Oklahoma Healthy Transition Initiative

Assessment Form – Worker Version

OHTI Site: _____ **Name:** _____

Assessment Date: ___/___/____ **Completed by:** ☐ **Care Coordinator** ☐ **Family Support Provider**

Assessment Type: ☐ **Baseline** ☐ **3-Month** ☐ **6-Month** ☐ **12-Month** ☐ **18-Month** ☐ **24-month** ☐ **30-Month** ☐ **36-Month** ☐ **Exit**

Problem Scale

Instructions: Please rate the degree to which the designated person 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
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things employers, teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping work or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

Functioning Scale (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

Instructions: Please circle the number corresponding to the designated person's current level of functioning in each area	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with people outside the family	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Placements

Enter the number of days the person was placed in each of the following settings during the past 90 days.

____ 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)

Legal

1. In the past 90 days, how many times has the person been arrested? _____

2. How many times in the past 90 days has the person been stopped or questioned by the police or a legal authority? _____

Mental / Physical Health

				If 'Yes', mark most recent		
1.	Has the person been physically abused?	☐ No	☐ Yes →	☐ 90 days	☐ 2 years	☐ Lifetime
2.	Has the person been sexually abused?	☐ No	☐ Yes →	☐ 90 days	☐ 2 years	☐ Lifetime
3.	Has the person talked about committing suicide?	☐ No	☐ Yes →	☐ 90 days	☐ 2 years	☐ Lifetime
4.	Has the person attempted suicide?	☐ No	☐ Yes →	☐ 90 days	☐ 2 years	☐ Lifetime
	How many times in the past 90 days? _____					
5.	Has the person had a problem with substance abuse, including alcohol and/or drugs?	☐ No	☐ Yes →	☐ 90 days	☐ 2 years	☐ Lifetime

6. Indicate which of the medications listed below the person is taking currently or has taken in the past 90 days.

Medication	Taking Currently	Within Past 90 Days
Stimulant (Ritalin, Adderall, Concerta, Dexedrine, Cylert)	☐	☐
Non-stimulant for ADHD (Strattera)	☐	☐
Antidepressant / tricyclic (Imipramine, Desipramine, Amitryptiline, Nortriptyline, Trazadone, Sinequan)	☐	☐
Antidepressant / SSRI (Prozac, Paxil, Zoloft, Celexa, Luvox)	☐	☐
Antidepressant / Other (Effexor, Wellbutrin, Remeron, Serzone)	☐	☐
Mood stabilizer (Lithium, Depakote, Tegretol, Trileptol, Neurontin, Topomax, Lamictal)	☐	☐
Atypical antipsychotics (Risperdal, Zyprexa, Seroquel, Geodon, Abilify)	☐	☐
Other Antipsychotics (Haldol, Mellaril, Thorazine, Clozaril, Navane)	☐	☐
Calming agents (Clonidine, Tenex)	☐	☐
Anxiolytics (Buspar, Klonopin, Vistoril, Ativan, Valium, Xanax)	☐	☐
Sleep aids (Trazadone, Sonata, Unisom, Benadryl)	☐	☐
Muscle relaxants (Flexoril, Zanaflex, Soma, Norlfex, Robaxin)	☐	☐
Other *(specify)* _____	☐	☐

During ***the past 90 days*****,** how often have you used the following?	Never	Rarely	Weekly	Daily
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	**1**	**2**	**3**	**4**
Alcoholic beverages (beer, wine, liquor, moonshine, etc.)	**1**	**2**	**3**	**4**
Cannabis (marijuana, pot, grass, hash, etc.)?	**1**	**2**	**3**	**4**
Cocaine (coke, crack, etc.)	**1**	**2**	**3**	**4**
Cough syrup	**1**	**2**	**3**	**4**
Prescription Stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	**1**	**2**	**3**	**4**
Methamphetamine (speed, crystal meth, ice, etc.)	**1**	**2**	**3**	**4**
Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	**1**	**2**	**3**	**4**

During ***the past 90 days*****,** how often have you used the following?	**Never**	**Rarely**	**Weekly**	**Daily**
Sedatives or sleeping pills (Valium, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	**1**	**2**	**3**	**4**
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	**1**	**2**	**3**	**4**
Street Opioids (heroin, opium, etc.)	**1**	**2**	**3**	**4**
Synthetic marijuana (T-K-2)	**1**	**2**	**3**	**4**
Prescription opioids (Fentanyl, Oxycodone, OxyContin, Percocet, Hydrocodone, Vicodin, Methadone, Buprenorphine, etc.)	**1**	**2**	**3**	**4**
Anti-freeze	**1**	**2**	**3**	**4**
Other – specify:	**1**	**2**	**3**	**4**

Oklahoma Healthy Transition Initiative

Assessment Form – Young Adult Version

OHTI Site: _____ **Name:** _____

Assessment Date: ___/___/____

Assessment Type: ☐ **Baseline** ☐ **6-Month** ☐ **12-Month** ☐ **18-Month**
☐ **24-month** ☐ **30-Month** ☐ **36-Month** ☐ **Exit**

