Oklahoma Healthy Transitions Initiative Study

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Prepared By:

eteam

University of Oklahoma OUTREACH

OKLAHOMA HEALTHY TRANSITION INITIATIVE STUDY

Table of Contents

Oklahoma Healthy Transition Initiative Study
for the Oklahoma Department of Mental Health and Substance Abuse Services

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University of Oklahoma
Educational Training, Evaluation, Assessment and Measurement (E-TEAM)
Director: Belinda Biscoe-Boni, Ph.D.
Author: Amber Romo, Lisa White
Editors: Geneva Strech, John Vetter
Designer: Milton Collier
http://eteam.ou.edu

OKLAHOMA HEALTHY TRANSITION INITIATIVE STUDY

Table of Tables

Table of Figures

OKLAHOMA HEALTHY TRANSITION INITIATIVE STUDY

Acknowlegdements

We wish to thank Marqus Butler, OHTI Project Director and OKSOC Youth Coordinator, for his leadership and advocacy for young adults in transition throughout Oklahoma and nationally. His commitment to data-informed decision-making has allowed OHTI to demonstrate improved real-life outcomes for youth and young people.

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NATIONAL OUTCOME MEASURES

National Outcome Measures were collected from two counties (Tulsa and Cleveland) as part of the grant's Government Performance and Results Act (GPRA) requirements (see Appendix A).

Data indicate that 25% of youth reported an improvement in their overall health from baseline to follow-up.

Respondents indicated improvements in their ability to deal with everyday life from baseline to follow-up. The greatest improvements were seen with housing (41%) and symptoms (46%).

Services provided by the OHTI

Core Services Received:
Screening – 50%
Assessment – 63%
Treatment Planning – 63%
Psychopharmacological – 26%
Mental Health – 80%
Co-Occurring – 20%
Case Management – 90%
Trauma-Specific – 16%

Support Services Received:
Medical Care – 29%
Employment – 58%
Family – 26%
Child care – 5%
Transportation – 66%
Education – 47%
Housing – 53%
Social-Recreational – 53%
Consumer-Operated – 30%
HIV Testing – 6%

"I started my first job after I started the program. They really helped me out because I had no clothes and I didn't want to walk in wearing street clothes to an interview."
– *OHTI alumni*

"I got into college; I started at Oklahoma City Community College. OHTI staff were able to help me get my FAFSA [Free Application for Federal Student Aid] done and enroll. Without their help, I probably wouldn't have been able to do it."
– *OHTI alumni*

01 EXECUTIVE SUMMARY

VALUES OF THE OKSOC

- Community-based: OKSOC brings the services to the family's home community. The responsibility for decision-making is placed at the local level.
- Family-driven: Families have a primary decision-making role in the care of their children as well as in the policies and procedures governing care for all children in their community, state, tribe, territory, and nation.
- Youth-guided: Youth are knowledgeable of services and are beginning to research and ask questions about resources, understanding the process of the system and services, getting involved in identifying needs and supports, and learning how to self-advocate.
- Youth-directed: Youth are taking on a more active decision-making role in treatment and within the OKSOC, increasing their knowledge of services and developing a deeper understanding of the system.
- Youth-driven: Youth are working in partnership with others, equipped with an expert level of understanding and advocating for other young people.
- Culturally and linguistically competent: Services and supports must be tailored to the unique culture of the child and family.
- Statewide: Oklahoma is one of the few states in the U.S. that is implementing SOC statewide.

The purpose of this study was to conduct a systemic review of the Oklahoma Healthy Transitions Initiative (OHTI). The focus of the study was to examine partnerships, services, young adult perspectives, and the OHTI's success with helping transition-age youth realize improvements in areas such as education, employment, housing, and mental health.

The study included an analysis of quantitative data from the Oklahoma Systems of Care (OKSOC) Young Adult Transition Assessment, Transition Worker Assessment, and Referral Form. In addition to the quantitative analysis, qualitative data was gathered from semi-structured telephone interviews with the OHTI project director, Community Mental Health Center (CMHC) executive leadership, OKSOC project directors, OHTI direct care staff, and various community partners. A focus group was also held with six young adults who had participated in the OHTI program.

"They made sure I made it to every one of my mental health appointments by providing transportation, and I was always on time." – *OHTI alumni*

Research questions related to young adult outcomes and length of stay, providing services to transition-age youth, and the importance of community partnerships in serving transition-age youth were addressed.

What factors impact a young adult's length of stay in the OHTI?

Data revealed several relationships between the length of time a young adult stayed in the OHTI program, as measured by whether or not they had a 6-month follow-up and the days the youth spent in the program, and several factors from the Young Adult Transition Assessment, Transition Worker Assessment, and the Referral Form. Some factors that were significantly related to a longer length of stay in the program include: youth from urban areas, those who were self-referred, young adults who were on adult probation, and youth who were not at risk of out-of-home placement.

What are some things to consider when providing services to transition-age youth?

Interviews with CMHC executive leadership, OKSOC project directors, and direct care staff resulted in

responses organized into 6 categories:

- Developmental distinctions of transition-age youth
- Specialized service needs of transition-age youth
- Changes to policies, procedures, infrastructure, and practices for serving transition-age youth
- Barriers and challenges to serving transition-age youth
- Changes in services available to transition-age youth
- Next steps in providing services for transition-age youth

How are community partnerships important in serving transition-age youth?

Interviews with CMHC executive leadership, OKSOC project directors, and direct care staff, as well as interviews with community partners provided valuable information about the ways in which service providers partner with individuals and organizations internally and externally. Respondents also discussed the reasons these partnerships are important and how relationships with community partners can help youth become more integrated into the community.

How successful were the young adults in the program?

Data indicated that the participating youth showed some significant improvements from the baseline assessments to the exit assessments. Young adults improved on all of the Ohio Scales measures, on the Life Skills Scale and Social Support Scale from the Young Adult Transition Assessment, on stability of housing, and on the effect their mental health challenges had on their lives.

Results indicate that, throughout the course of the OHTI program, progress has been made in serving transition-age youth. Many of the young adults who participated in the program were successful, and service providers developed partnerships and learned strategies that have helped them in meeting these young people's needs.

LYNN'S STORY

Lynn*, a youth who graduated from the OHTI program, shared her story. Lynn enrolled in the OKSOC program as a dependent youth when she was 15 years old. She said that, as a youth, her life was often chaotic. She explained that the supports in her life were not working together and her mother turned to OKSOC for help. The program helped her mother and counselors "get on the same page" and begin working together. Although OKSOC helped her and her mom, Lynn found herself homeless as a young adult, and at the age of 19, she looked to OHTI to get her life back on track. Lynn said that the transitions program helped her secure housing and gave her the skills to be a successful independent adult. When asked to provide examples of the ways in which the transition program helped her become more dependent and successful, she stated that they taught her how to interview for a job, how to budget her money, how to deal with her anger and frustration, and how to keep going when she had setbacks. She said the most important thing that the program did for her was to help her become less dependent on other people for the things she needed: "Instead of asking for things, I learned to work for it and go get it myself." After graduating from the transitions program, Lynn began working as a youth advocate advisor. She has plans to continue her education and wants to one day start her own business. She is looking forward to the future and feels she is now able to embrace life and she views mistakes as learning opportunities.

* Names have been changed to protect privacy.

02 STUDY PARTNERS

Oklahoma Department of Mental Health and Substance Abuse Services

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is responsible for providing services to Oklahomans who are affected by mental illness and substance abuse. ODMHSAS administers these services through a statewide network of community mental health centers, state-operated mental health centers, and non-profit agencies. These service providers support a continuum of care from community-based treatment and care management to residential and acute inpatient care.

> "I wouldn't have participated in this [focus group] if they hadn't helped me gain confidence. I wouldn't have participated in anything if they hadn't helped me gain confidence in public speaking."
> *– OHTI alumni*

Oklahoma Systems of Care

Oklahoma Systems of Care (OKSOC) is an organizational philosophy and framework, which involves a collaborative effort between agencies, families, and youths (Technical Assistance Partnership, 2015) and employs a comprehensive spectrum of mental health and other support services to meet the multiple and changing needs of children and adolescents with a serious emotional disturbance and their families. OKSOC accomplishes this by providing community-based, culturally competent services statewide that are youth-driven and family-focused (Oklahoma Department of Mental Health and Substance Abuse Services, 2015).

In 2000, OKSOC was instituted in two Oklahoma communities. Since that time, state and federal funding and the active sponsorship of the ODMHSAS have helped OKSOC to expand across the state and increase the number of families and youth served to more than 3,000 in fiscal year 2015. OKSOC supports, maintains, and grows local Systems of Care communities by providing infrastructure, training and technical assistance, and staff professional development.

Oklahoma Healthy Transitions Initiative

Youth and young adults with behavioral health issues or co-occurring mental health and substance use issues may encounter more difficult transitions to adulthood than their peers. Many of these youth and young adults may be detached from family and community, may not be employed or in educational or training programs, may be homeless or couch surfing, may be involved with the justice system, and may be at risk for residential or inpatient treatment.

To address the issues with this specialized population, OKSOC received federal funds in 2009 to implement the Oklahoma Healthy Transitions Initiative (OHTI) to establish a continuum of statewide community-based, developmentally appropriate services for youth and young adults aged 16-25. Identifying young people at risk of having difficult transitions to adulthood, developing appropriate outreach and engagement processes, and ensuring access to services and interventions are instrumental aspects of the OHTI. The OHTI focuses on helping young adults in transition improve their emotional and behavioral functioning, allowing youth and young adults to

move toward adult roles and responsibilities and lead full and productive lives.

Two OKSOC sites were initially selected to participate in this federally-funded initiative. Since 2009, OKSOC has leveraged state funding to expand the OHTI services to 39 counties across the state (see Figure 1), providing services to more than 350 young adults in fiscal year 2015 (see Figure 2). The OHTI works across the state to improve outcomes in areas such as education, employment, housing, and behavioral health.

Figure 1. Map of counties serving transitions youth

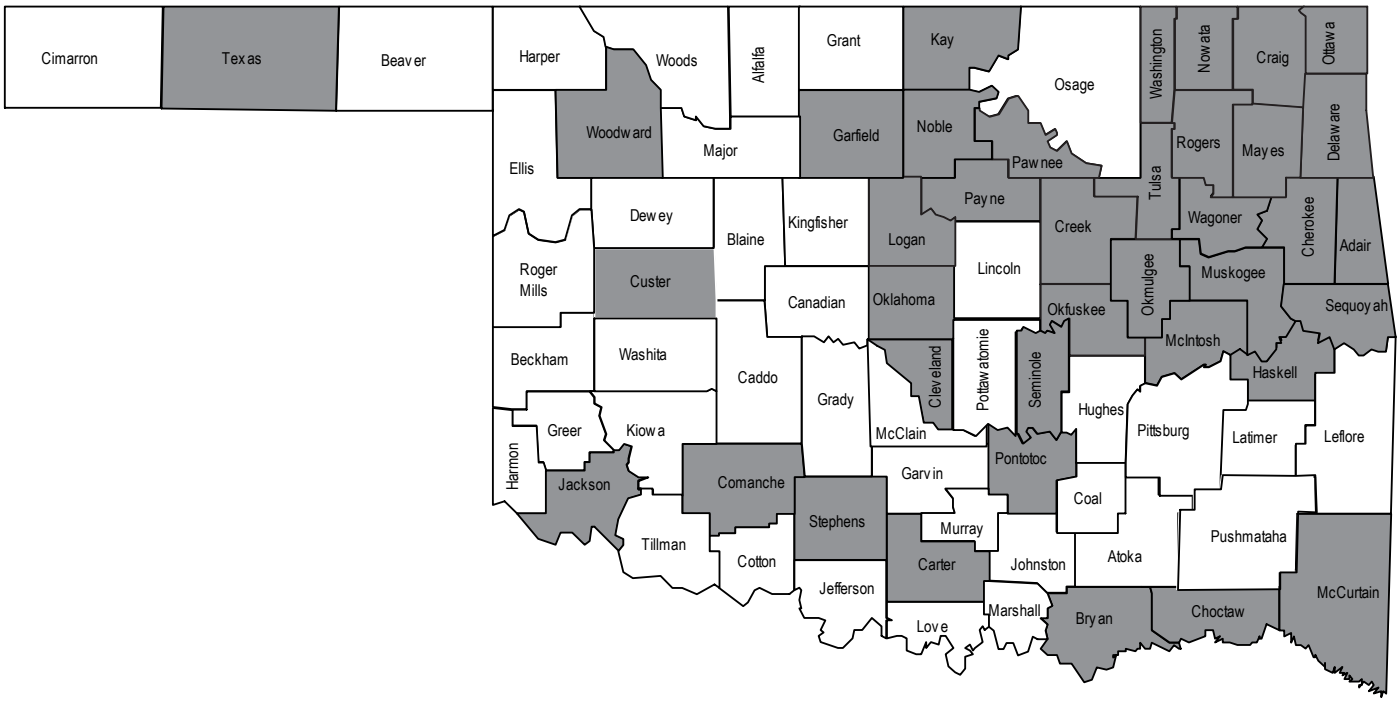
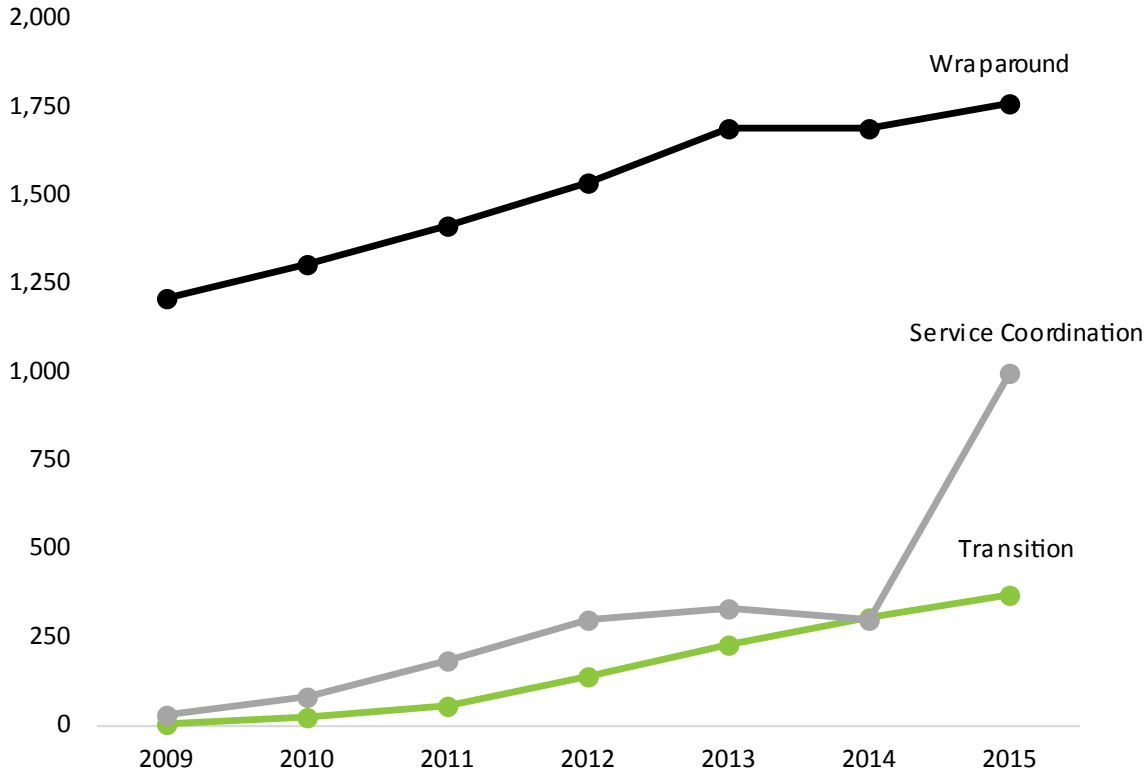


