

# DDAP YOUNG ADULT SERVICES (YAS) ASSESSMENT GUIDE

**DMHAS Information Systems Division** 



April 2012

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## YOUNG ADULT SERVICES (YAS) ASSESSMENT

#### OVERVIEW

The Young Adult Services (YAS) program offers behavioral health treatment to at-risk clients who have transferred from the Department of Children and Family (DCF) program because they turned 18. Each client is given a survey upon admission into the YAS program, and periodically during the program to monitor progress. The YAS survey collects Employment Measures and Education Measures about clients.

The survey is to be completed quarterly (Jan 1, April 1, Jul 1, Oct 1), beginning July 1, 2011. A survey may be completed at any time during the quarter (i.e., at time of admission for new YAS clients) as long as all required surveys are submitted by the quarterly deadlines.

Young Adult Services data can only be entered into DDaP through the front end.

#### Forms

The following forms are used when admitting a client to a **Young Adult Services Program**:

- DDaP Admission Form
- DDaP Young Adult Services Assessment Form

These forms are located on the **DMHAS website** in the **New Data Collection System Updates** section under <u>DDaP User Documentation</u> found at the following link: <u>http://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=334736</u>

#### DDaP Training Guide

Refer to the **DDaP Training Guide**, for instructions on admitting a new client, admitting an existing client, entering and updating Services and Assessments and Discharging clients.

The **DDaP Training Guide** can be found at the following location:

• The DDaP Application under 'Documentation' in the 'Tools' link on the Sidebar

#### **Required Assessment Report**

Refer to the **Required Assessment** report in the DMHAS Data Warehouse in the Data Quality folder to see a listing of clients who require the Young Adult Services Assessment. See page 7 in this document for instructions on running the report.

## LOGGING INTO THE DMHAS DATA PERFORMANCE SYSTEM

Only authorized users with a system assigned login name and password may access the DMHAS Data Performance System (DDaP).

To log in, follow the steps below:

- 1. Boot-up the pc to the Windows desktop screen.
- 2. Non-VPN users (Ex. State workers), go to step 4.
- **3.** For VPN users, once VPN or Nortel has run, enter password and Token number. Launch Internet Explorer; an icon will display.
- 4. Launch Internet Explorer.
- 5. Enter the DMHAS Data Performance System (DDaP) IP address.
- 6. Hit the Enter key.
- 7. The Log In screen will be displayed:

C.gov	DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	dmhas
STATE OF CONNECTICUT	DMHAS Data Performance System	
	Please Log In User Name: Password: Log In	

8. Enter the following information in the Log In window:

User Name:	Enter your user name
Password:	Enter your password

9. Point and click on the Log In button.

<u>Note</u>: If this is your first time logging into DDaP, you will be prompted to change your password.

The DMHAS Suite of Applications window will display.

## **PROVIDER SUITE OF APPLICATIONS**



- DMHAS Data Performance (DDaP) DDaP application
- DMHAS Data Warehouse Reporting
- <u>DMHAS Consumer Survey</u> select to complete Consumer Surveys



Each user has specific access based on defined roles in the system. Application views and access will vary based on assigned roles. Therefore, the Provider Suite of Applications view will display only the applications to which a particular user has access.

## USING THE HELP FUNCTION ON THE SIDE BAR

The DMHAS Data Performance System (DDaP) provides Informational Links and Documentation on the Side Bar to assist in using the application.



To access these informational links and documents, follow the steps below:

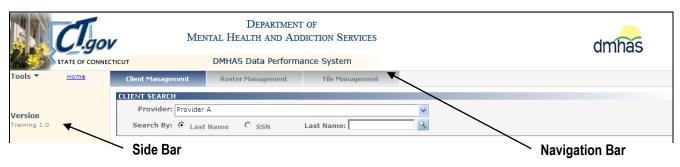
- 1. Click on the **Tools** option in the **Side Bar** to the left of the application listing. A list of options will display:
  - INFORMATIONAL LINKS: Displays links to information that providers may need to refer to while working in DDaP.
  - **DOCUMENTATION**: Displays Training Guide and other relevant documents.
  - CHANGE PASSWORD
- 2. Select the desired option.

