**Edwin Fair CMHC**

**Oklahoma Systems of Care Assessment**

**Young Adult Version**

**to be completed by young adults aged 16 through 25**

Staff Name: Staff Phone #:

Site: Assessment Date: / /

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

SOC ID:

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Youth Problem Scale**(Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)**Instructions:** Please rate the degree to which you have 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, parents, or employers 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 / classes or work
 | 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 |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Youth Functioning Scale**(Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)**Instructions:** Please rate the degree to which your problems affect your current ability in everyday activities.  | **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. Dating or developing relationships with boyfriends or girlfriends
 | 0 | 1 | 2 | 3 | 4 |
| 1. Getting along with adults outside the family (teachers, principal, employer)
 | 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. Going to school or work and doing well
 | 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 |
|  |

**Hopefulness and Satisfaction Scales**

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|  |  |
| --- | --- |
| 1. Overall, how satisfied are you with your life right now? | 1. How satisfied are you with the mental health services you have received so far? |
| [ ]  6. Extremely satisfied[ ]  5. Moderately satisfied[ ]  4. Somewhat satisfied[ ]  3. Somewhat dissatisfied[ ]  2. Moderately dissatisfied[ ]  1. Extremely dissatisfied | [ ]  6. Extremely satisfied[ ]  5. Moderately satisfied[ ]  4. Somewhat satisfied[ ]  3. Somewhat dissatisfied[ ]  2. Moderately dissatisfied[ ]  1. Extremely dissatisfied |
| 2. How energetic and healthy do you feel right now? | 2. How much are you included in deciding your treatment? |
| [ ]  6. Extremely capable[ ]  5. Moderately capable[ ]  4. Somewhat capable[ ]  3. Somewhat incapable[ ]  2. Moderately incapable[ ]  1. Extremely incapable | [ ]  6. A great deal[ ]  5. Moderately[ ]  4. Quite a bit[ ]  3. Somewhat[ ]  2. A little [ ]  1. Not at all |
| 3. How much stress or pressure is in your life right now? | 3. Mental health workers involved in my case listen to me and know what I want. |
| [ ]  6. Very little[ ]  5. Some[ ]  4. Quite a bit[ ]  3. A moderate amount[ ]  2. A great deal[ ]  1. Unbearable amounts | [ ]  6. A great deal[ ]  5. Moderately[ ]  4. Quite a bit[ ]  3. Somewhat[ ]  2. A little[ ]  1. Not at all |
| 4. How optimistic are you about the future? | 4. I have a lot to say about what happens in my treatment. |
| [ ]  6. The future looks very bright[ ]  5. The future looks somewhat bright[ ]  4. The future looks OK[ ]  3. The future looks both good and bad[ ]  2. The future looks bad[ ]  1. The future looks very bad | [ ]  6. A great deal[ ]  5. Moderately[ ]  4. Quite a bit[ ]  3. Somewhat[ ]  2. A little[ ]  1. Not at all |

**Outcomes**

1. Which of the following do you currently possess? **(Check all that apply.)**

|  |  |
| --- | --- |
| [ ]  Birth Certificate[ ]  Social Security card[ ]  CDIB card[ ]  State photo ID | [ ]  Driver’s license[ ]  Medical card[ ]  Bank account |

1. Which of the following are you currently receiving? **(Check all that apply.)**

[ ]  Ongoing payments from the government (SSI, SSDI, etc.)

[ ]  Public assistance (food stamps, WIC, child care, etc.)

[ ]  Housing assistance from the government (public housing or housing voucher, etc.)

[ ]  Tribal assistance (housing, food, child care, etc.)

1. What is the highest grade level of education you have **completed**?

|  |  |
| --- | --- |
| [ ]  8th Grade or below[ ]  9th Grade[ ]  10th Grade[ ]  11th Grade[ ]  12th Grade | [ ]  High school diploma or GED[ ]  Vocational or trade school program[ ]  Some college[ ]  College degree |

1. If you are not in school, why? **(Check all that apply.)**

|  |  |
| --- | --- |
| [ ]  Not interested in school [ ]  Family-related conflicts[ ]  Work-related conflicts[ ]  Transportation problems | [ ]  Got pregnant or had a child [ ]  Mental health[ ]  Substance use [ ]  Incarcerated  |

1. Have you changed your housing or living situation **in the past 90 days?**

[ ]  Yes. How many times?