Figure 2. Number of youth served by Oklahoma Systems of Care for fiscal years 2009-2015



03 PROGRAM STUDY

Purpose

ODMHSAS contracted with the University of Oklahoma's Educational Training, Evaluation, Assessment, and Measurement (E-TEAM) department to conduct a systemic review of the OHTI. The study involved an examination of partnerships, services, young adult perspectives, and the OHTI's success with helping young adults realize improvements in areas such as education, employment, housing, and mental health. To gain insight into these issues, four research questions were posed for examination in this study:

1. What factors impact a young adult's length of stay in the OHTI?
2. What are some things to consider when providing services to transition-age youth?
3. How are community partnerships important in serving transition-age youth?
4. How successful were the young adults in the program?

Design

Data from multiple sources was analyzed to answer the four research questions. In addition to the analysis of quantitative data from the OKSOC Young Adult Transition Assessment, Transition Worker Assessment, and Referral Form, qualitative data was collected from interviews and a focus group discussion of OHTI alumni.

OKSOC Young Adult Transition Assessment

A task force, including the evaluation team, the OHTI state management team, service providers, family members, and young adults, developed a comprehensive assessment tailored to the unique population of young adults in transition, the OKSOC Young Adult Transition Assessment (see Appendix A). The assessment underwent modifications and improvements, as needed, to best serve the young adult population. The Young Adult Transition Assessment is administered to young adults at enrollment into the OHTI program and thereafter at six-month intervals. The assessment includes behavioral measures of problems, functioning, satisfaction, and wellness taken from the Ohio Scales© (Ogles, Melendez, Davis, Lunnen, 2000). In 2013, additional measures aimed at gaining knowledge about outcomes specific to young adults in transition were added, including questions about living situations, job status, education, and pregnancy. Two additional scales measuring life skills and social support were also developed and are included.

OKSOC Transition Worker Assessment

The OKSOC Transition Worker Assessment (see Appendix A) includes measures similar to those on the OKSOC Young Adult Transition Assessment, but is completed by the OHTI care coordinator or family support provider. The assessment is completed at enrollment, three months following enrollment, and at six-month intervals thereafter. The Ohio Scales© (Ogles, Melendez, Davis, Lunnen, 2000) behavioral measures of problems and functioning are included, as well as information related to living situations, contact with law enforcement, mental and physical health, medications, and substance use.

OKSOC Referral Form

The OKSOC Referral Form (see Appendix A) is completed when a young adult is referred to the OHTI program. It is initiated by the referring entity, such as a school, social service agency, or family member, then completed by the OHTI personnel who staff the case. The form includes demographic information, as well as questions about the youth's risk factors, mental health diagnoses, and their involvement with other systems, such has child welfare, juvenile justice, adult

courts, and substance abuse and mental health treatment.

Interviews and Focus Group

The study team conducted 29 semi-structured telephone interviews with the OHTI project director, CMHC executive leadership, OKSOC project directors, direct care staff, and various community partners (see Appendix B).

The OHTI project director reported on the program's successes and challenges. He oversaw day-to-day operations; monitored program development; and met with youth, local project directors, and staff. The project director ensured program quality by creating programmatic goals and objectives and evaluating outcomes.

CMHC executive leadership, OKSOC project directors, and clinical directors were responsible for hiring and supervision of OHTI staff; organization of meetings, including community team meetings; and a variety of administrative duties for the OKSOC. They offered insight into the OKSOC's overarching beliefs and practices from the perspective of an administrator.

Direct care staff included care coordinators, case managers, assistant project directors, and a transition coordinator. The direct care staff have daily contact with the transition youth, providing hands-on, individualized, strength-based services. The direct-care staff provided important information from those who work directly with the youth.

Community partners included individuals from the following agencies: Food and Shelter for Friends, Oklahoma Citizen Advocates for Recovery and Treatment Association (OCARTA), Be the Change, Workforce Oklahoma, Oklahoma City Community College (OCCC), University of Central Oklahoma (UCO), and Thunderbird Clubhouse (see Appendix C). These community partners offer a wide variety of services to Oklahoma citizens including transition youth with behavioral health needs.

A focus group discussion was held with six young adults who had participated in the OHTI program. They provided valuable first-hand knowledge of the OHTI program from the perspective of a client receiving services.

"I have gained confidence and I have more friends. I am more willing to talk to people."
– *OHTI alumni*

Results

Demographics

Quantitative data collected from the Transition Referral Form, the Young Adult Transition Form, and the Transition Worker Form provided demographic information for the young people who participated in the OHTI program. Of the 680 young adults included in the analysis, 361 (53%) were female and 319 (47%) were male. Most of the youth were from urban areas (66%; see Figure 3) and identified as Caucasian (67%), African American (19%), and/or Native American (15%; see Table 1). The most common referral source was a mental health agency (37%; see Figure 4). The largest proportion had a primary DSM-IV diagnosis of depressive disorder (46%; see Technical Appendix). The most common risk factors, as indicated on the referral form, were a withdrawal from family and social activities (58%) and a family history of mental illness, psychiatric hospitalization, or substance abuse (63%; see Technical Appendix). At the time of referral, 5% of the young adults indicated that they were in Department of Human Services (DHS) custody.

Figure 3. Enrolled youth by rural versus urban location.

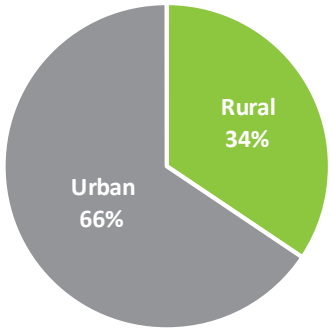
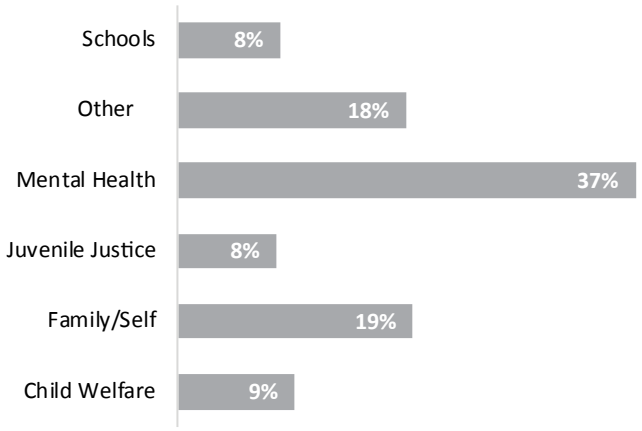


Table 1. **Enrolled by Ethnic Group**

Ethnicity	Females (n = 361)	Males (n = 319)
African American	73 (11%)	59 (9%)
Asian	10 (1%)	3 (< 1%)
Caucasian	232 (34%)	226 (33%)
Hispanic	21 (3%)	20 (3%)
Native American	66 (10%)	39 (6%)
Other	6 (1%)	7 (1%)

Note. Percentages will not equal 100% because respondents can select more than one ethnic group.

Figure 4. Enrolled youth by referral source



The highest level of education achieved by most of the youth was 11th grade (23%; see Table 2) and the most common reason for not being enrolled in school was because of mental health issues (33%) or disinterest in school (32%; see Technical Appendix). Thirty-two percent of youth were employed in the past 90 days, and the most common reason for unemployment was difficulty finding a job (42%) and lack of transportation (37%; see Technical Appendix)[1].

Table 2. **Highest Level of Education from Baseline Young Adult Transition Assessment**

Level of Education	Females (n = (71)	Males (n = 70)	Total (n = 141)
8th grade or below	7 (5%)	2 (1%)	9 (6%)
9th grade	11 (8%)	13 (9%)	24 (17%)
10th grade	18 (13%)	7 (5%)	25 (18%)
11th grade	11 (8%)	21 (15%)	32 (23%)
12th grade	4 (3%)	3 (2%)	7 (5%)
High school diploma	6 (4%)	14 (10%)	20 (14%)
GED	6 (4%)	7 (5%)	13 (9%)
Vocational or trade program	4 (3%)	2 (1%)	6 (4%)
Some college or college degree	4 (3%)	1 (< 1%)	5 (4%)

Baseline Ohio Scales© data (see Technical Appendix) revealed that the largest proportion of young adults scored in the impaired range on the Problem Scale on the Young Adult Transition Assessment (41%) and the Transition Worker Assessment (45%). On the Functioning Scale, the largest proportion of youth scored in the normal range (57%) on the Young Adult Transition Assessment and in the impaired range (41%) on the Transition Worker Assessment. The discrepancy between the ratings of the young adult and the worker on the Functioning Scale but not on the Problem Scale is intriguing. Though the existing data cannot explain this finding, the OHTI project director explained,

> *Young people have a healthy optimism; that is, they can recognize the problems they have, but they believe they are dealing with them, or are functioning, just fine. Adults are better able to both identify a young person's problems and observe that the way in which they are functioning isn't healthy.*

Research Questions

What factors impact a young adult's length of stay in the OHTI?

Research indicates that the longer a young adult stays engaged in a behavioral health program such as the OHTI program, the better their outcomes (U.S. Department of Health and Human Services, 2012). Continuing participation until program completion improves the ability of these young people to: secure housing and employment, properly address their health care needs, pursue educational opportunities, and manage their behavioral health issues. An analysis of the OHTI data supports this claim; young adults who were in the program longer, as measured by days of stay and whether or not they had a 6-month follow-up assessment, had successful discharges or graduated from the program more often than those who dropped out of the program (see Table 3). The average length of stay (from enrollment date to discharge date) in the OHTI program was 214 days (7.1 months), and 291 (43%) of those who enrolled had a 6-month follow-up.

Table 3. **Average Days of Stay for Discharges by Reason**

Discharge Reason	Average Days of Stay
Administrative Discharge	89
Graduated	327
Separated	141
Successful Discharge	237
Transfer to Other SOC	101

Data collected on the OKSOC Young Adults Transition Assessment at baseline was examined to determine if certain factors were related to young adults' length of stay in the OHTI program. Two measures of length of stay were considered: whether or not the young adult had a 6-month follow-up assessment and the days the young adult was in the program. Some interesting trends were observed, though not all associations

[1]The amount of data for these questions was limited due to the release of the updated Young Adult Transition Assessment form in late 2013, allowing for only a year of data collection for this section.

were statistically significant[2] (see Technical Appendix).

A young adult was more likely to have a 6-month follow-up assessment if:

- they were from urban areas*,
- case records indicated they were a victim of physical abuse*,
- they were taking mood stabilizers or sleep aids*,
- case records indicated they did not use or abuse alcohol or drugs*,
- case records indicated they were not a victim of sexual assault*,
- they were not determined to be at risk of out-of-home placement due to the impact of their serious emotional and/or behavioral disturbance*,
- they were older youth (between the ages of 20 and 24)*,
- they were self-referred,
- they were on adult probation,
- case records indicated they had not experienced the death of a close friend/relative, or
- case records indicated they did not have a history of inpatient psychiatric hospitalization.

