, or receiving a transferred client, you should ensure all outcomes are updated at the time of transfer or disenrollment.

If my Child FSP turns 16 while still in my Child FSP program, do I keep filling out Children's forms?

You will need to switch to the TAY forms even though the child remains in the Child FSP program. When your staff go to enter the data in AVATAR system, they will be shown the TAY forms for assessments done on or after the client's 16th birthday.

How far back do I track Living arrangements?

Start with 12 months prior to the partnership date. For example if your partnership date is 12/1/2019, you are tracking living arrangements from 12/1/18-11/30/2019, and checking both the tonight column where the client slept on the first night of the partnership (12/1/2019) and yesterday (as of 11:59 PM the day before the partnership). This is the way your total days will equal 365. Living arrangements for baseline data collection should end on the day before partnership. It's always the 365 days immediately prior to starting in FSP. Finally, select any residential settings that apply for where the client prior to the partnership date (i.e. prior to 12/1/2018: note days in those settings prior to the 12 months do not count towards the 365).

On the baseline, if I have a client who was hospitalized, can I just enter their admit and discharge dates as the from/to dates for residential types?

No, you put their admission date as the "From" date, and the "To" date needs to reflect the last night they slept in the hospital. This is usually the day before the discharge date reported by the client.

For children, do we mark Yes for question "Is client unemployed at this time?" Unemployed would suggest that they are eligible to work but aren't.

Yes, you should mark "unemployed." Whether or not they are eligible is not really an issue for the State...just whether or not they are working. I think it's understood that employment among pre-teens is very unusual.

If client's rent is supplemented by our program's flex funds, do we count it as an income (maybe under other)?

No, it should not be included as income.

What does "highest grade level attained" mean? Is this the same as my client's current grade level?

No, for this question you should report the highest-grade level completed. For example, if you client is currently in 11th grade, your response to this question should be 10th grade since that is the highest-grade level completed.

What should I do when Children or TAY go on summer vacation?

Since the client is on vacation, they are not required to be in school. They should report their normal attendance pattern as if school was in session unless there is some reason to report a change.

How do I disenroll a client?

Please consult the FSP Guidelines and/or your program supervisor on disenrollment procedures. Once the client is disenrolled in FSP program, the outcomes will be closed out before closing the episode. We expect that KETs and 3Ms are entered throughout the course of the partnership, however, please ensure all relevant changes have been reported in a KET with the respective status change dates prior to closing the episode.

I just got a transfer client, but I can't enter their KET or 3M, and I can't edit the Baseline. What to do?

First, contact the agency that the client started with: they need to file a KET listing your agency as the New Provider agency under the Administrative section. Prior to the first agency completing the provider site ID change all statuses should be updated and all 3Ms collected should be entered. Once the provider site ID change is made, the new provider site should complete a KET for a partnership service coordinator and the date. There is no need to indicate a program change on the KET, unless countywide has authorized the client to be in a new age group FSP.

Please note: you will not be able to edit the Baseline for this client. You must, however, use the Partnership Date on that original Baseline as the anniversary date for all the 3M's you will file. In other words, the 3M schedule is based on the first date of FSP service EVER for the client, not on your acceptance of them in you FSP.

What about a client who's put in a long term skilled nursing facility because of physical (not mental) illness? What do I put for a reason for disenrollment?

Since it is a physical health SNF and there is no option about an interruption of program due to prolonged medical care, I would say that "target population criteria are not met" would be the

next best choice here unless it's truly because the client will be too far away to serve any longer, in which case I would chose "moved to another county/service area."

I have already opened and CLOSED the Episode...how do I enter FSP Outcomes?

You will need to ask MCBH QI at (831) 755-4545 or by email 415-QA@co.monterey.ca.us to remove the Discharge Date. Thereby re-opening the episode so that you can enter Outcomes.

Partnership Assessment Form

What is the Partnership Date?

The Partnership Date will coincide with the admission date of the FSP episode.

A client was in one age group when the episode was opened, but is now in a different age group as I am completing a PAF, how is the PAF completed?