To begin the **Admission** process, view or update client information:

1. Select <u>DMHAS Data Performance (DDaP)</u> in the Provider Suite of Applications window.



2. The Client Management screen will display.



## SIDE BAR

The Side Bar on the Provider Suite of Applications displays information in 'Tools', Change Password and the Log out link.

Once in the DMHAS Data Performance system (DDaP), the Side Bar displays information in 'Tools' including links to documentation and client information. Bookmarks can be selected on each screen to go to specific areas on that screen. The <u>Home</u> link will take you back to the Provider Suite of Applications and the <u>Log out</u> link.

## NAVIGATION BAR

Once in the DMHAS Data Performance (DDaP) application, Client Management screen (individual client search) displays. The **Navigation Bar** also displays Roster Management (full client roster for the program) and File Management (uploading, submitting and editing files). When the <u>Details</u> link is selected on Client Management or Roster Management, the client admissions screens will display. (Client Demographics, Admission, Diagnosis, Assessment and Co-Occurring Screening)

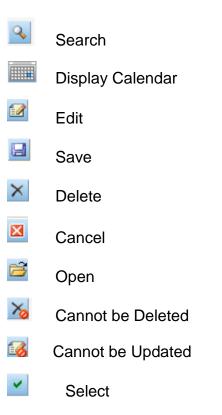
## SYMBOLS KEY

There are a variety of symbols with specific meanings throughout the DDaP application.



You can use the mouse to hover over the object to see the meaning.

The following is a list of the symbols or icons and their meanings:



## **FUNCTION BUTTONS**

The function buttons are located at the bottom of each screen in the DDaP system:

**CONTINUE**: This will save the data on the current screen and take you to the next screen.

**CANCEL**: A prompt will display, when in a new admission or update, asking if you want to cancel. If you select YES, you will be taken off the current screen and changes **will not** be saved. If you select, NO, you will remain on the screen.

**BACK:** This takes you back to the previous screen. (<u>**DO NOT**</u> use the back arrow at the top of the computer or browser history.)

**EDIT**: This enables you to make changes to the current screen.

- SAVE: This will save information entered or selected on the screen.
- **SAVE & EXIT**: This will save information and exit you from the screen.

## **REQUIRED ASSESSMENT REPORT**

The **Required Assessment** report is in DMHAS Data Warehouse in the <u>Data Quality</u> folder and displays a listing of required assessment counts (or optional assessments, or both), as well as a listing of clients who require an Assessment.

To run the **Required Assessment** report to see which clients require a YAS Assessment, log into the DMHAS Suite of Application and select the DMHAS Data Warehouse link.



#### This does not include Periodic Assessments. See the 6 Month Periodic Tickler report.

DMHAS - Data Warehouse Reporting Home > Data Quality Contents Properties	Home   My Subscriptions   Help Search for:
	Show Details
ACT CSP RP Location Code Report	Data Quality Admissions and Discharges Report
Active Clients Without Services	Monthly Service Data Submission Report
Avatar Rejected Assessments	Periodic Assessment 6-Month Tickler Report
Clients no DOB	Required Assessment
Clients with Missing SSN	

- 1. Select the Data Quality folder and select the Required Assessment report.
- 2. The report will display with criteria to be selected.
- 3. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 4. Select the Provider(s) and select the Program Type, (one or more or 'All').
- 5. Select the LOC Type and the LOC Mode, (one or more or 'All')
- 6. Select the desired Program(s), or select 'All' for all Programs.
- 7. Select the Requirement from the droplist. (Required, Optional or Both)
- 8. Select the View Report button and the report will display based on the criteria selected.
- 9. Select 'Clients without Assessments' number to see clients who need a YAS Assessment completed.