The length of stay (in days) for young adults was longer if:

- case records indicated they did not use or abuse alcohol or drugs*,
- case records indicated they had not experienced the death of a close friend/relative*,
- case records indicated they had not experienced the divorce of a parent/caregiver*,
- case records indicated they didn't hurt others*,
- case records indicated they did not have a family history of mental illness*,
- they were taking stimulants*,
- they were self-referred, referred by schools, or referred by child welfare organizations*,
- they indicated that their mental health challenges moderately affected their social settings*,
- they were not determined to be at risk of out-of-home placement due to the impact of their serious emotional and/or behavioral disturbance*, or
- they were on adult probation.

No significant associations were found between length of stay and other variables such as gender, ethnicity, Ohio Scales© Problem and Functioning Scales scores, Wellness and Satisfaction Scales© scores, medications not listed above, risk factors not listed above, arrests, and suicide attempts.

Though these findings are interesting, further research into the causality behind these relationships should be conducted. In addition, small sample sizes for many characteristics made it difficult to speculate about the reasons for these findings. To avoid conjecture and develop a working hypothesis, OKSOC will continue to examine relationships among these issues and assess connections and causality.

What are some things to consider when providing services to transition-age youth?

Responses to interview questions from CMHC executive leadership, OKSOC project directors, and direct care staff provided a great deal of insight into important considerations when providing services to transition-age youth. The information harvested from the responses is organized into the following categories:

- Developmental distinctions of transition-age youth
- Specialized service needs of transition-age youth
- Changes to policies, procedures, infrastructure, and practices for serving transition-age youth
- Barriers and challenges to serving transition-age youth
- Changes in services available to transition-age youth
- Next steps in providing services for transition-age youth

Developmental Distinctions of Transition-Age Youth

Transition-age youth are very different than children and adults, and when staff were asked about these differences, they mentioned several important distinctions. The most common response from both OHTI staff was that transition-age youth are "stuck in the middle." One respondent stated, "Sometimes our expectations are for these youth to act like children and sometimes for them to act and make decisions as an adult." This is a concern, for, as one respondent stated,

> *They are at that middle stage of life where they don't view themselves as kids anymore and [they view themselves] more as adults, even though they have not developed the maturity and skills to become an actual adult, so they are kind of in limbo. They are more driven to be independent, but at the same time, they are not willing to take re-*

[2] Asterisks indicate statistically significant associations.

sponsibility for some of the situations they get into.

Other respondents echoed this sentiment, noting that transition-age youth display a strong desire to be independent, but lack the life skills and guidance from family members to do so. One respondent indicated that transition-age youth "are different from adults because they are still learning how to become both independent and learning about life and their responsibilities [for] daily living." This challenge to be fully independent was primarily attributed to the biological differences in the brain development of transition-age youth. Respondents stated that youth are not necessarily functioning at the same cognitive level as adults because brain development is still ongoing.

Staff also noted that the way in which they interact with transition-age youth is different than how they interact with clients in other age groups. Because many transition-age youth have prior experience with services, some experience "burnout" and want a break from service providers. It is important that providers develop rapport with these young adults in order to keep them engaged and help them meet their goals, which may change frequently. One respondent stated, "You have to prove to them that you are going to be different than all the rest of the adults, that you are not just going to tell [them] what to do and talk down to [them]." Developing a relationship with the youth may make it less likely that they will drop out of services.

Specialized Service Needs of Transition-Age Youth

Transition-age youth have needs that are different from other age groups, and it is important for staff working with this age group to be aware of these differences. Respondents stated that transition-age youth focus more than other age groups on attaining basic needs, such as housing, food, transportation, employment, and medication management. One of the respondents highlighted this difference, saying,

> *In comparison, when I work with [dependent youth and their families], they are more focused on behavior modification, whereas the transition-age youth are more concerned with how they are going to eat tomorrow and where they are going to live.*

Another staff member noted that,

> *Most girls that are aged 15-17 are usually picking out colors for prom, deciding who is best-dressed and all those girly-type things, doing normal teenage things. The transition youth that I deal with, the girls are picking out a name for a baby. I'm trying to figure out a place for them to live with their child.*

Teaching independence, responsibility, and life skills is another focus for those providing services to this age group. One respondent stated, "I think we are trying to teach them to navigate systems that they have never had to navigate before – how to find a job, to apply to colleges." Another staff member noted that youth transitioning into adulthood must consider that the life choices they make may have serious consequences, and her job as a service provider is to teach them the skills they need to be a successful, responsible adult.

Youth also often lack solid support systems and may lack interpersonal skills. Respondents talked about the need to establish peer-to-peer support groups, stating, "We need to work very hard on peer support groups for that age group. Have youth-run peer support groups so they can learn from each other." One respondent also mentioned social anxiety as a concern for these young adults: "What I see most in teens is social anxiety. It is their biggest barrier. When their social anxiety is so bad, it becomes depression. They're not able to connect with people." Support groups and frequent interaction with other young adults experiencing similar challenges may help these youth overcome anxiety and may help them achieve success in the program.

Changes to Policies, Procedures, Infrastructure, and Practices for Serving Transition-Age Youth

Because transition-age youth are a specialized group, service providers must often make changes to their existing operations in order to serve them. For example, developing relationships with community organizations was mentioned by respondents as essential to serving this population. The existence of these relationships ensures that providers are better able to link youth to necessary services. This effort often requires providers to be creative in identifying resources and establishing partnerships. One respondent stated, "Each youth is different…I have learned to be creative when finding my resources." Another said,

> *We have become creative when linking [youth] to medication management. We have to be open, get outside the box a little bit. But if our agency cannot meet their needs for whatever reason, we have found places that we can refer to.*

Hiring and training staff is another area that respondents mentioned as an area of focus when serving

transition-age youth. It is vital that staff be able to meet the unique needs of transition youth. One staff member emphasized this by saying, "It's incumbent [upon] us to make sure the staff that are providing these services are [well-trained] and have a passion for working with that population." Respondents noted that specialized staff with a solid understanding of and passion for working with transition-age youth is necessary.

Barriers and Challenges to Serving Transition-Age Youth

Service providers face many barriers and challenges when serving transition-age youth. Many respondents identified engagement or "buy-in" from transition-age youth as a significant barrier to serving these youth. Staff talked about the difficulty they experience when trying to engage youth in ways that help them understand how they may benefit from services. Respondents said that many of the youth do not want to admit that they need help or do not see services as a priority in their lives. The following response captures shared beliefs about buy-in: "Some of the challenges and barriers come with the difficulty of sometimes getting [the youth] to acknowledge and admit there might be a problem and getting them to buy in and engage in services." Lack of motivation and commitment to stay engaged is an additional problem for youth. One respondent spoke about commitment, saying, "They want to get all this stuff done and then they lose motivation, and it is hard to motivate somebody, especially somebody you just met." Another said that follow-through and commitment can also be a problem because "their goals change so frequently that it is hard to keep them focused." Keeping youth engaged is made more difficult because maintaining contact with these young adults can be a challenge. Transition-age youth may move often or be homeless, may lose phone services, and may change phone numbers often. One respondent said that she deals with the challenge of lack of youth commitment and maintaining contact by being upfront during the engagement phase. She uses this time to explain that the youth will have to work hard to meet their goals and that it is crucial to success in the program to be able to maintain contact. Another respondent noted that these youth sometimes fall through the cracks and it is easy to lose track of them. He went on to say that they need to be encouraged to participate and they need someone who will follow through with them until they get older and more responsible for their own care.

Another significant barrier to services for youth and providers is in Medicaid provision. Youth lose Medicaid when they turn 18, making it more challenging to get their needs met. Further, many services that providers need to provide are not Medicaid recompensable. Those services include outreach, case management, food, clothing, and transportation. Providers try to compensate by absorbing costs and finding ways to get these needs met with other resources, such as utilizing public transportation and collaborating with local non-profits, but the challenge remains one staff must overcome.

Changes in Services Available to Transition-Age Youth

Service providers must often focus on meeting transition-age youths' basic needs. Housing, education or training, employment, and health care are among these essential needs that youth bring with them.

Housing. Housing was reported as a significant challenge, with staff noting that transition-age youth often have difficulty finding available housing and a landlord who will rent to them. Additionally many youth cannot afford housing. One staff member stated, "There is just not a lot of housing for this population, especially for [those aged 16-18]." Another noted, "…housing is always a problem with our youth. They don't want to live with their parents. They would rather live on the streets….Housing has been a serious problem." However, respondents reported some positive changes they have seen regarding the housing situation. Some said that they are receiving grants to help with housing, and colleges are implementing more housing programs. Educating landlords about transition youth as a special population, and youth about how to be a good tenant, has also helped. Staff also mentioned an increased awareness from the community about housing needs for this age group and more of a focus on homeless youth. Though these changes are promising, respondents stated that housing continues to be a need for youth and a challenge for providers.

OHTI alumni also reported many challenges in securing housing. They listed paperwork, deposits, trying to find a place, their age, lack of knowledge, and lack of telephone as some of the issues they faced in trying to get housing. However, alumni reported that the OHTI providers helped them secure housing in the following ways:

- "They gave me the confidence to move out on my own."
- "They helped me fill out paperwork for leases and helped me understand all of it."
- "They helped me get a housing subsidy

[3] Health home services include the following: comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family supports, and referrals to community and social support services.

within 24 hours of getting kicked out of my home."
- "They helped me look stuff up online so I could get that ability and practice. Anything I didn't know about, they helped me with it."

Health Care. Health care is another area in which providers assist transition-age youth. This can be made difficult because health care may not be a priority for many transition youth and it continues to be expensive. Once these young adults reach the age of 18, their Medicaid benefits cease and they are left without health insurance. Fortunately, many respondents mentioned that they believed that the Affordable Health Care Act had helped increase access to health care for this population and others believed that the upcoming implementation of the health home model[3] in Oklahoma would help address health care issues for these youth. Respondents discussed the new model in a positive and anticipatory manner, saying, "I think that the health home model that we are getting into with the state might help…", and "I think the thing that is going to help with health care is the health homes that we are starting….We are going to be more effective in dealing with health care issues in the future."

Some of the challenges the OHTI alumni mentioned when asked about securing health care included not having internet access, the qualifications for health care, finding benefits, filling out paperwork, lack of a bank account and tax history, and lack of proof of income. Youth reported that the OHTI providers helped them secure health care in the following ways:

- "They took me to the library to find online resources for dental care."
- "I wanted to get fit, and they helped me make a plan. I go to the YMCA now."
- "I was able to get a referral to the optometrist through the wellness center."
- "They made sure I made it to every one of my mental health appointments by providing transportation. I was always on time."

Education and Training. Finding education and training opportunities for transition-age youth continues to be a struggle for service providers, though several respondents reported that they believed there are better education and training programs for youth. Adult education and GED programs incorporated into community colleges, specialty departments in universities, and vocational schools that help at-risk students succeed have helped these young adults obtain education and training to help them in their search for employment. Staff also talked about increased educational opportunities through community partnerships with work programs and schools. One respondent spoke about the proactive strategy of education as a preventive measure, saying, "If youth are educated early on, long-term serious problems like incarceration may be prevented."

Challenges faced by OHTI alumni when securing education and training included finding the right school, lack of a diploma or GED, the cost, and lack of transportation. Youth reported that the OHTI providers helped them secure education and training in the following ways:

- "We toured Moore-Norman Vo-Tech. I wanted to take graphic design. I took the COMPASS [Computer Adaptive Placement Assessment and Support System] test and passed it."
- "I got help finding grants that would help me pay for college."
- "I got help finding language classes."
- "I got into college. The OHTI staff were able to help me get my FAFSA [Free Application for Federal Student Aid] done and enroll. Without their help, I probably wouldn't have been able to do it."
- "They helped me figure out what I needed to do and what resources I needed before I could get into Vo-Tech."

Employment. Youth are facing increasing difficulties with finding and keeping jobs, according to respondents. They attributed this difficulty to the lack of jobs available to these youth and a poor work ethic among these young people. However, respondents noted that providers are focusing more on teaching interview skills and implementing support and mentoring groups to assist youth in finding employment. In addition, staff reported that, with their help, youth are becoming more motivated to find a job.

Securing employment presented many challenges for the OHTI alumni, including lack of a diploma or GED, lack of interview skills, finding the right job, getting information about the job, maintaining hygiene, lack of transportation, and lack of a telephone. Youth reported that the OHTI providers helped them secure employment in the following ways:

- "They helped me learn the websites that I needed to go to and how to fill out an application."
- "They did mock interviews with me."
- "They came to pick me up and helped me fill out online applications all the time."
- "They were persistent. They called me to make sure that I was filling out online applications."
- "They helped me get the hygiene products I

needed for an interview and job."

Next Steps in Providing Services to Transition-Age Youth

Staff expressed a commitment to continue to improve the services they provide to transition-age youth and mentioned some of the next steps they plan to take, including finding and utilizing available services, finding funding sources, hiring passionate staff, expanding partnerships, creating peer-to-peer support groups, and continuing to engage youth in ways that motivate them. One respondent summed it up by stating, "Just continue to find ways to normalize their experience and help them build strengths and supports in the community."

How are community partnerships important in serving transition-age youth?