The age group will be based at the age at the time of completing the PAF, even though the partnership date will reflect the admission date of the episode.

When completing the Baseline for children, does the client (child) have to be present or is it ok to just meet with the parent/legal guardian?

The baseline is completed from information you have about the client from the client and/or information you have received from supplemental documentation or input from family members. Use your clinical judgment about whether you just need the parent in the room or whether you also need some information from the client. There are some questions that pertain to the client's preferences like "is the client satisfied with their current living arrangement", that you might have to ask the question directly to the client. It might be necessary to collect the information over a couple of sessions. MCBH does expect that the Baseline will be completed within 30 days of the Partnership Date.

If there is an existing PAF Baseline completed by a different provider, do I have to do a new one?

No, a new baseline is not necessary if the clients is continuing in the same type of program. If there is an existing baseline, the new provider needs to ensure the previous provider has completed a KET for the provider site transfer with date. Once that is completed, the new

provider can generate KETs and 3Ms off of the other provider's baseline. You should be able to view the client's baseline that was completed by the other provider, you just won't be able to edit it. You only complete baselines for clients newly authorized for FSP programs, not all those new to your agency (i.e. transferred clients).

The only instance in which you would create a new baseline for a client that already has a baseline is if the client was previously enrolled in the same type of program and has had a lapse of service for more than 1 year. If the existing baseline in the system is for a different type of program then you need to do a new baseline. If a client is moving between FSP age group programs or Wraparound FSP there is no need for a new baseline. If you are working off of a previous baseline, you adopt the previous partnership date and assume what was their 3M schedule.

If a client refuses to give financial information, what do we do?

Report what you can...if they refuse to give info, that's the best you can do!

Key Event Tracking

Do I have to complete the entire KET form or just for the change I am reporting?

You only need to complete the section of the KET for which you are reporting a change. You can report multiple changes in a single KET as long as the changes are in different domains. You must ensure outcomes are current at the time of disenrollment and transfer.

We have a client who moved from one apartment to another apartment within the same complex. Client still has same living arrangements as before as far as living with parents and siblings, the only thing that changed is the apartment number. Do I need to enter a KET?

No. As long as they're just moving spaces and not actual living arrangements, you don't need a KET.

We have a client we had to close and then re-open because of a lapse in service. Do we do a KET form for that? Does the Partnership Date change because there would be a different episode number?

If it has been less than a year, you should do a KET to represent changes since the client left: basically, use the KET to bring things up to day. The Partnership Date remains the same as long as it's been less than a year.

3M

Do I file a 3M if my client is in jail? They're supposed to be in for just a couple of weeks.

If the client is still enrolled in your FSP program, you are maintaining contact while the client is in jail. There should be no reason why you cannot complete the 3M. You would do a disenrollment if the client is going to be incarcerated for an extended amount of time.

If the child have recently gone on vacation at the end of June, is it asking for when they were in school or currently while they are on vacation? Would you put "never attends school" because they are on vacation for the 3M?

The same rules apply: Since the client is on vacation, they are not required to be in school. They should report their normal attendance pattern as if school was in session unless there is some reason to report a change.

On the 3M assessment, if the client is currently not using but he did previously and has dual d/x, do I check Yes on "Client uses Substances"?

The client would still have to meet DSM criteria for diagnosis as a substance use disorder. If they currently meet criteria for a use or abuse diagnosis then you would select Yes.

When a provider reestablishes a client and they are also going to then transfer the client to a new provider can the reestablishment and transfer be completed on the same KET? Or do they need to create two separate KET one reestablish and then a second one to transfer?

We would prefer that you isolate the reestablishment KET so that you only report the reestablishment and do a second one for Transfer. It might be ideal to have the first provider do the KET for transfer and the second provider to do the reestablishment for the same date, in the new site.

Still have questions?

Please contact MCBH Quality Improvement Team at (831) 755-4545 or by email at 415-QA@co.monterey.ca.us and indicate in the subject line: *FSP Outcome Reporting* and a quality improvement team member will be happy to help.

