

Adult: 26-59 Years

Key Event Tracking (KET)

Partnership Information

* Date Completed (mm/dd/yyyy):	
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* County: _____

CSI County Client Number (CCN): _____

County Partner ID (optional): _____

* Partner's First Name: _____

* Partner's Last Name: _____

* Partner's Date of Birth (mm/dd/yyyy): _____

Changes in Administrative Information -- Skip this section if there are no changes

Date of Provider Number/ NPI change (mm/dd/yyyy):	
NEW Provider Number/NPI:	
Date of Full Service Partnership (PSP) Program ID change (mm/dd/yyyy):	
NEW Full Service Partnership (PSP) Program ID:	
Date of Partnership Service Coordinator (PSC) change (mm/dd/yyyy):	
NEW Partnership Service Coordinator (PSC) ID:	

New Partnership Status -- Skip this section if there are no changes

Date of Partnership Status Change (mm/dd/yyyy):	
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- Discontinuation** / Interruption of Full Service Partnership and/ or Community Services/ Program
- 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 (choose one)	
<input type="radio"/>	Target Criteria: Target population criteria are not met
<input type="radio"/>	Partner Discontinued: Partner decided to discontinue Full Service Partnership participation after partnership established
<input type="radio"/>	Moved: Partner moved to another County/ service area
<input type="radio"/>	Not Located: After repeated attempts to contact Partner, s/he cannot be located
<input type="radio"/>	Residential / Institutional Mental Health Services :Partner’s circumstances reflect a need for Residential/ Institutional Mental Health Services at this time (such as State Hospital)
<input type="radio"/>	Jail: Community Services / Program interrupted
<input type="radio"/>	Prison: Community Services / Program interrupted
<input type="radio"/>	Met Goals: Partner has successfully met their goals such that the discontinuation of Full Service Partnership is appropriate
<input type="radio"/>	Deceased: Partner is deceased

Program Information

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved (Indicate status below)
1. AB2034	<input type="text"/>	<input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program
2. Governor’s Homeless Initiative (GHI)	<input type="text"/>	<input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program
3. MHSA Housing Program	<input type="text"/>	<input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program

Residential Information – Includes Hospitalization and Incarceration

Skip this section if there are no changes

Date of Residential Status Change (mm/dd/yyyy):		
General Living Arrangement		
<input type="radio"/>	1. In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate(must hold lease or share in rent/mortgage)	
<input type="radio"/>	2. With one or both biological /adoptive parents	
<input type="radio"/>	3. With adult family member(s) other than parents	
<input type="radio"/>	4. Single Room Occupancy (must hold lease)	
Shelter / Homeless		
<input type="radio"/>	5. Emergency Shelter/Temporary Housing (includes living with friends but not paying rent)	
<input type="radio"/>	6. Homeless (includes people living in their car)	
Supervised Placement		
<input type="radio"/>	7. Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)	
<input type="radio"/>	8. Assisted Living Facility	
<input type="radio"/>	9. Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	
<input type="radio"/>	10. Licensed Community Care Facility (Board and Care)	
Hospital		
<input type="radio"/>	11. Acute Medical Hospital	
<input type="radio"/>	12. Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)	
<input type="radio"/>	13. State Psychiatric Hospital	
Residential Program		
<input type="radio"/>	14. Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	
<input type="radio"/>	15. Skilled Nursing Facility (physical)	
<input type="radio"/>	16. Skilled Nursing Facility (psychiatric)	
<input type="radio"/>	17. Long-Term Institutional Care (Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC))	

Justice Placement	
<input type="radio"/>	18. Jail
Other	
<input type="radio"/>	19. Other
<input type="radio"/>	20. Unknown

Education Information -- Skip this section if there are no changes

Date of Grade Level Completion (mm/dd/yyyy):	
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Highest Level of Education Completed: Choose One

- | | |
|---|--|
| <input type="radio"/> No High School Diploma / No GED | <input type="radio"/> Associate’s Degree (e.g. A.A., A.S./ Technical or Vocational Degree) |
| <input type="radio"/> GED Coursework | <input type="radio"/> Bachelor’s Degree (e.g. B.A., B.S.) |
| <input type="radio"/> High School Diploma/ GED | <input type="radio"/> Master’s Degree (e.g. M.A., M.S.) |
| <input type="radio"/> Some college/ Some Technical or Vocational Training | <input type="radio"/> Doctoral Degree (e.g., M.D., Ph.D.) |

Education Setting Information -- Skip this section if there are no changes

Date of Educational Setting Change (mm/dd/yyyy):	
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If there are any Educational Setting Changes, indicate ALL new and ongoing statuses including those previously reported.

Education Setting	Currently (mark all that apply)
1. Not in school of any kind	<input type="checkbox"/>
2. High School / Adult Education	<input type="checkbox"/>
3. Technical / Vocational School	<input type="checkbox"/>
4. Community College / 4 year College	<input type="checkbox"/>
5. Graduate School	<input type="checkbox"/>
6. Other	<input type="checkbox"/>

<input type="radio"/> Yes	<input type="radio"/> No	If the Partner is stopping school, did the Partner complete a class and/or program?
<input type="radio"/> Yes	<input type="radio"/> No	Does one of the Partner’s current recovery goals include any kind of education at this time?

Employment Information -- Skip this section if there are no changes

Date of Employment Change (mm/dd/yyyy):	
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Current Employment

If there are any changes to the Partner's employment status, indicate ALL new and ongoing statuses including those previously reported:	Average Hours Per Week	Average Hourly Wage
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	_____	\$ _____
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	_____	\$ _____
Transitional Employment/ Enclave: Paid jobs in the community that are: 1. Open only to individuals with a disability. AND 2. Are either time-limited for the purpose of moving to a more permanent job. OR Are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	_____	\$ _____
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to program participants with a disability. 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 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).	_____	\$ _____

<input type="checkbox"/>	Unemployed: Check this box if the Partner is not employed at this time.	
<input type="radio"/> Yes	<input type="radio"/> No	Does one of the Partner's current recovery goals include any kind of employment at this time?

Legal Issues / Designations -- Skip this section if there are no changes

Justice System Involvement

Arrest Information:
Date Partner Arrested (mm/dd/yyyy)

Probation Information:
Date of Probation status change (mm/dd/yyyy)
Indicate new Probation status
 Removed from Probation
 Placed on Probation

Conservatorship Information

Conservatorship / Information:
Date of new Conservatorship status change (mm/dd/yyyy)

Indicate new Conservatorship status change:
 Removed from Conservatorship
 Placed on Conservatorship

Payee Information:
Date of Payee status change (mm/dd/yyyy)

Indicate new Payee status:
 Removed from Payee status
 Placed on Payee status

Emergency Intervention -- Skip this section if there are no changes

Date of Emergency Intervention
(mm/dd/yyyy):

Indicate the type of Emergency Intervention:
(e.g. emergency room visit, crisis stabilization unit)

Physical Health Related
 Mental Health/ Substance Abuse Related

County Use Questions -- Skip this section if there are no changes

To be tracked on the KET form:	Date of Change mm/dd/yyyy	New Value
County Use Field # 1	_____	_____
County Use Field # 2	_____	_____
County Use Field # 3	_____	_____