Home > Data Quality > RequiredAssessmer	nt				Home   My Subscriptions   He
Start Date 3/1/2015	End Date	5/1/2015			View Report
Provider Provider	Program Type	Addiction, Forensic MH, Mental H			
Level of Care Type ACT, Case Manageme	ent, Comm Y Level of Care Mode	Assertive Community Treatment	$\mathbf{N}$		
Program Young Adult Services	M Requirement	Required V	$\backslash$		
4 4 1 of 1 ▷ ▷   100%	▼ Find   Next	🔍 • 💿 🖨 📙			
dmhas	Department Of Men	e Of Connecticut tal Health and Addiction Services d Assessment(Required)		$\backslash$	
Time Frame: 3/1/2015	through: 5/1/2015				
Provider Name	Program Name	Assessment	Active Clients	Clients with Assessment	Clients without Assessment

10. Select the 'Clients with Assessments' number to see clients with assessments.

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## **ROSTER SEARCH**

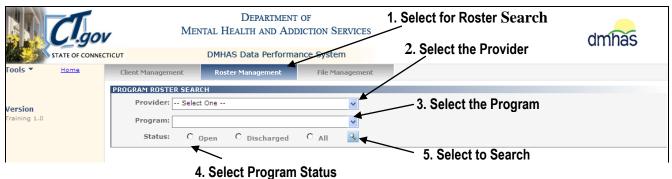
Once you have a list of the clients that need YAS assessments completed, search on the client or clients in DDaP. If you are completing assessments for more than one client in your program, you can do a Roster Search and complete all the assessments on the Assessments screen. (Select Client Management if only searching for one client.)

- 1. Select the Roster Management tab.
- 2. Select the Provider from the drop list.



Only the Providers that you have access to will display in the drop list.

- 3. Select the Program from the drop list.
- 4. Select the Program Status radio button: Open, Discharged or All.
- 5. Select the Search 🎴 icon on the screen.



6. A list of all clients and admissions will display for that Program and Provider.

	CI.go	ov.	Mental	Depar Health an	TMENT ND AD		SERVICES				dmhas
	STATE OF CON	IECTICUT	DM	HAS Data P	erforma	ance Syst	em				
Tools 🔻	<u>Home</u>	Client Management	Roster M	anagement	File	Managemen	t				
		PROGRAM ROSTER	SEARCH								
Version		Provider: Pr	ovider				~	Select to	go to the (	<b>Client Pro</b>	file screen
Training 2.2		Program: Yo	ung Adults						details of		
		Status:	⊙ <sub>Open</sub>	O Discharg	jed	O <sub>All</sub>	4		/		
		PROGRAM ROSTER	OR: YOUNG /	ADULTS 311-2	220¥ - 5	ORTED BY	CLIENT NA	AME			
		Client Name	SSN	DOB	Status	Admit Dt	Discharge	Dt			
		CLIENTYAS, HARRY	912133567	12/22/1993	Open	2/1/2012		Details	New Admission	<u>Discharge</u>	
		TESTYAS, LOU	985114231	2/12/1991	Open	2/1/2012		Details	New Admission	Discharge	
		TESTIAS, LOU				-/ -/					
		YAS, FRED	963374567	11/12/1992	Open	2/1/2012		<u>Details</u>	New Admission	<u>Discharge</u>	
		YAS, FRED YASCASE, JO							New Admission New Admission	<u>Discharge</u> <u>Discharge</u>	
		YAS, FRED	963374567	11/12/1992	Open	2/1/2012		Details			
		YAS, FRED YASCASE, JO YASCLIENT,	963374567 966774567	11/12/1992 1/12/1992	Open Open	2/1/2012 2/1/2012		<u>Details</u> Details	New Admission	Discharge	
		YAS, FRED YASCASE, JO YASCLIENT, WILL	963374567 966774567 919993567	11/12/1992 1/12/1992 10/1/1993	Open Open Open	2/1/2012 2/1/2012 2/1/2012		Details Details Details	New Admission New Admission	<u>Discharge</u> Discharge	

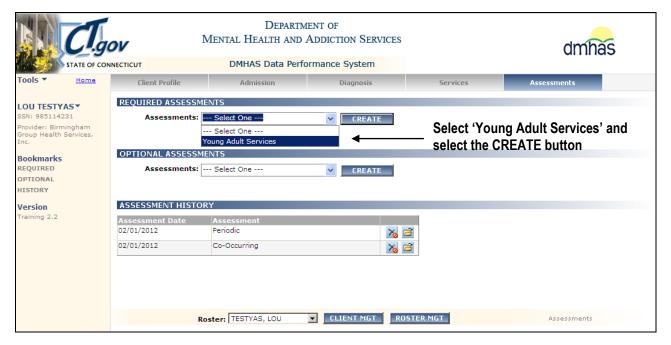
- 7. Select <u>Details</u> next to the client or admission for which you want to view details.
- 8. The Client Profile screen will display.

