

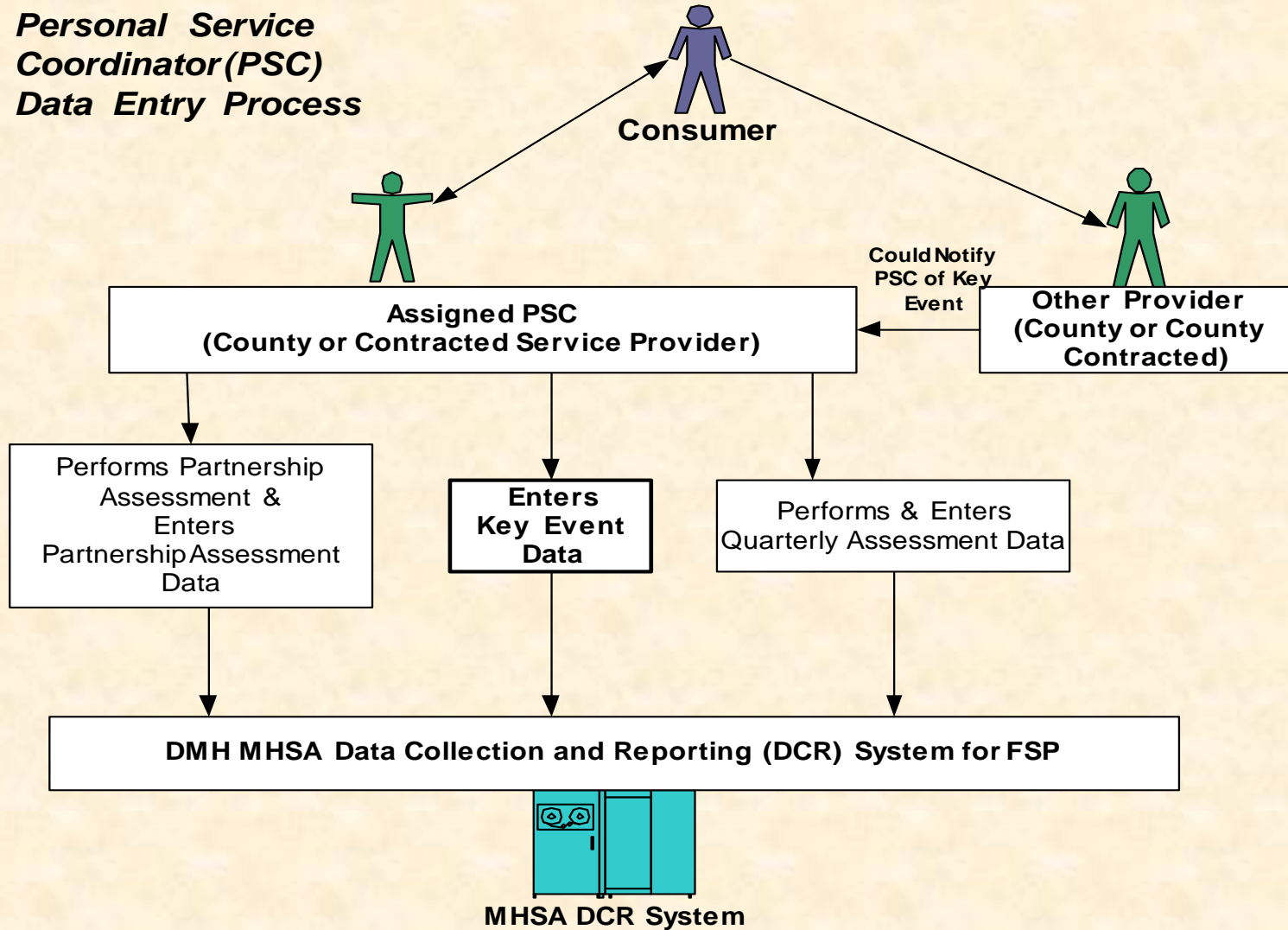
The logo features a red stylized signature over a blue outline of the state of California.

