**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 |