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
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or employers ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping classes or work	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

Functioning Scale (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Wellness

1. How do you describe your weight?_____

2. During the past 30 days, did you exercise to lose weight or to maintain weight?
   - ☐ Yes. How many times? _____
   - ☐ No

3. During the past 30 days, how many days did you stay out of school, miss work or a scheduled appointment because of an illness ?_____

4. During the past 30 days, have you seen a doctor?
   - ☐ Yes. How many times? _____
   - ☐ No

5. During the past 30 days, have you seen a dentist?
   - ☐ Yes. How many times? _____
   - ☐ No

Wellness and Satisfaction Scales

Instructions: Please check your response to each question.

1. Overall, how satisfied are you with your life right now?
   - ☐ Extremely satisfied
   - ☐ Moderately satisfied
   - ☐ Somewhat satisfied
   - ☐ Somewhat dissatisfied
   - ☐ Moderately dissatisfied
   - ☐ Extremely dissatisfied

2. How energetic and healthy do you feel right now?
   - ☐ Extremely healthy
   - ☐ Moderately healthy
   - ☐ Somewhat healthy
   - ☐ Somewhat unhealthy
   - ☐ Moderately unhealthy
   - ☐ Extremely unhealthy

3. How much stress or pressure is in your life right now?
   - ☐ Very little
   - ☐ Some
   - ☐ Quite a bit
   - ☐ A moderate amount
   - ☐ A great deal
   - ☐ Unbearable amounts

4. How optimistic are you about the future?
   - ☐ The future looks very bright
   - ☐ The future looks somewhat bright
   - ☐ The future looks OK
   - ☐ The future looks both good and bad
   - ☐ The future looks bad
   - ☐ The future looks very bad

1. How satisfied are you with the mental health services you have received so far?
   - ☐ Extremely satisfied
   - ☐ Moderately satisfied
   - ☐ Somewhat satisfied
   - ☐ Somewhat dissatisfied
   - ☐ Moderately dissatisfied
   - ☐ Extremely dissatisfied

2. How much are you included in deciding your treatment?
   - ☐ A great deal
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Somewhat
   - ☐ A little
   - ☐ Not at all

3. Mental health workers involved in my case listen to me and know what I want.
   - ☐ A great deal
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Somewhat
   - ☐ A little
   - ☐ Not at all

4. I have a lot to say about what happens in my treatment.
   - ☐ A great deal
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Somewhat
   - ☐ A little
   - ☐ Not at all

Outcomes

1. Which of the following do you currently have? **(*Check all that apply.*)**
   - ☐ Birth Certificate
   - ☐ Social Security card
   - ☐ CDIB card
   - ☐ State photo ID
   - ☐ Driver's license
   - ☐ Medical card
   - ☐ Bank account

2. Which of the following are you currently receiving? (***check all that apply.***)
   - ☐ Ongoing payments from the government (SSI, SSDI, etc.)
   - ☐ Public food assistance (food stamps, WIC etc.)
   - ☐ Housing assistance from the government (public housing or housing voucher, etc.)

3. 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
   - ☐ GED
   - ☐ Vocational or trade school program
   - ☐ Some college
   - ☐ College degree

4. If you are not in school, why?
   - ☐ Not interested in school
   - ☐ Family-related
   - ☐ Work-related
   - ☐ Transportation problem
   - ☐ Got pregnant or had a child
   - ☐ Mental health
   - ☐ Substance use
   - ☐ Incarcerated

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

   - ☐ Yes. How many times? _____
   - ☐ No

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

   - ☐ Yes
   - ☐ No

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

   - ☐ Yes
   - ☐ No

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

   - ☐ Yes **[If yes, skip #9 and go to #10]**
   - ☐ No

9. 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
10. School or work	1	2	3	4	5
11. Social settings	1	2	3	4	5
12. Ability to take care of your basic needs	1	2	3	4	5

13. How many times have you gone to an emergency room or crisis center ***in the past 90 days?*** _____

14. Why did you visit the emergency room or crisis center?

   - ☐ Physical health
   - ☐ Mental health
   - ☐ Substance use

15. 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.]**	16b. Are you an expecting father? ☐ 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	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

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

- ☐ Juvenile probation
- ☐ Adult probation
- ☐ Adult parole

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

34. 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
35. I can rely on relatives who don't live with me for help if I have a serious problem.	1	2	3	4	5
36. I can rely on friends for help if I have a serious problem.	1	2	3	4	5
37. I can open up to my friends if I need to talk about my worries.	1	2	3	4	5
38. I have a supportive adult that I can go to for a certain needs (laundry, hot meals, etc.).	1	2	3	4	5
39. I am happy with the friendships I have.	1	2	3	4	5
40. I have people with whom I can do enjoyable activities.	1	2	3	4	5
41. I feel I belong in my community.	1	2	3	4	5
42. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5