**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 |
|  | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **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**](mailto:systemsofcare.ou.edu)**. If you have questions, please email the E-TEAM YIS Help Desk at** [**yis.eteam@ou.edu**](mailto:yis.eteam@ou.edu)**.**