## ADDING A YAS ASSESSMENT AFTER SEARCHING ON CLIENT(S)

1. On the Client Profile screen, select the Assessments tab in the Navigator Bar.

STATE OF CONNEC	/	DEPARTMENT OF AL HEALTH AND ADDIC OMHAS Data Performance	tion Services		dmhas
Tools ▼ <u>Home</u> Test YAS▼	Client Profile DEMOGRAPHICS	Admission	Diagnosis	Services	Assessments
SSN: 977777333 Provider: Bridges Bookmarks	First Name: Test SSN: 977777333	Mid Initial	: Last Name: YAS		Suffix: 💌
DEMOGRAPHICS ADDRESS INSURANCE	DOB: 03/18/1960 Ethnicity: Non-Hispanic		Unavailable Reason: Primary Language: English	Marital S     Second	Status: Divorced/Annulled V Lang:

- 2. The Assessments screen will display with 'Young Adult Services' listed in REQUIRED ASSESSMENTS.
- 3. Select 'Young Adult Services' in the REQUIRED ASSESSMENTS drop list and select CREATE.



4. The Young Adult Services ASSESSMENT screen will display.

CI.g	ov	Departm Mental Health and			dmha	is
STATE OF CO	NNECTICUT	DMHAS Data Perf	ormance System			
Tools  Home	Client Profile	Admission	Diagnosis	Services	Assessments	
Test YASclient SSN: 41111111 Provider: Bridges Bookmarks GENERAL INFO EMPLOY MEASURES UNEMPLOYMENT HIST	GENERAL INFORMAT					

5. Complete the fields as noted on the following pages.

## **GENERAL INFORMATION**

CI.	lov	Departy Mental Health and	Addiction Services		dmhas		
STATE OF CO	DNNECTICUT	DMHAS Data Perf	ormance System				
Tools	Client Profile	Admission	Diagnosis	Services	Assessments		
Test YASclient*	GENERAL INFORMAT	ION					
SSN: 411111111 Provider: Bridges	Staff Name						
Bookmarks							
EMPLOY MEASURES	Survey Date						
UNEMPLOYMENT HIST							
EMPLOYMENT HISTORY							
PRE-EMPLOYMENT	Survey Type						
JOB LIFE SKILLS         Survey Type           EDUCATION         If 'Employment' is selected, complete 'General Info', 'Employment Measures', 'Unemployment History', 'Employment Information' and 'Job Life Skills' sections. If 'Education' is selected, complete 'General Info', 'Education Measures', and 'Education Life Skills' sections. If 'Both' is selected, complete all sections.							
Version Test 2.3	C Employment C	Education C Both					
	Information Based	Dn					
	C Client Present	C Staff Report	t/Notes				
	Do you have a valid	driver's license?					
	O Yes O	No C Unsure					

1. Complete the **GENERAL INFORMATION** data fields as noted below:

	<b>REQUIRED FIELD.</b> Enter the name of the staff member who
STAFF NAME	completed the YAS Survey.
	There can only be one Staff Name per YAS survey.
	<b>REQUIRED FIELD.</b> Enter the date the YAS survey was filled
	out, in MM/DD/YYYY format.
SURVEY DATE	The date must be greater than or equal to the Admission Date and not be greater than the current date.
SURVEY TYPE	<b>REQUIRED FIELD.</b> Select the type of survey the user is
SURVETTIFE	administering (Employment, Education or Both)
INFORMATION BASED ON	<b>REQUIRED FIELD.</b> Select the source of the data that is input
IN ORMATION BASED ON	into the YAS survey.
DO YOU HAVE A VALID	REQUIRED FIELD. Select 'Yes', 'No' or 'Unsure'. If NO is
DRIVER'S LICENSE?	selected, the next question will display.

