**Edwin Fair CMHC**

**Oklahoma Systems of Care Assessment**

**Worker Version**

**to be completed by those working with children / youth aged 0 through 15**

Staff Name: Staff Phone #:

Site: Assessment Date: / /

Youth’s Legal Name: Youth’s Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOC ID:

Completed by:

Care Coordinator/Transitions Coordinator  Family Support Provider/Peer Recovery Support Specialist

Assessment Type:  Baseline  3-Month  6-Month  12-Month

18-Month  24-month  30-Month  36-Month  Exit

**Ohio Scales (not required for youths under 6 years of age)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Youth Problem Scale**  (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)  **Instructions:** Please rate the degree to which the youth has experienced the following problems in the past 30 days. | **Not at All** | **Once or Twice** | **Several Times** | **Often** | **Most of the Time** | **All of the Time** |
| 1. Arguing with others | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Getting into fights | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Yelling, swearing, or screaming at others | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Fits of anger | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Refusing to do things teachers or parents ask | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Causing trouble for no reason | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Using drugs or alcohol | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Breaking rules or breaking the law (out past curfew, stealing) | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Skipping school or classes | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Lying | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Can’t seem to sit still, having too much energy | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Hurting self (cutting or scratching self, taking pills) | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Talking or thinking about death | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling worthless or useless | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling lonely and having no friends | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling anxious or fearful | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Worrying that something bad is going to happen | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling sad or depressed | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Nightmares | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Eating problems | 0 | 1 | 2 | 3 | 4 | 5 |
|  | | | | | | |

**Ohio Scales (not required for youths under 6 years of age)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Youth Functioning Scale**  (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)  **Instructions:** Please rate the degree to which your child’s problems affect his or her current ability in everyday activities. Consider the youth’s current level of functioning. | **Extreme Troubles** | **Quite a Few Troubles** | **Some Troubles** | **OK** | **Doing Very Well** |
| 1. Getting along with friends | 0 | 1 | 2 | 3 | 4 |
| 1. Getting along with family | 0 | 1 | 2 | 3 | 4 |
| 1. Developing relationships with boyfriends or girlfriends | 0 | 1 | 2 | 3 | 4 |
| 1. Getting along with adults outside the family (teachers, principal) | 0 | 1 | 2 | 3 | 4 |
| 1. Keeping neat and clean, looking good | 0 | 1 | 2 | 3 | 4 |
| 1. Caring for health needs and keeping good health habits (taking medicines or brushing teeth) | 0 | 1 | 2 | 3 | 4 |
| 1. Controlling emotions and staying out of trouble | 0 | 1 | 2 | 3 | 4 |
| 1. Being motivated and finishing projects | 0 | 1 | 2 | 3 | 4 |
| 1. Participating in hobbies | 0 | 1 | 2 | 3 | 4 |
| 1. Participating in recreational activities (sports, swimming, bike riding) | 0 | 1 | 2 | 3 | 4 |
| 1. Completing household chores (cleaning room, other chores) | 0 | 1 | 2 | 3 | 4 |
| 1. Attending school and getting passing grades in school | 0 | 1 | 2 | 3 | 4 |
| 1. Learning skills that will be useful for future jobs | 0 | 1 | 2 | 3 | 4 |
| 1. Feeling good about self | 0 | 1 | 2 | 3 | 4 |
| 1. Thinking clearly and making good decisions | 0 | 1 | 2 | 3 | 4 |
| 1. Concentrating, paying attention, and completing tasks | 0 | 1 | 2 | 3 | 4 |
| 1. Earning money and learning how to use money wisely | 0 | 1 | 2 | 3 | 4 |
| 1. Doing things without supervision or restrictions | 0 | 1 | 2 | 3 | 4 |
| 1. Accepting responsibility for actions | 0 | 1 | 2 | 3 | 4 |
| 1. Ability to express feelings | 0 | 1 | 2 | 3 | 4 |
|  | | | | | |

**Placements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Jail |  | Therapeutic Foster Care |  | School Dormitory |
|  | Juvenile Detention Center |  | Youth Shelter |  | Biological Father |
|  | Inpatient Psychiatric Hospital |  | Emergency Respite |  | Biological Mother |
|  | Drug/Alcohol Rehabilitation Center |  | Specialized Foster Care |  | Two Biological Parents |
|  | Residential Treatment |  | Foster Care |  | Independent Living with Friend |
|  | Crisis Stabilization Unit |  | Supervised Independent Living |  | Independent Living by Self |
|  | Residential Job Corp / Voc. Center |  | Home of a Family Friend |  | Homeless (involuntary) |
|  | Level E Group Home |  | Adoptive Home |  | Homeless (voluntary) |
|  | Other Group Home |  | Home of a Relative |  | Prison |
|  | Other | Specify: | |  | **Total** **Days** (Must be 90) |

1. In the past 90 days, how many times has the youth been:

arrested? stopped/questioned by the police?

1. In the past 90 days how many times has the youth attempted suicide?
2. Is the child / youth in school? *(If school is out, report the situation at end of most recent school term.)*

Yes  No

1. Which grade did the child / youth most recently complete *(0 = Kindergarten / pre-K)*?
2. In the last 90 days (of the school year), how many times, if any, has the child / youth been:

tardy?  absent?

referred to office for discipline?  in detention?

in-school suspended?  out-of-school suspended?

1. Has the child / youth been expelled during the current or most recent school year?  Yes  No
2. During the current or most recent school year, did the child / youth have an Individualized Education Plan (IEP) or 504 plan?

IEP  504  Neither IEP or 504

1. School data  WAS verified by school  NOT verified by school.
2. Indicate which of the substances listed below the child / youth has used – and how often – in the past 90 days.

|  | **Never** | **A Few Times** | **Weekly** | **Daily** |
| --- | --- | --- | --- | --- |
| Tobacco products (e-cigarettes, cigarettes, chewing tobacco, cigars, etc.) | 0 | 1 | 2 | 3 |
| Alcoholic beverages (beer, wine, liquor, moonshine, etc.) | 0 | 1 | 2 | 3 |
| Cannabis (marijuana, pot, grass, hash, etc.)? | 0 | 1 | 2 | 3 |
| Cocaine (coke, crack, etc.) | 0 | 1 | 2 | 3 |
| Cough syrup | 0 | 1 | 2 | 3 |
| Prescription Stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) | 0 | 1 | 2 | 3 |
| Methamphetamine (speed, crystal meth, ice, etc.) | 0 | 1 | 2 | 3 |
| Inhalants (nitrous oxide, glue, gas, paint thinner, etc.) | 0 | 1 | 2 | 3 |
| Sedatives or sleeping pills (Valium, Ativan, Librium, Xanax, Rohypnol, GHB, etc.) | 0 | 1 | 2 | 3 |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.) | 0 | 1 | 2 | 3 |
| Street Opioids (heroin, opium, etc.) | 0 | 1 | 2 | 3 |
| Synthetic marijuana (T-K-2) | 0 | 1 | 2 | 3 |
| Prescription opioids (Fentanyl, Oxycodone, OxyContin, Percocet, Hydrocodone, Vicodin, Methadone, Buprenorphine, etc.) | 0 | 1 | 2 | 3 |
| Anti-freeze | 0 | 1 | 2 | 3 |
| Other – specify: | 0 | 1 | 2 | 3 |