California Department of Mental Health

**Mental Health Services Act (MHSA)
Information Technology (IT) Workgroup Conference Call**

December 8, 2005

Personal Service Coordinator (PSC) Data Entry Process



PARTNERSHIP ASSESSMENT FORM

Completed ONCE, when a partnership is established.

History and baseline data for the following areas:

- Residential (includes hospitalization & incarceration)
- Education
- Employment
- Sources of Financial Support
- Legal Issues / Designations
- Emergency Intervention
- Health Status
- Substance Abuse
- ADL / IADL - *Older Adults Only*

KEY EVENT TRACKING FORM

Completed every time there is a change in the following key areas:

- Administrative Information
- Residential (includes hospitalization and incarceration)
- Education
- Employment
- Legal Issues / Designations
- Emergency Intervention

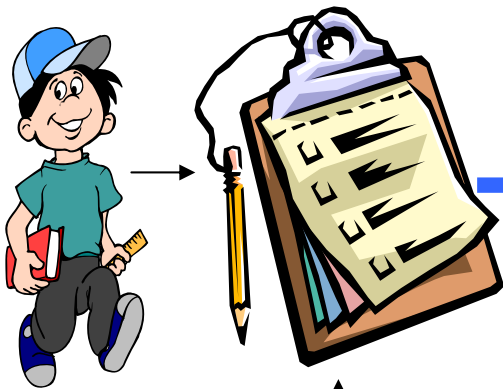
QUARTERLY ASSESSMENT FORM

*Completed every 3 months to assess changes
in:*

- Education
- Employment
- Sources of Financial Support
- Legal Issues / Designations
- Health Status
- Substance Abuse
- ADL / IADL – *Older Adults Only*

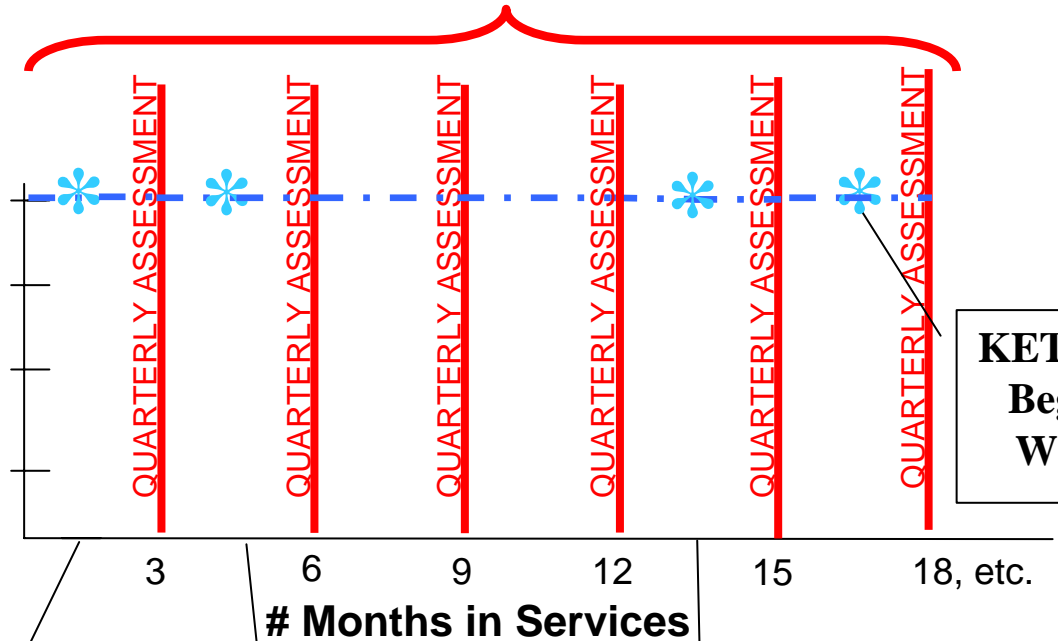
Timeline: Form Administration

Quarterly Assessment Form (3M):
Completed every 3 months



Partnership Assessment Form (PAF): Completed **ONCE** - when a partnership is established

KET due:
Residential Move



KET due:
Begins Work

Key Event Tracking (KET):
Completed each time a change takes place

County/DMH Batch Data Interface Process Workflow