Part of the responsibility of the service providers is to help transition-age youth become physically, socially, and psychologically integrated into the community. In order to do so, it is important that providers partner with community organizations that can aid them in meeting the youths' needs. Service providers and community partners were asked about their collaborations and how the collaborations have changed due to their work with transition-age youth.

Service providers discussed partnering with various external organizations and individuals in the community, such as colleges and universities, vocational schools, private landlords, religious organizations, and drop-in centers. Staff noted that strengthening their relationships with community members has helped increase referrals and has helped them provide youth with more integrated services. One respondent said,

> *We are collaborating with Food and Shelter for Friends. They've always helped out our age range. We are developing more of a relationship with the workers so we can call them and say 'Hey, we have a client who is homeless.' Food and Shelter have had a lot of their own resources and they have money, so we can collaborate with them, use their resources, use their links and partner with them monetarily to get people into places.*

In addition, respondents also mentioned that they have grown their partnerships with other departments within their own agencies. For example, one respondent stated, "We work really closely with our adult therapist and all the adult side in order to make sure that the child can transition easily from the child system to the adult system."

It is also important that providers teach youth how to develop relationships in the community on their own so that they can get the services they need. The OHTI alumni mentioned several ways in which the providers helped them develop relationships with people and organizations who would be potential sources of support. Some comments included:

- "They helped me gain more trust in people and agencies that could help me."
- "They helped me practice my communication skills. "
- "They helped me be more independent."
- "I am involved in my community. I volunteer and go to church."
- "I have gained confidence and I have more friends. I am more willing to talk to people."

Community partners noted that, in the past, they did not have partnerships with behavioral health providers; however, that gap is closing and they are now able to work closely with OKSOC and refer youth to the program for their behavioral health needs. Community organizations and individuals reported that they meet regularly and discuss youth that they are serving. Some of these meetings are focused on meeting the needs of at-risk youth or those needing extra support; others have goals such as developing solutions to end youth homelessness. Specialty programs are another way community partners provide integrated services for transition-age youth. Some examples include: a group for troubled teens, a program for youth at risk of not being successful in college, and a drop-in service at which youth can go and meet with different community agencies to find out what services are available to them.

How successful were the young adults in the program?

The baseline assessment and the last assessment (Young Adult Transition Assessment and Transition Worker Assessment) prior to discharge were compared to examine the level of success achieved by young adults on various measures. Young adults showed significant improvement in the following areas (see Technical Appendix):

- Days spent out of home
- Scores on the Ohio Scales© Problem Scale on both the Young Adult Transition Assessment and the Transition Worker Assessment (see Figures 5-7)
- Scores on the Ohio Scales© Functioning Scale on both the Young Adult Transition Assessment and the Transition Worker Assessment (see Figures 8-10)
- Scores on the Wellness and Satisfaction©

Scales (see Figure 11)
- Scores on the Life Skills Scale and the Social Support Scale (see Figure 12)
- Effect of their mental health challenges on school or work and on social settings (see Figure 13)
- Number of times housing changed

No significant change was seen in the number of arrests, the number of times stopped or questioned by police, or suicide attempts. However, the number of these incidents was low at baseline (M < 1), leaving little room for improvement. There were also no significant changes seen in level of education or the effect of mental health challenges on youths' ability to take care of their basic needs.

Figure 5. Impairment levels from the Ohio Scales© Problems Scale on the baseline and exit Young Adult Transition Assessment.

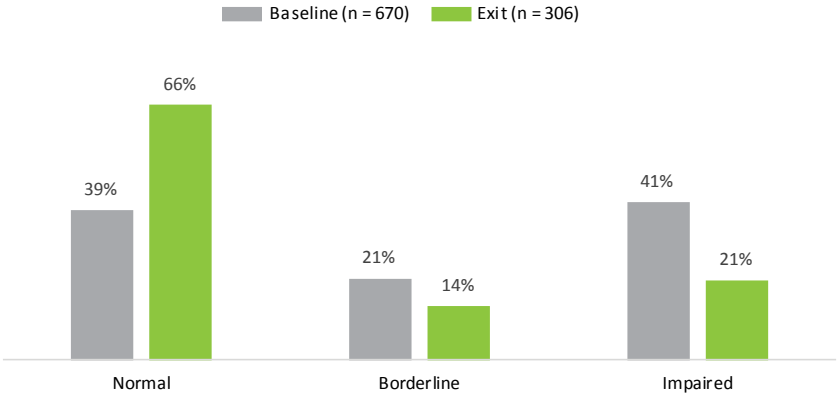
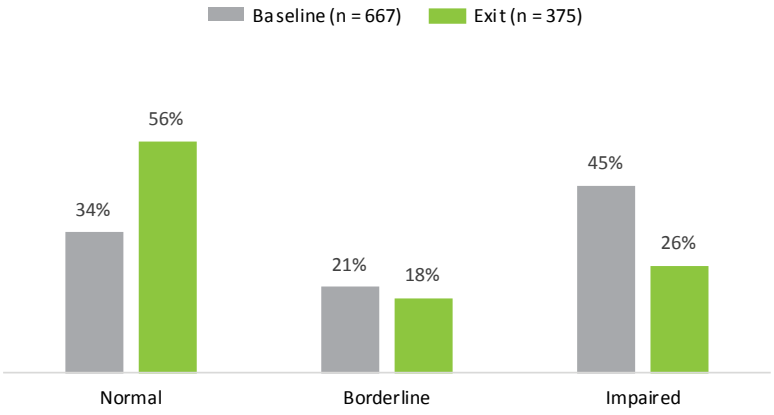
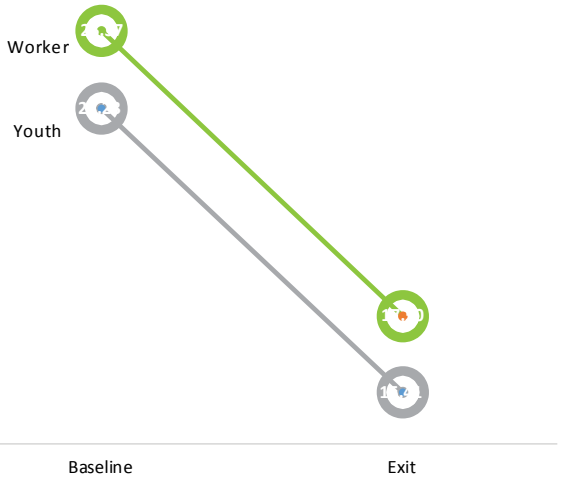


Figure 6. Impairment levels from the Ohio Scales© Problems Scale on the baseline and exit Transition Worker Assessment.



"…it is learning to meet each kid where they are, not where you think they should be. Learning to really take a step back and let them set their own goals…"
– *Transition Coordinator*

Figure 7. Average scores from the Ohio Scales© Problems Scale on the baseline and exit Young Adult Transition Assessment and the Transition Worker Assessment.



Note. Ohio Scales© Problem Scale scores range from 0 to 100, with 0 being least impaired and 100 being most impaired. Ohio Scales© Functioning Scale scores range from 0 to 80, with 0 being most impaired to 80 being least impaired.

"They were always supportive when I went to court. They made sure I talked about it and was able to work through my problems." – *OHTI alumni*

Figure 8. Impairment levels from the Ohio Scales© Functioning Scale on the baseline and exit Young Adult Transition Assessment.

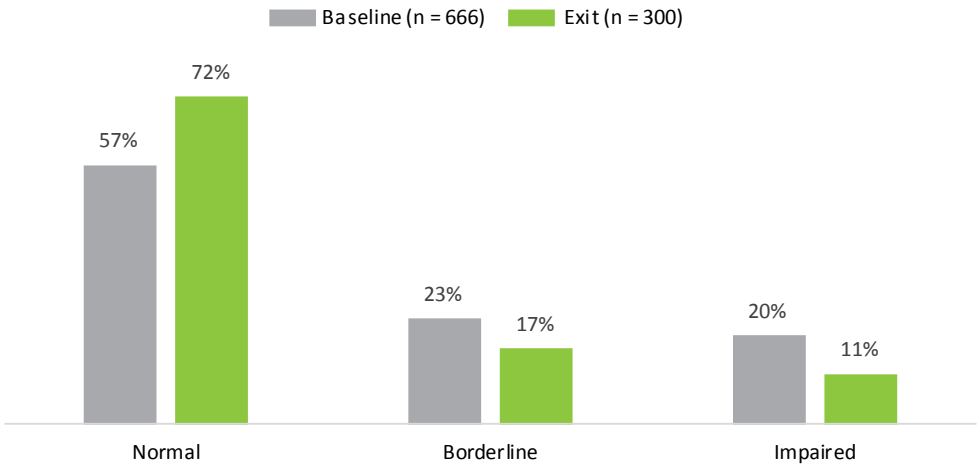


Figure 9. Impairment levels from the Ohio Scales© Functioning Scale on the baseline and exit Transition Worker Assessment.

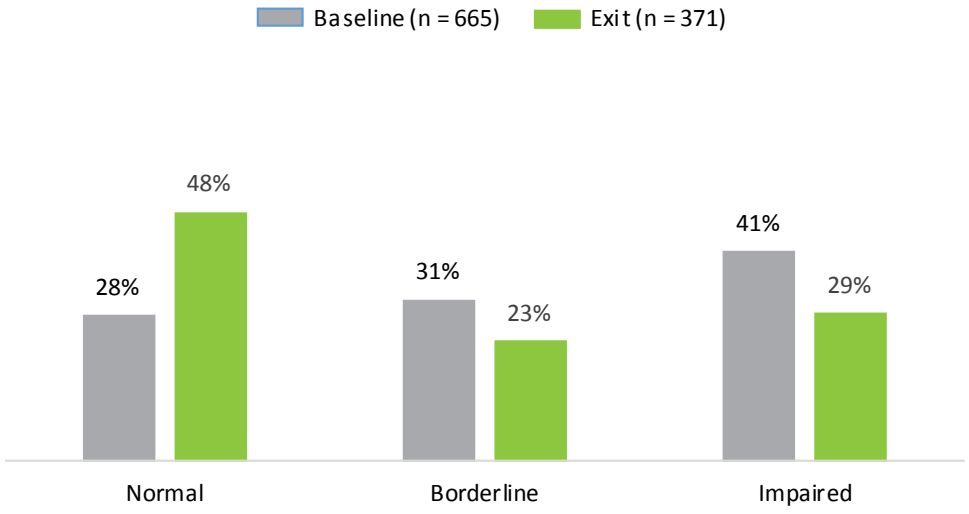
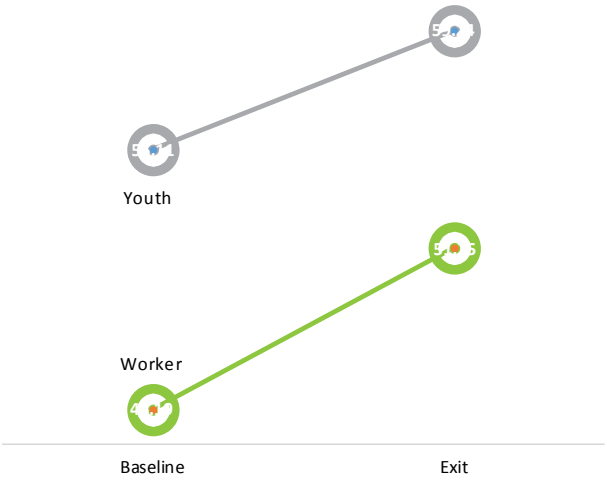


Figure 10. Average scores from the Ohio Scales© Functioning Scale on the baseline and exit Young Adult Transition Assessment and the Transition Worker Assessment.

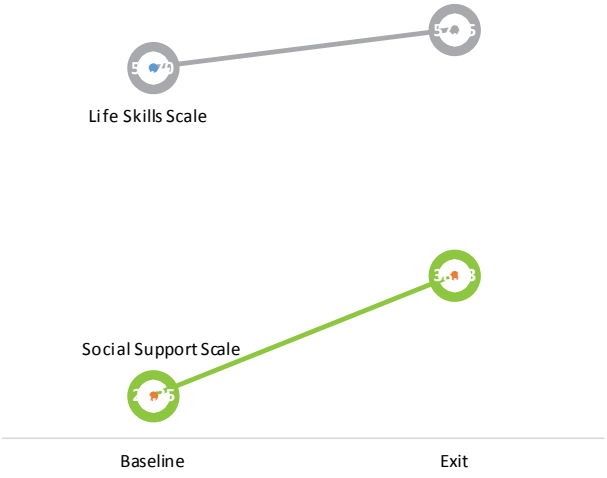


Note. Ohio Scales© Functioning Scale scores range from 0 to 80, with 0 being most impaired to 80 being least impaired. Those scoring 54-80 are considered normal, those scoring 45-53 are considered borderline, and those scoring 0-44 are considered impaired.

Figure 11. Average scores from the Wellness and Satisfaction Scales© on the baseline and exit Young Adult Transition Assessment.

