

### EASA PROGRAM – QUARTERLY OUTCOME

(If Intake completed earlier in the same quarter, enter outcome review from date of intake to date of end of quarter)

**IDENTIFIERS** – Entered at ‘Participant’ level – please update any ‘Unknown’ or ‘Missing’ values

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

#### FORM DETAILS

Year     Quarter  1 Jan-Mar  2 Apr-Jun  3 Jul-Sep  4 Oct-Dec

Date Completed \_\_\_/\_\_\_/\_\_\_ Completed Form Staff Name \_\_\_\_\_

Was the Client Discharged or Transferred Out of the Program in the quarter?

- Yes\* } Complete Discharge form  
 No

Psychiatric hospitalization (any overnight treatment related to symptoms) during the last 3 months/quarter?

- Yes\* } Complete hospitalization form  
 No  
 Unknown

#### LIVING SITUATION, SUPPORT, LEGAL & MISC.

Living Situation for the last quarter (check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Transient/ Homeless  | <input type="checkbox"/> Alcohol and Drug Free Housing         |
| <input type="checkbox"/> Foster Home          | <input type="checkbox"/> Private Residence (lives alone)       |
| <input type="checkbox"/> Residential Facility | <input type="checkbox"/> Private Residence (with relative)     |
| <input type="checkbox"/> Jail                 | <input type="checkbox"/> Private Residence (with non-relative) |
| <input type="checkbox"/> Prison               | <input type="checkbox"/> Other, specify _____                  |
| <input type="checkbox"/> Supported Housing    | <input type="checkbox"/> Unknown                               |

Legal involvement during the last 3 months/quarter? (check all that apply)

- None  Pending charges  Probation/Parole\*  Incarcerated\*  Arrested\*  Unknown

\*If arrested, incarcerated, or on probation was this due to (check all that apply)

- Symptoms  
 Substance use  
 Other \_\_\_\_\_  
 Unknown

#### HEALTH

ICD-10 Codes (Only complete codes if it is the participants' FIRST quarter of treatment or if the participant has been discharged, otherwise leave blank)

\_\_\_\_\_

SIPS (Psychosis Risk Syndrome)

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IDENTIFIERS**

Full Name \_\_\_\_\_

DOB \_\_\_\_\_

**Primary Care Physician (check all that apply)**

- Unknown if client has a PCP
- Client does not have a PCP
- Client has a PCP but EASA team is not in contact with them
- EASA team is in contact with clients PCP

**Insurance Status (check all that apply)**

- None
- OHP/ Medicaid *\*verify Prime ID is correct*
- Medicare, specify no. \_\_\_\_\_
- Unknown
- Private Insurance/ Managed Care Organization specify company \_\_\_\_\_
- Other, specify \_\_\_\_\_

**Is Client Currently Prescribed to Psychiatric Medications?**

- Yes
- No
- Unknown

**Alcohol use in the past 3 months?**

- No
- Yes\* } Answer question to right --->
- Unknown

**\*Problems caused by alcohol use**

- None
- Some problems
- Significant problems
- Unknown

**Marijuana use in the past 3 months?**

- No
- Yes\* } Answer 'Problems caused by drug use' --->
- Unknown

**\*Problems caused by drug use**

- None
- Some problems
- Significant problems
- Unknown

*This question corresponds to both marijuana and drug use. Problems caused by marijuana use are considered problems caused by drug use.*

**Drug use (nonprescription psychoactive) during last 3 months?**

- No
- Yes\* } Answer 'Problems caused by drug use' --->
- Unknown

**Did the Client Experience a Change in Primary Counselor in the last quarter?**

- Yes
- No
- Unknown

<b>IDENTIFIERS</b>	
Full Name _____	DOB _____

<p><b>Clients current Vocational Rehabilitation (VR) Status</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Not currently planning to apply</li> <li><input type="radio"/> Planning to apply</li> <li><input type="radio"/> Application submitted</li> <li><input type="radio"/> Accepted by VR</li> <li><input type="radio"/> On IPE</li> <li><input type="radio"/> Applied but denied</li> <li><input type="radio"/> Discharged from VR</li> <li><input type="radio"/> Unknown</li> </ul>	<p><b>Clients Current Disability Benefits Status</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Not currently planning to apply for disability</li> <li><input type="radio"/> Planning to apply – application not started</li> <li><input type="radio"/> Application in process or waiting for notification</li> <li><input type="radio"/> Applied and denied not appealing</li> <li><input type="radio"/> Denied but appealing</li> <li><input type="radio"/> On Social Security Disability Insurance (SSDI)</li> <li><input type="radio"/> On Supplemental Security Income (SSI)</li> <li><input type="radio"/> SSDI and SSI</li> <li><input type="radio"/> Unknown</li> </ul>	
<b>What Type of Services Did the EASA team Provide in the quarter?</b>		
	Services Offered	Services Provided
• Individual Therapy or counseling	<input type="checkbox"/>	<input type="checkbox"/>
• Group therapy	<input type="checkbox"/>	<input type="checkbox"/>
• Case Management	<input type="checkbox"/>	<input type="checkbox"/>
• Services to or with family, friends, or support network (including case management, family therapy, skills training, treatment planning, relapse prevention/ wellness planning, and/or other family interventions)	<input type="checkbox"/>	<input type="checkbox"/>
• Structured family psychoeducation (FPE) including joining sessions, educational workshop, single family intervention (SFI), and multi-family groups (MFG)	<input type="checkbox"/>	<input type="checkbox"/>
• Psychiatric Care Services	<input type="checkbox"/>	<input type="checkbox"/>
• Nursing Services	<input type="checkbox"/>	<input type="checkbox"/>
• Education Services and Supports	<input type="checkbox"/>	<input type="checkbox"/>
• Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
• Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
• Peer support services	<input type="checkbox"/>	<input type="checkbox"/>
• Substance misuse counseling/treatment	<input type="checkbox"/>	<input type="checkbox"/>
• Substance use prevention activities	<input type="checkbox"/>	<input type="checkbox"/>
• Peer Activity Groups	<input type="checkbox"/>	<input type="checkbox"/>
• No services from EASA, for reporting quarter	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**EDUCATION & EMPLOYMENT**

Last grade completed: \_\_\_\_\_

**Most Recent Educational Milestone** (check one) <-- Only complete 'Most Recent Educational Milestone' if participant has been discharged for this quarter, if participant was not discharged leave blank

- Middle school
- GED
- Some college
- BA or BS degree
- Other \_\_\_\_\_
- Unknown
- Some high school
- High school graduate
- AA or AS degree
- Voc/Tech cert/degree
- None

**School Status in the last 3 months/quarter**

- Full time\*
  - Part time\*
  - Not in school
  - Unknown
- } Answer question to right --->

**If NOT in school, does the client convey desire to go to school (now/future)?**

- Yes
- No
- Unknown

**\* Type of School Attending** (check all that apply)

- Middle school
- Some high school
- High school
- Community College
- University
- Voc/ Tech program
- Other, specify \_\_\_\_\_
- Unknown

**Employment status in last 3 months?**

- Full time\*
  - Part time\*
  - Not Employed
  - Unknown
- } Answer question to right --->

**\*Employment Type** (check all that apply)

- Competitive
- Sheltered
- Volunteer
- Unknown