

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

IDENTIFIERS

Full Name _____ DOB _____

Clients current Vocational Rehabilitation (VR)

Status

- Not currently planning to apply
- Planning to apply
- Application submitted
- Accepted by VR
- On IPE
- Applied but denied
- Discharged from VR
- Unknown

Clients Current Disability Benefits Status

- Not currently planning to apply for disability
- Planning to apply – application not started
- Application in process or waiting for notification
- Applied and denied not appealing
- Denied but appealing
- On Social Security Disability Insurance (SSDI)
- On Supplemental Security Income (SSI)
- SSDI and SSI
- Unknown

What Type of Services Did the EASA team Provide in the quarter?

- | | |
|---|---|
| <input type="checkbox"/> Individual Therapy or counseling - 1:1 services | <input type="checkbox"/> School/work Services - Vocational services, School/work retention, job/school search, career exploration, etc. |
| <input type="checkbox"/> Group therapy lead by counselor or therapist | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Case Management - helped participant access resources or services, co-ordinated participant's care with other providers, provided psychoeducation to participant, etc | <input type="checkbox"/> Peer services |
| <input type="checkbox"/> Services to or with family, friends, or other members of the participant's social support network - Multifamily Group, psychoeducation for the participant's loved ones, etc | <input type="checkbox"/> Substance misuse counseling/treatment - alcohol or drug psychoeducation, Motivational Interviewing, etc. |
| <input type="checkbox"/> Medical services - Nursing, med-management, psychiatry, smoking cessation, etc | <input type="checkbox"/> No Services from EASA team this quarter |
| | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> Middle school | <input type="checkbox"/> Some high school |
| <input type="checkbox"/> GED | <input type="checkbox"/> High school graduate |
| <input type="checkbox"/> Some college | <input type="checkbox"/> AA or AS degree |
| <input type="checkbox"/> BA or BS degree | <input type="checkbox"/> Voc/Tech cert/degree |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> None |

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

School Status in the last 3 months/quarter

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

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

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

- Yes No 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