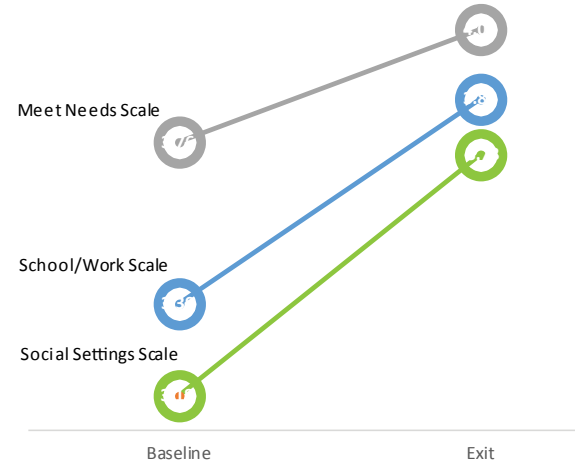
Note. Wellness and Satisfaction Scales© scores range from 4 to 24, with 4 being unhealthy/unsatisfied and 24 being healthy/satisfied.

Figure 12. Average scores from the Life Skills Scale and Social Support Scale on the baseline and exit Young Adult Transition Assessment.



Note. Life Skills Scale scores range from 15 to 75, with 15 being poor life skills and 75 being excellent life skills. Social Support scale scores range from 8 to 40, with 8 being poor social support and 40 being excellent social support.

Figure 13. Average scores from the Mental Health Challenges Scales on the baseline and exit Young Adult Transition Assessment.



Note. Mental Health Challenges Scales scores range from 1 to 5, with 1 indicating the most intereference and 5 indicating the least interference.

HOMELESSNESS IN TRANSITION-AGE YOUTH

Currently, approximately two million youth are homeless in the United States (Edidin, Ganim, Hunter, & Karnik, 2012). Many of these youth have prior experiences of trauma, abuse, neglect, and poor family relationship quality, and mental illness (Edidin et al., 2012; van den Bree et al., 2009). Additionally, high rates of co-occurring disorders (substance abuse and other psychiatric disorders) are found in homeless youth (Edidin et al., 2012).

Homelessness was identified as a problem by CMHC executive leadership, OKSOC project directors, and direct care staff, community partners, and young adults. Staff noted that serving this population is particularly difficult for several reasons. The primary challenge in serving homeless youth is their transience and lack of a means of communication. One respondent stated,

> *Oftentimes our youth are either homeless or certainly at risk of homelessness and are couch-hopping. Finding them, once they get into services, trying to maintain contact with them is a real difficulty and they may have a phone today but their service may be turned off tomorrow. Oftentimes they have disposable phones, so their numbers change…between where they are and their phone service, that's just a real challenge.*

Another complication in serving homeless youth is that housing is difficult to secure. One staff member noted,

> *Right now, if you are in Oklahoma Juvenile Authority custody or Department of Human Services custody, you can access emergency shelter, but if you are not involved with either of these entities, there is no safe haven for you. So, if you are forced out on the streets, you can't even go to the adult shelters and you're forced to stay [on the streets]. This actually happened to a 17-year-old girl who was staying in…one of the abandoned buildings downtown.*

Respondents noted that even temporary housing is often limited. One said,

> *…a 19-year-old who is homeless cannot get a hotel room….We can't put them up in a hotel room unless they have a credit card. A 19-year-old homeless person probably doesn't have a credit card and they probably don't have anyone who's going to sign or vouch for them. So having a co-signer or anything like that on an apartment is even harder.*

One staff member was concerned that lack of housing may lead to unhealthy behaviors or bad decisions among homeless youth:

> *There are housing programs for girls who are pregnant. They are no programs out there specifically for young ladies in that transitional age group….All of my homeless girls will tell you they're trying to get pregnant so they can get [housing and services].*

Staff and the OHTI project director maintained that even though youth may be able to stay at a drop-in center or shelter temporarily, these locations are often scarce or are even nonexistent in some areas. Further, some shelters limit the number of nights an individual can stay or have requirements that must be met in order to stay there, and many youth find shelters that also house adults intimidating or scary.

The OHTI project director explained that it is important to secure housing for these young adults because the longer they're homeless, the more likely they are to become chronically homeless, which impacts other service systems and leads to a bigger societal burden. In addition, youth who are homeless are more likely to develop substance abuse problems, become involved in illegal activities, or become victims of crimes such as sex trafficking (Edidin et al., 2012; Smollar, 1999; Whitbeck, Hoyt, & Bao, 2000).

"[In the] transition years, their goals are more focused on very tangible things, such as housing, job, and school."
– Care Coordinator

"Most girls that are aged 15-17 are usually picking out colors for prom, deciding who is best-dressed and all those girly-type things, doing normal teenage things. The transition youth that I deal with, the girls are picking out a name for a baby. I'm trying to figure out a place for them to live with their child."
– Care Coordinator

04 CONCLUSIONS, IMPLICATIONS, AND FURTHER RESEARCH

There were a few limitations of this study that should be noted. The Young Adult Transition Assessment is filled out by the young adult and is therefore a self-report measure. Young adults may not be completely forthcoming and honest when filling out these assessments. Similarly, the Transition Worker Assessment and Referral Form are filled out by transition staff and, while efforts are made to ensure accuracy, the information is oftentimes gleaned from discussions and interactions with the young adult. Another limitation is the small sample sizes for some of the questions on the Young Adult Transition Assessment. This assessment was developed late in the OHTI program and some parts were not implemented until September, 2013. As such, limited data was available for analysis. However, data collection has continued for the transition population using this form, so additional data will be available for future analysis.

The study involved an examination of partnerships, services, young adult perspectives, and the OHTI's success with helping young adults realize improvements in areas such as education, housing, and mental health. Results revealed that much progress has been made in serving transition-age youth during the course of the OHTI program. It is clear that many of the young adults who participated in the OHTI program had successes and that service provider staff have made great gains in providing services to youth in transition. The results of this study can be used by transition staff to continue to make improvements in service provision.

The study has identified several areas for further research and exploration to confirm relationships between various characteristics, assess how those characteristics influence one another, and determine any causality that may exist. Areas for further research include: a deeper exploration into why some transition-age youth stay in the program while others exit the program before completing it, an examination into the youth characteristics that impact whether or not they graduate or discharge from the program successfully, and another look into the outcomes of these young adults.

"I have gained confidence and I have more friends. I am more willing to talk to people."
– OHTI alumni

SUCCESSES AND CHALLENGES

An interview with the OHTI Project Director, Marqus Butler, provided insight into the successes and challenges experienced during the five years of the OHTI project. When asked about the greatest successes achieved by the OHTI, Butler stated,

> *The initiative increased awareness about the issues impacting young people in transition. It also served as a catalyst for implementing policy and practice change within the ODMHSAS. Transition services and supports have become and integral part of the community-based services leadership teams. In the past, only representatives from the chiidren's and adults' systems attended the internal leadership meetings; now the statewide coordinator of transition services is an active participant.*

The policy and practices changes Butler mentioned included:

- Getting billing codes for peer-driven services for youth aged 16-18
- Implementing a young-adult practice model systemically
- Leveraging another five-year grant[1] to provide services to transition-age youth
- Implementing an outcomes instrument for young adults in transition

When asked about the challenges the OHTI encountered, Butler noted,

> *For the state to move forward with transition services, it will require state- and local-level partners to address limited funding streams associated with the Medicaid cliff many young people experience, federal and state mandates that determine who receives services and for how long, and competing practice approaches that are fragmented and confusing to young people.*

[1] Oklahoma Now is the Time (ONIT), funded through the Substance Abuse and Mental Health Services Administration, focuses on youth and young adults in transition aged 16-25 who either have or are at risk of developing a serious mental health or co-occurring condition.

05 RECOMMENDATIONS

This research project, while exploratory in nature, provided the research team with the information necessary to make meaningful recommendations to the ODMHSAS and OKSOC leadership and staff, as well as the statewide network of service provider leadership and staff.

Transportation

Transportation was identified as a common barrier among agency leadership, direct care staff, community partners, and the youth. Respondents stated that the bus system is expensive and time-consuming. Additionally, respondents voiced frustration with the bus system because it does not run some days and buses often do not transport to certain schools. Transportation was also a significant issue for individuals living in rural areas because public transportation is not available, and lack of transportation impeded employment and education opportunities that were often miles away from an individual's home. These transportation issues lead us to believe that more efforts need to be applied to helping youth establish some kind of reliable transportation in order to be successful.

Bridging Therapists

Respondents reported a need for smoother transitions between therapists. This includes changes when therapists leave a position as well as when youth move from child therapists to adult therapists. Although service providers emphasized the importance of bridging therapists, the youth who have experienced changes in therapists had the most to say on this topic. Following are some youth statements:

- "My counselor disappeared right when I was starting to trust her. I felt betrayed. I finally opened up and then she was gone."
- "Going through so many therapists, I didn't want to keep telling my story over and over, so I just stopped talking to them."
- "After being abandoned twice by therapists, I started telling people what they wanted to hear."
- "As a young adult, I didn't like counselors because of the experiences I had with them as a child. It has made it hard to trust therapists."

These powerful statements provided by alumni youth reveal the importance of focusing on ways to better bridge the gap between therapists in order to meet the individual needs of transition youth.

Peer-Run Groups

Several respondents expressed the desire to implement peer-run support groups as a way to help transition youth become more confident and integrated into the community. This need was also reflected in the research on transition-age youth. Ensign and Gittelsohn (1998) found that homeless youth valued interactions from peers, and that young adults found testimonials from other youth to be a helpful and interesting way to receive health education. It is important that these young adults have someone they can relate to and learn from. Implementing more peer-run groups and referring youth to services in which they can interact with youth of similar ages and experiences will help address this need.

Focus on Health

Data showed that youth who came into the program rating themselves as healthier stayed in the program longer. This finding suggests that more efforts to obtain health information upon intake would be beneficial as a way to determine which youth may have a longer length of stay. Providers could use this information in at least two ways. First, providers may choose to focus on the engagement process for youth who come into the program rating their overall health as poor. Second, providers may use this information to

determine the services needed by the young adult.

Training and Hiring

The CMHC executive leadership, OKSOC project directors, and direct care staff recognized the need for staff to have a specialized skill set and competencies when providing services to transition-age youth. To ensure that all transitions programs are using best practices and standards, training should be available for transitions service providers and their employees. Continuous training should be implemented so that staff become skilled at providing services to transition-age youth. Training standards should be consistent across locations.

Collaborations and Partnerships

Though many collaborations and partnerships were discussed in the interviews, continued efforts in this area are needed. It is clear from the research that some service areas continue to be a problem (e.g., housing). Some staff members mentioned successes they have had with providing services and instituting changes in their procedures. These strategies may help other providers who are experiencing similiar challenges. Sharing resources and ideas among providers and agencies is essential for success in service provision.

Further Research

This research provided a wealth of information from varying perspectives; however, more research is recommended to provide a more in-depth look at outcomes data for transition-age youth. Additionally, given that the alumni youth provided such insightful information, we recommend conducting case studies on transition youth, as well as more youth focus groups to ensure that youth are receiving the services they need.

ACCESSING SERVICES IN RURAL AREAS

Results of this study indicated that transition-age youth who live in rural areas did not stay in the OHTI program as long as youth who live in urban areas. This could be due to the many challenges faced by rural youth when trying to obtain services.

Research indicates that living in rural areas can be a barrier to accessing services for transition-age youth. Geographic isolation and limited opportunities for mental health workers may make working in these areas unappealing to mental health professionals, resulting in limited behavioral health services (Boydell et al., 2006) in rural towns. As a result, many mental health centers may be in nearby cities, which poses a problem for these youth since many do not have transportation. Even if the mental health services they need are located in the same town, rural areas often lack public transportation systems, making it challenging for these young adults to receive services. Transportation can also be a concern when service providers are attempting to find educational opportunities or employment for these youth. One OHTI staff member noted problems with transportation as it relates to employment:

> *Transportation is a big [barrier], especially in rural areas where we are. You might have a kid who lives 20-30 miles from where they need to go – their job – being able to get to and from is a huge issue.*

Another respondent spoke about the difficulty in accessing educational and training opportunities without transportation:

> *…education and training could be a huge barrier because even with the junior colleges, they might not be where we are, so transportation to be able to get to those junior colleges….If they don't have transportation or support, [attending college] is not really an option for them.*

Issues also arise in rural areas due to the lack of anonymity (Boydell et al., 2006). In smaller towns, it is common for people to be familiar with one another; youth may not want others to know they are seeking services and may avoid getting the help they need for fear of the stigma that is often attached to mental illness. One study participant noted that lack of anonymity can also affect a young adult's ability to find a job.

> *It really is [harder to find a job in rural areas] because a lot of times, from what I have seen, the name that you are branded with in elementary [school] says with you until your older adult years and that is really unfortunate because people are judged by that when they go and look for a job…*

Knowing what services are available (Boydell et al., 2006) and the lack of services and resources in rural areas can also be an issue that youth may face. Employment and educational opportunities, housing, and community activities may be severely limited in these areas. One staff member stated that there are not enough community activities in their town: "Lack of community activities in rural areas is a big deal, just having the opportunities to be together." Another explained the challenges transition-age youth have with securing housing:

> *In rural environments it is very difficult to find landlords who are willing to rent to younger kids. So even if we have a youth who is able to pay their rent, oftentimes our difficulty is actually finding an apartment or rent house for them to be able to live in.*

Providers who serve transition-age youth from rural areas should be aware of the barriers these youth face in trying to obtain services. Addressing these concerns and challenges may result in youth who stay longer in the program and achieve successes as a result.