[ ]  No

1. Do you feel safe in your current living situation?

[ ]  Yes

[ ]  No

1. **In the past 90 days**, have you or someone else been a victim of a crime in your neighborhood?

[ ]  Yes

[ ]  No

1. **In the past 90 days**, have you had a job?

[ ]  Yes **[If yes, skip #9 and go to #10]**

[ ]  No

1. What is the main reason you have not had a job **in the past 90 days**? **(Check all that apply.)**

[ ]  I was trying to find a job but could not find one.

[ ]  I do not have transportation.

[ ]  I do not have training/skill set, etc.

[ ]  My caregivers do not want me to work.

[ ]  I do not want to work.

[ ]  I am attending school.

[ ]  I am not able to work for physical or mental health reasons.

[ ]  Legal issues are keeping me from finding work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| During **the past 90 days**, how often did your **mental health** challenges interfere with: | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| 1. School or work
 | 1 | 2 | 3 | 4 | 5 |
| 1. Social settings
 | 1 | 2 | 3 | 4 | 5 |
| 1. Ability to take care of your basic needs
 | 1 | 2 | 3 | 4 | 5 |

1. How many times have you gone to an emergency room or crisis center **in the past 90 days? \_\_\_\_\_\_\_**
2. Why did you visit the emergency room or crisis center? **(Check all that apply.)**

[ ]  Physical health

[ ]  Mental health

[ ]  Substance use

1. Do you have children?

[ ]  Yes. How many?

[ ]  No

|  |  |
| --- | --- |
| If you are **Female** | If you are **Male** |
| 16a. Are you pregnant?[ ]  Yes.[ ]  No. **[If no, go to #18.]**17a. Are you participating in prenatal care services? By prenatal care, we mean regular visits to a doctor or other health care professional to support the pregnancy.[ ]  Yes[ ]  No | 16b. Are you an expecting father? [ ]  Yes.[ ]  No. **[If no, go to #18.]**17b. Are you participating in prenatal care services with your child’s mother? By prenatal care, we mean regular visits to a doctor or other health care professional to support the pregnancy.[ ]  Yes[ ]  No |

1. Are you on any of the following? Please check all that apply.

[ ]  Juvenile probation

[ ]  Adult probation / parole

| Consider **the past 90 days,** and let us know how much you agree with each statement. | **Strongly****Disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly****Agree** |
| --- | --- | --- | --- | --- | --- |
| 1. I eat a balanced diet.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I can plan and prepare a healthy meal.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know when to make a doctor’s appointment and when to go to the Emergency Room.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I follow instructions for taking medications.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to find a place to stay overnight.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to find housing.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to find information about job training.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to complete a job application.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to monitor a bank account balance.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I can plan for monthly expenses.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I receive feedback without getting angry.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I manage my time to get tasks done.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to prevent sexually transmitted infections and diseases.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to prevent pregnancy.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to care for a child.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to find information on the internet.
 | 1 | 2 | 3 | 4 | 5 |

1. Do you have at least one supportive adult in your life, other than your caseworker, to whom you can go for advice or emotional support?

[ ]  Yes

[ ]  No

| Consider **the past 90 days,** and let us know how much you agree with each statement. | **Strongly****Disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly****Agree** |
| --- | --- | --- | --- | --- | --- |
| 1. I can rely on relatives who don’t live with me for help if I have a serious problem.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I can rely on friends for help if I have a serious problem.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I can open up to my friends if I need to talk about my worries.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have a supportive adult that I can go to for certain needs (laundry, hot meals, etc.).
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am happy with the friendships I have.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have people with whom I can do enjoyable activities.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel I belong in my community.
 | 1 | 2 | 3 | 4 | 5 |
| 1. In a crisis, I would have the support I need from family or friends.
 | 1 | 2 | 3 | 4 | 5 |

**Family Assessment (Optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tell us how well each statement below describes your family(on a scale from 0 to 5).** | **Not at all like my family** |  | **Very much like my family** |
| 1. | My family spends too much time arguing. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | We don’t know how to work problems out. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | I don’t feel safe in my home. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | It is hard to know what the rules are in my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | We don’t trust each other. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | You can’t say what you really think in my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. | My family is there for me. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. | I never know what to expect from my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. | It’s ok to talk about my feelings with my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. | My family doesn’t spend enough time having fun. | 0 | 1 | 2 | 3 | 4 | 5 |

**Enter data at:** **systemsofcare.ou.edu****. If you have questions, please email the E-TEAM YIS Help Desk at** **yis.eteam@ou.edu****.**