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APPENDIX A

Oklahoma Systems of Care
Healthy Transitions
Referral Form

Referral Source / Agency: _____ Date of Referral: ____/____/____

Person making Referral:_____ Phone: _____

Original Referral Source, if different from above: _____

Young Adult Information

Name: _____ SSN: _____ Medicaid #: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____

Race/Ethnicity: _____

If American Indian, please indicate:

Enrolled Tribe: _____

Other Tribal Identification: _____

School: _____ School Phone: _____

Caregiver Name: _____ ☐Not Applicable Relationship to Young Adult: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Indicate if the young adult is:

DHS: ☐ Involved ☐ In custody DHS worker/phone: _____/_____

OJA: ☐ Involved ☐ In custody OJA worker/phone: _____/_____

Involved with: ☐ Adult Judicial System ☐ Adult Drug Court ☐ Adult Mental Health Court

In substance abuse or mental health treatment ☐ Agency: _____ Phone: _____

Receiving other services (specify): _____

_____

On medications (please list): _____

_____

Initial Screening – Please check all that apply

- ☐ The young adult has behavioral/emotional symptoms that suggest a diagnosable emotional disorder.
- ☐ The young adult has a significant difficulty that has lasted or is expected to last for a year or more due to her/his serious emotional disturbance.
- ☐ The young adult needs, has received or has requested services or support from two or more systems.
- ☐ The young adult is at risk of out-of-home placement due to the impact of the serious emotional and/or behavioral disturbance.
- ☐ The young adult resides in a county served by the Oklahoma Systems of Care Initiative.
- ☐ The young adult volunteers for this service and agrees to participate actively.

General mental health / diagnosis comments

_____

_____

_____

Risk Factors ***(please check all that apply)***

Young Adult Factors

- ☐ Runaway / leaving home without permission
- ☐ Withdrawal from family, social activities
- ☐ Recent dramatic changes in eating habits, sleep pattern or body weight
- ☐ Inappropriate sexual behavior
- ☐ Perpetrator of sexual abuse
- ☐ Victim of sexual abuse
- ☐ Victim of physical abuse
- ☐ Use or abuse of alcohol or drugs
- ☐ Attempted suicide or suicidal thoughts
- ☐ Hallucinations – aural, visual or tactile
- ☐ History of inpatient psychiatric hospitalization(s)
- ☐ Chronic illness
- ☐ Self-harming behavior
- ☐ Repeated incidents of lying, stealing, property destruction
- ☐ Physical aggression toward authority figures, family members, peers
- ☐ Intentionally hurts others
- ☐ Intentionally hurts animals
- ☐ Sets fires
- ☐ Involvement in criminal activity
- ☐ History of neglect
- ☐ Difficulty maintaining employment
- ☐ Difficulty maintaining safe housing

Caregiver / Family Factors

- ☐ Chronic physical illness in family
- ☐ Family history of mental illness, psychiatric hospitalization or substance abuse
- ☐ Suicide attempts
- ☐ Victim of physical abuse (other than young adult)
- ☐ Parental incarceration
- ☐ History of domestic violence
- ☐ Poverty
- ☐ Young adult exposed to substance abuse in the home

Trauma Factors*

- ☐ Car accident
- ☐ Other accident
- ☐ Fire
- ☐ Storm
- ☐ Physical assault
- ☐ Sexual assault
- ☐ Death of a close friend or relative
- ☐ Divorce of parent/caregiver
- ☐ Other _____

Members of the Young Adult's Household

Name	Relation to Young Adult	Age	Name	Relation to Young Adult	Age

Other Information

How can this young adult and her/his family benefit from their involvement with Transitional Project? _____

_____

_____

_____

What other information about the young adult and her/his family do you feel would be helpful to Transitional Services staff?

_____

_____

_____

Please list some of the strengths of this young adult and family.

Home:

Transportation:

Financial/Insurance:

Educational/Vocational:

Social Supports/Spirituality:

Leisure/Talents/Skills:

Health:

Oklahoma Healthy Transition Initiative

Assessment Form – Young Adult Version

OHTI Site: _____ **Name:** _____

Assessment Date: ___/___/___

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 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

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 and Satisfaction Scales(Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

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 possess? **(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? **(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

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? **(Check all that apply.)**

☐ 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 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

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 young adult 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 young adult'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 young adult 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 young adult been arrested? _____

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

Mental / Physical Health

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

Medications

1. Indicate which of the medications listed below the young adult 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)* _____	☐	☐

Substance Use / Abuse

1. *Indicate which of the substances listed below the young adult has used – and how often – in the past 90 days. If no use, leave the item blank.*

*During **the past 90 days,** how often has the young adult used the following?*	***A Few Times***	***Weekly***	***Daily***
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	***1***	***2***	***3***
Alcoholic beverages (beer, wine, liquor, moonshine, etc.)	***1***	***2***	***3***
Cannabis (marijuana, pot, grass, hash, etc.)?	***1***	***2***	***3***
Cocaine (coke, crack, etc.)	***1***	***2***	***3***
Cough syrup	***1***	***2***	***3***
Prescription Stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	***1***	***2***	***3***
Methamphetamine (speed, crystal meth, ice, etc.)	***1***	***2***	***3***
Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	***1***	***2***	***3***
Sedatives or sleeping pills (Valium, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	***1***	***2***	***3***
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	***1***	***2***	***3***
Street Opioids (heroin, opium, etc.)	***1***	***2***	***3***
Synthetic marijuana (T-K-2)	***1***	***2***	***3***
Prescription opioids (Fentanyl, Oxycodone, OxyContin, Percocet, Hydrocodone, Vicodin, Methadone, Buprenorphine, etc.)	***1***	***2***	***3***
Anti-freeze	***1***	***2***	***3***
Other – specify:_____	***1***	***2***	***3***

*****Italicized items are not currently in the Youth Information System (YIS).***

*****When data entry of other items is complete, please fax this form to 405.325.5257, attention Kelly Phillips, Lisa White.***

Oklahoma Systems of Care
Healthy Transitions
National Outcome Measures

Name: _____ **Interview Date:** ___/___/___

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

FUNCTIONING

1. How well would you rate your overall health right now?

☐ **Excellent** ☐ **Very Good** ☐ **Good** ☐ **Fair** ☐ **Poor** ☐ **Refused** ☐ **Don't know**

2. **We need to know how well you were able to deal with your everyday life during the past 30 days. Please indicate your disagreement/agreement with each of these statements.**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused	Not Applicable
a. I deal effectively with daily problems.	1	2	3	4	5	9	
b. I am able to control my life.	1	2	3	4	5	9	
c. I am able to deal with crisis.	1	2	3	4	5	9	
d. I am getting along with my family.	1	2	3	4	5	9	6
e. I do well in social situations.	1	2	3	4	5	9	
f. I do well in school and/or work.	1	2	3	4	5	9	6
g. My housing situation is satisfactory.	1	2	3	4	5	9	
h. My symptoms are not bothering me.	1	2	3	4	5	9	

3. During the past 30 days, how often have you felt:	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refused	Don't know
a. Nervous?	1	2	3	4	5	9	8
b. Hopeless?	1	2	3	4	5	9	8
c. Restless or fidgety?	1	2	3	4	5	9	8
d. So depressed that nothing could cheer you up?	1	2	3	4	5	9	8
e. That everything was an effort?	1	2	3	4	5	9	8
f. Worthless?	1	2	3	4	5	9	8

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs.

In the past 30 days, how often have you used…	Never	Once or Twice	Weekly	Daily or Almost Daily	Refused	Don't know
a. Tobacco (cigarettes, chewing tobacco, cigars, etc.)?	1	2	3	4	9	8
b. Alcoholic beverages (beer, wine, liquor, etc.)?	1	2	3	4	9	8
b1. How many times in the past 30 days have you had: If Male -- five or more drinks in a day If Female – four or more drinks in a day (a standard drink is 12 oz of beer, 5 oz of wine, 1.5. oz of liquor)	1	2	3	4	9	8
c. Cannabis (marijuana, pot, grass, hash, etc.)?	1	2	3	4	9	8
d. Cocaine (coke, crack, etc.)?	1	2	3	4	9	8
e. Prescription stimulants – recreational use (Ritalin, concerta, Dexedrine, adderall, diet pills, etc.)?	1	2	3	4	9	8
f. Methamphetamine (speed, crystal meth, ice, etc.)?	1	2	3	4	9	8
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	1	2	3	4	9	8
h. Sedatives or sleeping pills – recreational use (valium, serepax, ativan, Librium, xanax, rohypnol, GHB, etc.)	1	2	3	4	9	8
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	1	2	3	4	9	8
j. Street opioids (heroin, opium, etc.)?	1	2	3	4	9	8
k. Prescription opioids – recreational use (fentanyl, oxycodone [OxyContin, Percocet], hydrcodone [vicodin], methadone, buprenorphine, etc.)?	1	2	3	4	9	8
l. Other – specify?	1	2	3	4	9	8

- ○ Yes
- ○ No

6. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?

- ○ Yes
- ○ No

If the answer is 'yes' to questions 5 or 6, complete the 'Military Family and Deployment' form and fax to Kelly Phillips and John Vetter at (405) 325-5257.

VIOLENCE AND TRAUMA

7. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; or traumatic grief)?

- ○ Yes
- ○ No

8. Did any of these experiences feel so frightening, horrible or upsetting that in the past and/or the present you:

		YES	NO
8a.	Have had nightmares about it or thought about it when you did not want to?		
8b.	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?		
8c.	Were constantly on guard, watchful, or easily startled?		
8d.	Felt numb and detached from others, activities, or your surroundings?		

9. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- ○ Never
- ○ Once
- ○ A few times
- ○ More than a few times

STABILITY IN HOUSING

1. In the past 30 days how many…	Number of nights / times	Refused	Don't Know
a. nights you have been homeless?		99	88
b. nights you have spent in a hospital for mental health care?		99	88
c. nights you have spent in a facility for detox/inpatient or residential substance abuse treatment?		99	88
d. nights you have spent in a correctional facility including jail or prison?		99	88
e. times you have been in an emergency room for a psychiatric or emotional problem?		99	88

2. In the past 30 days, where have you been living most of the time?

- ○ Owned or rented house, apartment, trailer, room
- ○ Someone else's house, apartment, trailer, room
- ○ Homeless (shelter, street/outdoor, park)
- ○ Group home
- ○ Adult foster care
- ○ Transitional living facility
- ○ Hospital (medical)
- ○ Hospital (psychiatric)
- ○ Detox/inpatient or residential substance abuse treatment facility
- ○ Correctional facility (jail/prison)
- ○ Nursing home
- ○ VA hospital
- ○ Veteran's home
- ○ Military base
- ○ Other housed (specify)_____
- ○ Don't know

EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program? Is it full or part time?

- ○ Not enrolled
- ○ Enrolled, full time
- ○ Enrolled, part time
- ○ Other (specify)_____
- ○ Refused
- ○ Don't know

2. What is the highest level of education you have finished, whether or not you received a degree?

- ○ Less than 12th grade
- ○ 12th grade/high school diploma equivalency (GED)
- ○ Voc / Tech Diploma
- ○ Some college or university
- ○ Bachelor's degree (BA, BS)
- ○ Graduate work/graduate degree
- ○ Refused
- ○ Don't know

3. Are you currently employed?

- ○ Employed full time (35+ hours/week)
- ○ Employed part time
- ○ Unemployed, looking for work
- ○ Unemployed, disabled
- ○ Unemployed, volunteer work
- ○ Unemployed, retired
- ○ Unemployed, not looking for work
- ○ Other (Specify) _____
- ○ Refused
- ○ Don't know

3a. If Employed:	**Yes**	**No**	**Refused**	**Don't Know**
Are you paid at or above minimum wage?	○	○	○	○
Are your wages paid directly to you by your employer?	○	○	○	○
Could anyone have applied for this job?	○	○	○	○

CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

_____ # Times ○ Refused ○ Don't Know

SOCIAL CONNECTEDNESS

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than mental health provider(s) over the past 30 days.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused
a. I am happy with the friendships I have.	1	2	3	4	5	9
b. I have people with whom I can do enjoyable things.	1	2	3	4	5	9
c. I feel I belong in my community.	1	2	3	4	5	9
d. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	9

<If this is a baseline, the form is complete. Do not continue.>

NOTE: The following sections – 'Perception of Care' and 'Services Received' – are intended for <u>follow-up</u> assessments only. Do <u>not</u> complete these sections during baselines.

PERCEPTION OF CARE

1. We need to know what you think about the services you received <u>during the past 30 days</u>. Please indicate your disagreement/agreement with the following statements.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused	Not Applicable
a. Staff here believe that I can grow, change, and recover.	1	2	3	4	5	6	
b. I feel free to complain.	1	2	3	4	5	6	
c. I was given information about my rights.	1	2	3	4	5	6	
d. Staff encouraged me to take responsibility for how I live.	1	2	3	4	5	6	
e. Staff told me what side effects to watch out for.	1	2	3	4	5	6	8
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	6	
g. Staff were sensitive to my cultural background (race, religion, language, etc.)?	1	2	3	4	5	6	
h. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	6	
i. I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.)	1	2	3	4	5	6	
j. I felt comfortable asking questions about treatment and medication.	1	2	3	4	5	6	
k. I, not staff, decided my treatment goals.	1	2	3	4	5	6	
l. I like the services I received here.	1	2	3	4	5	6	
m. If I had other choices, I would still get services from this agency.	1	2	3	4	5	6	
n. I would recommend this agency to a friend or family member.	1	2	3	4	5	6	

2. <*<u>Who administered 'Perception of Care' to the respondent for this interview</u>?*>

- ○ Administrative Staff
- ○ Care Coordinator
- ○ Case Manager
- ○ Clinician providing direct services
- ○ Clinician not providing services
- ○ Consumer Peer
- ○ Data Collector
- ○ Evaluator
- ○ Family Advocate
- ○ Research Assistant
- ○ Self-Administered
- ○ Other _____

SERVICES RECEIVED

1. On what date did the consumer last receive services? _____

[Identify all of the services your project provided the consumer since his/her last NOMs interview. This includes CMHS-funded and non-funded services.]

	Provided	
Core Services	**Yes**	**No**
1. Screening	○	○
2. Assessment	○	○
3. Treatment Planning or Review	○	○
4. Psychopharmacological Services	○	○
5. Mental Health Services	○	○

[If yes to #5, please estimate how frequently mental health and related services were delivered.]

Number of times _____ per ○ **Day** ○ **Week** ○ **Month** ○ **Year**

6. Co-Occurring Services	○	○
7. Case Management	○	○
8. Trauma-specific Services	○	○
9.Was the consumer referred to another provider for any of the above core services?	○	○

Support Services	**Yes**	**No**
1. Medical Care	○	○
2. Employment Services	○	○
3. Family Services	○	○
4. Child care	○	○
5. Transportation	○	○
6. Education Services	○	○
7. Housing Support	○	○
8. Social Recreational Activities	○	○
9. Consumer Operated Services	○	○
10. HIV Testing	○	○
11. Was the consumer referred to another provider for any of the above support services?	○	○

APPENDIX B

Semi-Structured Interview Questions

Agency Leadership Interview Questions

1. How do you see transition-age youth being different from children and adults?
2. How do services differ for transition-age youth?
3. What changes have you made in policies, procedures, and infrastructure in response to the behavioral health needs of transition youth?
4. What kind of services do you provide that are not Medicaid recompensable? How will you continue to provide those services?
5. What barriers and challenges have you experienced in serving this age group?
6. How have your collaborations and partnerships changed with adult-serving agencies as a result of your work with transition youth? With whom are you collaborating?
7. What changes have you seen in:
    a. Housing?
    b. Health care?
    c. Education or training?
    d. Employment?
8. How do you see yourself working with transition youth to help them become integrated into the community? (*Community integration is a construct that relates to the objective and subjective elements of a youth's transitional experience, including the youth's ability to perform daily activities, the youth's ability to connect with community members through social interactions, and the youth's feeling of belonging in the community).*
9. What do you see as next steps in continuing to provide services for this age group?

Direct Care Staff Interview Questions

1. How do you see transition-age youth being different from children and adults?
2. How do services differ for transition-age youth?
3. What changes have you made in your practices in response to the behavioral health needs of transition youth?
4. What kind of services do you provide that are not Medicaid recompensable? How will you continue to provide those services? How do you use cross-system collaboration to provide those services?
5. What barriers and challenges have you experienced in serving this age group?
6. How have your collaborations and partnerships changed with adult-serving agencies as a result of your work with transition youth? With whom are you collaborating now?
7. What changes have you seen in:
    a. Housing?
    b. Health care?
    c. Education or training?
    d. Employment?
    e. Social-emotional well-being?
8. How do you see yourself working with transition youth to help them become integrated into the community? (*Community integration is a construct that relates to the objective and subjective elements of a youth's transitional experience, including the youth's ability to perform daily*

activities, the youth's ability to connect with community members through social interactions, and the youth's feeling of belonging in the community).

9. What do you see as next steps in continuing to provide services for this age group?

Community Partner Interview Questions

City: _____

Agency/Organization: _____

Job Title of Interviewee: _____

1. Tell us a little about your agency.
2. What do you know about your community's transition youth behavioral health services?
3. What, if any, integrated services does your organization offer for transition youth with mental health and substance abuse issues?
4. What barriers do transition age-youth face when accessing services in the community?
5. How often do professionals (teachers, medical doctors, social workers, youth workers, etc.) in your community meet to plan for transition youth services?
6. To what extent has the community identified gaps in resources for transition youth? How has the community filled those gaps?

Focus Group Questions

1. How did transitions services help you secure:
    a. Housing?
    b. Health care?
    c. Education or training?
    d. Employment?
2. What have been the challenges in securing:
    a. Housing?
    b. Health care?
    c. Education or training?
    d. Employment?
3. What could have been done to help you more?
4. What obstacles/barriers have you run into that kept you from getting the services and supports you needed?
5. How has transitions services helped you develop relationships with people and organizations who could be potential sources of support?
6. When you walked into a community mental health center, how did the staff make you feel?
7. If you received services as a child, what impact did the experience have on requesting services as a young adult?
8. Do you feel you are a part of a community? If so, how has your community made you feel that way? If not, why?

APPENDIX C

Community Partner Descriptions

Be the Change

Be the Change is a non-profit organization that provides integrated services to youth in need of support, housing, and HIV counseling and testing. They also advocate for other vulnerable groups, including the lesbian, gay, bisexual, and transgender (LGBT) community; homeless individuals; and people who have been diagnosed with HIV/AIDS. Last November they launched the Ground Floor program, which is a drop-in service for homeless youth aged 14-24. The drop-in service is available every Monday, Wednesday and Friday from 1:00 P.M.-6:00 P.M. During this time, homeless youth come in and are connected with a variety of service providers that can help them meet their needs.

Food and Shelter for Friends

Food and Shelter for Friends is an organization aimed at helping individuals and families in need of food and shelter. They serve breakfast and lunch seven days a week for those in need; no one is turned away. They currently have 13 sites and plan on increasing that number to 23 in the near future. They provide shelter to families with children under the age of 18 and refer individuals over 18. Food and Shelter for Friends has several programs that they utilize in order to help individuals find shelter, including an outreach program for chronically homeless individuals and families, a rapid free housing program, a supportive housing program, and the Skills Training and Resources for Tomorrow (START) employment program.

Oklahoma Citizen Advocates for Recovery & Treatment Association (OCARTA)

OCARTA offers peer recovery support services. The staff at OCARTA are state certified peer recovery support specialists. The staff draw upon their own experiences of recovery, mental illness, and substance abuse when providing services. The services at OCCARTA are peer-run and focus on anger management, codependency, employment, parenting, and family support. One of their goals is to create a more positive perception of those individuals who are in recovery.

Oklahoma City Community College (OCCC)

In the counseling department at OCCC, counselors handle all of the personal counseling. They do short-term counseling and crisis intervention. They work with students who are dealing with depression and anxiety and students at risk for committing suicide. They also help support disability services, conduct assessments, and make accommodations for their students with mental health disabilities.

Thunderbird Clubhouse

The Thunderbird Clubhouse targets young adults over the age of 18 that have a serious mental illness and need help integrating into the community. This rehabilitation program teaches young adults life skills by requiring that they run the day-to-day duties of the clubhouse. These duties include cooking, data entry, and accounting duties. Additionally, the professionals at the clubhouse identify the unique needs of the youth and work toward meeting those needs. For example, if a youth needs housing, the clubhouse will look for grants that will help with housing; if a youth is interested in art experiences, the clubhouse will look for art classes and programs. The clubhouse is accredited by the Clubhouse International Organization in New York and is member-driven.

University of Central Oklahoma (UCO)

The Center for Counseling and Wellbeing on the UCO campus offers all students access to free mental health and substance abuse services through their clinic. They also operate a substance and alcohol prevention group called Smart Recovery. Since they are a time-limited provider, they work to identify youth who have more severe mental health issues so that they can get those youth connected with community mental health agencies. Additionally, they have specialty programs that target youth who are at risk of not being successful in college. Once identified, these at-risk students receive specialty advising, and an assigned mentor provides case management.

Workforce OK

Workforce OK provides a variety of employment services to citizens of the state of Oklahoma, including services aimed at youth aged 16-21. They work to reduce educational and employment barriers for this age group. In addition, they employ youth coaches to assist this age group with getting their GED and other educational resources, such as books for class.

TA

TECHNICAL APPENDIX

Table TA1. **Ethnicity from Referral Form**

Ethnicity	Females (n = 361)	Males (n = 319)	Total (n = 680)
African American	73 (11%)	59 (9%)	132 (19%)
Asian	10 (1%)	3 (< 1%)	13 (2%)
Caucasian	232 (34%)	226 (33%)	458 (67%)
Hispanic	21 (3%)	20 (3%)	41 (6%)
Native American	66 (10%)	39 (6%)	105 (15%)
Other	6 (1%)	7 (1%)	13 (2%)

Note. Percentages will not equal 100% because respondents can select more than one ethnic group.

Table TA2. **Primary DSM-IV Diagnosis from Referral Form**

DSM-IV Diagnosis	Females (n = 240)	Males (n = 178)	Total (n = 418)
ADHD	6 (1%)	7 (2%)	13 (3%)
Adjustment Disorders	16 (4%)	11 (3%)	27 (6%)
Anxiety Disorders	22 (5%)	6 (1%)	28 (7%)
Autistic Disorders	0 (< 1%)	6 (1%)	6 (1%)
Bipolar Disorders	20 (5%)	28 (7%)	48 (11%)
Conduct Disorders	9 (2%)	14 (3%)	23 (6%)
Depressive Disorders	123 (29%)	71 (17%)	194 (46%)
Other Diagnosis	15 (4%)	20 (5%)	35 (8%)
Posttraumatic Stress Disorder	28 (7%)	6 (1%)	34 (8%)
Psychotic Disorders	1 (< 1%)	9 (2%)	10 (2%)

Table TA3. **Referral Source from Referral Form**

Referral Source	Females (n = 361)	Males (n = 318)	Total (n = 679)
Child Welfare	41 (6%)	23 (3%)	64 (9%)
Family/Self	80 (12%)	49 (7%)	129 (19%)
Juvenile Justice	17 (3%)	37 (5%)	54 (8%)
Mental Health	136 (20%)	115 (17%)	251 (37%)
Other	56 (8%)	69 (10%)	125 (18%)
Schools	31 (5%)	25 (4%)	56 (8%)

Table TA4. **Risk Factors from Referral Form**

Risk Factors	Females (n = 320)	Males (n = 276)	Total (n = 596)
Young Adult Factors			
Runaway/leaving home without permission	105 (18%)	92 (15%)	197 (33%)
Withdrawal from family, social activities	197 (33%)	148 (25%)	345 (58%)
Dramatic changes in eating habits, sleep pattern or body weight	146 (24%)	90 (15%)	236 (40%)
Inappropriate sexual behavior	37 (6%)	34 (6%)	71 (12%)
Perpetrator of sexual abuse	5 (< 1%)	14 (2%)	19 (3%)
Victim of sexual abuse	149 (25%)	62 (10%)	211 (35%)
Victim of physical abuse	138 (23%)	104 (17%)	242 (41%)
Use or abuse of alcohol or drugs	150 (25%)	136 (23%)	286 (48%)
Attempted suicide or suicidal thoughts	150 (25%)	101 (17%)	251 (42%)
Hallucinations	51 (9%)	69 (16%)	120 (20%)
History of inpatient psychiatric hospitalization(s)	129 (22%)	122 (20%)	251 (42%)
Chronic illness	52 (9%)	33 (6%)	85 (14%)
Self-harming behavior	119 (20%)	73 (12%)	192 (32%)
Repeated incidents of lying, stealing, property destruction	83 (14%)	110 (18%)	193 (32%)
Physical aggression	99 (17%)	121 (20%)	220 (37%)
Intentionally hurting others	33 (6%)	38 (6%)	71 (12%)
Intentionally hurting animals	5 (< 1%)	16 (3%)	21 (4%)
Setting fires	16 (3%)	29 (5%)	45 (8%)
Involvement in criminal activity	51 (9%)	105 (18%)	156 (26%)
History of neglect	138 (23%)	115 (19%)	253 (42%)
Difficulty maintaining employment	16 (3%)	24 (4%)	40 (7%)
Difficulty maintaining safe housing	17 (3%)	28 (5%)	45 (8%)
Caregiver/Family Factors			
Chronic physical illness in family	113 (19%)	82 (14%)	195 (33%)
Family history of mental illness, psychiatric hospitalization, or substance abuse	206 (35%)	168 (28%)	374 (63%)
Suicide attempts	95 (16%)	59 (10%)	154 (26%)
Victim of physical abuse	109 (18%)	77 (13%)	186 (31%)
Parental incarceration	98 (16%)	79 (13%)	177 (30%)
History of domestic violence	135 (23%)	101 (17%)	236 (40%)
Poverty	152 (26%)	131 (22%)	283 (47%)
Young adult exposed to substance abuse in the home	133 (22%)	81 (14%)	214 (36%)
Trauma Factors			
Car accident	12 (2%)	5 (< 1%)	17 (3%)
Other accident	10 (2%)	6 (1%)	16 (3%)
Fire	5 (< 1%)	5 (< 1%)	10 (2%)
Storm	5 (< 1%)	5 (< 1%)	10 (2%)
Physical assault	25 (4%)	19 (3%)	44 (7%)
Sexual assault	26 (4%)	12 (2%)	38 (6%)
Death of a close friend or relative	34 (6%)	24 (4%)	58 (10%)
Divorce of parent/caregiver	18 (3%)	15 (3%)	33 (6%)
Other	11 (2%)	16 (3%)	27 (5%)

Note. Percentages will not equal 100% because clients may have more than one risk factor.

Table TA5. **Reasons Not in School from Baseline Young Adult Transition Assessment**

Reason	Females (n = 33)	Males (n = 36)	Total (n = 69)
Not interested	8 (12%)	14 (20%)	22 (32%)
Family-related	10 (14%)	7 (10%)	17 (25%)
Work-related	4 (6%)	3 (4%)	7 (10%)
Transportation problem	10 (14%)	7 (10%)	17 (25%)
Got pregnant or had a child	10 (14%)	3 (4%)	13 (19%)
Mental health	11 (16%)	12 (17%)	23 (33%)
Substance use	4 (6%)	8 (16%)	12 (17%)
Incarcerated	2 (3%)	3 (4%)	5 7%)

Note. Percentages will not equal 100% because respondents can select more than one reason.

Table TA6. **Reasons Not Employed from Baseline Young Adult Transition Assessment**

Reason	Females (n = 40)	Males (n = 53)	Total (n = 93)
Could not find a job	16 (17%)	23 (25%)	39 (42%)
Does not have transportation	18 (19%)	16 (17%)	34 (37%)
Does not have training/skill set	10 (11%)	10 (11%)	20 (22%)
Caregivers do not want client to work	3 (3%)	2 (2%)	5 (5%)
Client does not want to work	1 (1%)	6 (6%)	7 (8%)
Attending school	9 (10%)	7 (8%)	16 (17%)
Not able to work for physical or mental health reasons	11 (12%)	14 (15%)	25 (27%)
Legal issues keeping client from finding work	5 (5%)	7 (8%)	12 (13%)

Note. Percentages will not equal 100% because respondents can select more than one reason.

Table TA7. **Ohio Scales© Problem Scale Impairment Levels from Baseline and Exit Young Adult Transition Assessments**

	Females		Males		Total	
Impairment Level	Baseline (n = 356)	Exit (n = 161)	Baseline (n = 314)	Exit (n = 145)	Baseline (n = 670)	Exit (n = 306)
Normal	125 (35%)	99 (61%)	133 (42%)	102 (70%)	258 (39%)	201 (66%)
Borderline	79 (22%)	28 (17%)	61 (19%)	14 (10%)	140 (21%)	42 (14%)
Impaired	152 (43%)	34 (21%)	120 (38%)	29 (20%)	272 (41%)	63 (21%)

Note. Ohio Scales© Problem Scale scores range from 0 to 100, with 0 being least impaired and 100 being most impaired. Those scoring 0-16 are considered normal, those scoring 17-24 are considered borderline, and those scoring 25-100 are considered impaired.

Table TA8. **Ohio Scales© Problem Scale Impairment Levels from Baseline and Exit Transition Worker Assessments**

	Females		Males		Total	
	Baseline	Exit	Baseline	Exit	Baseline	Exit
Impairment Level	(n = 352)	(n = 194)	(n = 315)	(n = 181)	(n = 667)	(n = 375)
Normal	114 (32%)	103 (53%)	113 (36%)	107 (59%)	227 (34%)	210 (56%)
Borderline	74 (21%)	38 (20%)	64 (20%)	30 (17%)	138 (21%)	68 (18%)
Impaired	164 (47%)	53 (27%)	138 (44%)	44 (24%)	302 (45%)	97 (26%)

Note. Ohio Scales© Problem Scale scores range from 0 to 100, with 0 being least impaired and 100 being most impaired. Those scoring 0-16 are considered normal, those scoring 17-24 are considered borderline, and those scoring 25-100 are considered impaired.

Table TA9. **Ohio Scales© Functioning Scale Impairment Levels from Baseline and Exit Young Adult Transition Assessments**

	Females		Males		Total	
	Baseline	Exit	Baseline	Exit	Baseline	Exit
Impairment Level	(n = 353)	(n = 157)	(n = 313)	(n = 143)	(n = 666)	(n = 300)
Normal	205 (58%)	120 (76%)	176 (56%)	97 (68%)	381 (57%)	217 (72%)
Borderline	88 (25%)	25 (16%)	67 (21%)	25 (17%)	155 (23%)	50 (17%)
Impaired	60 (17%)	12 (8%)	70 (22%)	21 (15%)	130 (20%)	33 (11%)

Note. Ohio Scales© Functioning Scale scores range from 0 to 80, with 0 being most impaired to 80 being least impaired. Those scoring 54-80 are considered normal, those scoring 45-53 are considered borderline, and those scoring 0-44 are considered impaired.

Table TA10. **Ohio Scales© Functioning Scale Impairment Levels from Baseline and Exit Transition Worker Assessments**

	Females		Males		Total	
	Baseline	Exit	Baseline	Exit	Baseline	Exit
Impairment Level	(n = 350)	(n = 192)	(n = 315)	(n = 179)	(n = 665)	(n = 371)
Normal	107 (31%)	94 (49%)	80 (25%)	85 (47%)	187 (28%)	179 (48%)
Borderline	113 (32%)	46 (24%)	95 (30%)	40 (22%)	208 (31%)	86 (23%)
Impaired	130 (37%)	52 (27%)	140 (44%)	54 (30%)	270 (41%)	106 (29%)

Note. Ohio Scales© Functioning Scale scores range from 0 to 80, with 0 being most impaired to 80 being least impaired. Those scoring 54-80 are considered normal, those scoring 45-53 are considered borderline, and those scoring 0-44 are considered impaired.

Table TA11. **Average Scores from Ohio Scales© Problem and Functioning Scales from Baseline and Exit Young Adult Transition Assessment and Transition Worker Assessment**

	Females		Males		Total	
Assessment and Scale	Baseline	Exit	Baseline	Exit	Baseline	Exit
Young Adult						
Problem Scale	24.20 (n = 356)	16.12 (n = 161)	22.14 (n = 314)	14.62 (n = 145)	23.23 (n = 670)	15.41 (n = 306)
Functioning Scale	55.70 (n = 353)	60.17 (n = 157)	54.44 (n = 313)	58.22 (n = 143)	55.11 (n = 666)	59.24 (n = 300)
Worker						
Problem Scale	25.19 (n = 352)	17.70 (n = 194)	25.57 (n = 315)	17.29 (n = 181)	25.37 (n = 667)	17.50 (n = 375)
Functioning Scale	47.41 (n = 350)	52.80 (n = 192)	44.84 (n = 315)	50.63 (n = 179)	46.19 (n = 665)	51.75 (n = 371)

Note. Ohio Scales© Problem Scale scores range from 0 to 100, with 0 being least impaired and 100 being most impaired. Ohio Scales© Functioning Scale scores range from 0 to 80, with 0 being most impaired to 80 being least impaired.

Table TA12. **Average Scores from Wellness and Satisfaction Scales© from Baseline and Exit Young Adult Transition Assessment**

	Females		Males		Total	
Scale	Baseline	Exit	Baseline	Exit	Baseline	Exit
Wellness Scale	15.28 (n = 349)	17.41 (n = 155)	16.40 (n = 304)	18.16 (n = 139)	15.81 (n = 653)	17.76 (n = 294)
Satisfaction Scale	20.98 (n = 330)	21.70 (n = 142)	20.52 (n = 286)	21.71 (n = 132)	20.77 (n = 616)	21.70 (n = 274)

Note. Wellness and Satisfaction Scales© scores range from 4 to 24, with 4 being unhealthy/unsatisfied and 24 being healthy/satisfied.

Table TA13. **Average Scores from Life Skills and Social Support Scale from Baseline and Exit Young Adult Transition Assessment**

	Females		Males		Total	
Scale	Baseline	Exit	Baseline	Exit	Baseline	Exit
Life Skills Scale	56.67 (n = 69)	57.89 (n = 36)	52.74 (n = 69)	57.81 (n = 31)	54.70 (n = 138)	57.85 (n = 67)
Social Support Scale	28.69 (n = 70)	36.58 (n = 36)	28.00 (n = 69)	39.71 (n = 31)	28.35 (n = 139)	38.03 (n = 67)

Note. Life Skills Scale scores range from 15 to 75, with 15 being poor life skills and 75 being excellent life skills. Social Support scale scores range from 8 to 40, with 8 being poor social support and 40 being excellent social support.

Table TA14. **Average Scores from Mental Health Challenges Scales from Baseline and Exit Young Adult Transition**

	Females		Males		Total	
Scale	Baseline	Exit	Baseline	Exit	Baseline	Exit
School or work	3.35 (n = 68)	3.77 (n = 31)	3.42 (n = 59)	3.96 (n = 26)	3.39 (n = 127)	3.86 (n = 57)
Social settings	3.30 (n = 70)	3.72 (n = 36)	3.05 (n = 66)	3.73 (n = 30)	3.18 (n = 136)	3.73 (n = 66)
Basic needs	3.84 (n = 69)	3.94 (n = 36)	3.67 (n = 66)	4.10 (n = 30)	3.76 (n = 135)	4.02 (n = 66)

Note. Mental Health Challenges Scales scores range from 1 to 5, with 1 indicating the most intereference and 5 indicating the least interference.

Table TA15. **Chi-Square Tests on Existence of 6-Month Follow-Up Young Adult Transition Assessment and Variables from Demographic Data, Referral Form, Young Adult Transition Assessment, and Transition Worker Assessment**

Variable	χ^2	*df*	*p*
Urban/rural	6.10	1	0.014
Victim of physical abuse	0.53	1	0.021
Mood stabilizers	3.89	1	0.049
Use or abuse of alcohol/drugs	9.87	1	0.002
Victim of sexual assault	5.75	1	0.016
At risk of out-of-home placement	4.09	1	0.043
Referral source	11.90	6	0.064
History of psychiatric hospitalization(s)	2.893	1	0.089
Death of close friend/relative	3.331	1	0.068
Probation or parole	7.54	2	0.023

Table TA16. **Mann-Whitney Tests on Days of Stay and Variables from Demographic Data, Referral Form, Young Adult Transition Assessment, and Transition Worker Assessment**

	No		Yes		Mann-Whitney Tests		
Variable	*Mdn*	*n*	*Mdn*	*n*	*U*	*p*	*r*
Use or abuse of alcohol/drugs	201.5	310	149.5	286	36560.0	0.000	0.15
Death of close friend/relative	182.0	538	134.5	58	12140.5	0.005	0.11
Divorce of parent/caregiver	180.0	563	134.0	33	6969.5	0.016	0.10
Hurting others	183.0	525	131.0	71	14733.5	0.004	0.12
Family history of mental illness	195.5	222	163.0	374	37449.5	0.046	0.08
Stimulants	178.5	212	328.0	25	1899.0	0.021	0.15
At risk of out-of-home placement	198.0	315	157.5	364	50488.0	0.007	0.10

Table TA17. **Kruskal-Wallis Tests on Days of Stay and Variables from Demographic Data, Referral Form, Young Adult Transition Assessment, and Transition Worker Assessment**

	Kruskal-Wallis Tests		
Variable	*H*	*df*	*p*
Referral source	18.62	6	0.005
Mental Health Challenges Scale - Social settings	10.05	4	0.040
Probation/parole	3.82	2	0.148

Table TA18. **Wilcoxon Signed-Rank Tests on Variables from Baseline and Exit Transition Young Adult Transition Assessment and Worker Assessment**

	Baseline		Exit		Wilcoxon Tests		
Variable	*Mdn*	*n*	*Mdn*	*n*	*Z*	*p*	*r*
Days out of home	0.0	658	0.0	234	-2.2	0.026	0.15
Ohio Scales© Problem Scale							
Worker	22.0	667	14.0	375	-9.3	0.000	0.48
Youth	21.0	670	12.0	306	-9.2	0.000	0.52
Satisfaction Scale©	22.0	616	23.0	274	-4.8	0.000	0.30
Times housing changed	0.0	134	0.0	65	-1.9	0.059	0.35

Table TA19. **Paired-Samples *t*- Tests on Variables from Baseline and Exit Young Adult Transition Assessment and Transition Worker Assessment**

	Baseline			Exit			Paired-Sample *t*-Tests			
Variable	*M*	*SE*	*n*	*M*	*SE*	*n*	*t*	*df*	*p*	*r*
Ohio Scales© Functioning Scale										
Worker	46.65	0.67	366	51.83	0.72	366	-7.11	365	0.000	0.35
Youth	54.12	0.81	299	59.29	0.80	299	-6.38	298	0.000	0.35
Wellness Scale©	15.50	0.25	289	17.80	0.25	289	-8.64	288	0.000	0.45
Mental Health Challenges Scales										
School/work	3.22	0.29	27	3.89	0.26	27	-2.03	26	0.053	0.37
Social settings	3.13	0.25	30	3.90	0.22	30	-2.25	29	0.032	0.39
Life Skills Scale	52.26	1.53	31	56.10	1.54	31	-2.87	30	0.007	0.46
Social Support Scale	26.81	1.27	31	46.58	2.89	31	-8.07	30	0.000	0.83

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University of Oklahoma OUTREACH

University of Oklahoma Educational Training, Evaluation, Assessment and Measurement (E-TEAM)
1639 Cross Center Drive, Suite 308, Norman, Oklahoma 73019
Phone: (405) 325-7186 Fax: (405) 325-5257
http://eteam.ou.edu