Do you have a valid driver's license?									
O Yes	🖲 No 🛛	O Unsure							
If NO, is it your	r goal to get/r	einstate a driver's license?							
O Yes	O No	O Unsure							

IF NO - IS IT YOUR GOAL TO	
GET/REINSTATE A DRIVER'S	R
LICENSE?	

**REQUIRED FIELD.** Select 'Yes', 'No' or 'Unsure'.

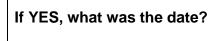
## **EMPLOYMENT MEASURES**

Cl.gov		DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES			dmhas	
STATE OF CO	DNNECTICUT	DMHAS Data Perf	ormance System			
Tools  Mome	Client Profile	Admission	Diagnosis	Services	Assessments	
Test YASclient SSN: 41111111 Provider: Bridges		RES Employment Assessmen Io Ô Unsure	t at admission?			
Bookmarks GENERAL INFO EMPLOY MEASURES UNEMPLOYMENT HIST		specialized Benefits Cou o Ö Unsure	nselor?			

#### 2. Complete the YAS EMPLOYMENT MEASURES data fields as noted below:

Did you complete an Employment Assessment at admission?	Select 'Yes', 'No' or 'Unsure'.
Have you met with a specialized	Select 'Yes', 'No' or 'Unsure'. If <b>YES</b> is selected, the next
Benefits Counselor?	question will display.

Have you met with a specialized Benefits Counselor?				
• Y	ſes	O No	O Unsure	
	ES, what w	as the date?		



Enter the date that the client met with a specialized Benefits Counselor, in MM/DD/YYYY format.

Representation with the second second

PRE-EMPLOYMENT JOB LIFE SKILLS EDUCATION EDUC LIFE SKILLS	If you are receiving benefits, have you received an individualized benefits report explaining the impact of work/education on your current benefits?         O Yes       O No       O Unsure
Version Test 2.3	Would you agree that preparing, obtaining, or improving your employment status is a goal of yours?         O Yes       O No         O Yes       O No
	Was an Employment Specialist present at your last Treatment Plan meeting?
	O Yes O No O Unsure
	Did you require agency transportation services (involving staff or agency vehicle and/or driver) for job seeking and/or employment?
	O Yes O No O Unsure

If you are receiving benefits, have you received an individualized benefits report explaining the impact of work/education on your current benefits?	Select 'Yes', 'No' or 'Unsure'.
Would you agree that preparing, obtaining, or improving your employment status is a goal of yours?	Select 'Yes', 'No' or 'Unsure'.
Was an Employment Specialist present at your last Treatment Plan meeting?	Select 'Yes', 'No' or 'Unsure'.
Did you require agency transportation services (involving staff or agency vehicle and/or driver) for job seeking and/or employment?	Select 'Yes', 'No' or 'Unsure'.

## **UNEMPLOYMENT HISTORY**

Complete the **UNEMPLOYMENT HISTORY** data fields as noted below.

	UNEMPLOYMENT HISTORY
Test YASclient▼ SSN: 41111111	Were you unemployed during this time period?
Provider: Bridges	O Yes O No
Bookmarks GENERAL INFO	No unemployment recorded

1. Select 'Yes' or 'No' for the unemployment question.

	<b>REQUIRED.</b> Select ' <b>Yes'</b> or ' <b>No</b> '.
Were you unemployed during this time period?	If YES, select the ADD EMPLOYMENT button to add unemployment information. If NO, continue on to the EMPLOYMENT HISTORY questions.

2. If the answer the question above is 'Yes', select the ADD UNEMPLOYMENT button.



#### 3. The Add New Unemployment window will display:

UNEMPLOYMENT HIST EMPLOYMENT HISTORY PRE-EMPLOYMENT	Add New Unemployment No unemployment recorded .	
JOB LIFE SKILLS	EMPLOYMENT HISTORY Please identify your unemployment status during this time period.	
EDUCATION	ADD EMPLOYMENT Select One	
EDUC LIFE SKILLS Version Test 2.3	No employment recorded     Start Date:       PRE-EMPLOYMENT INFOR     End Date:	
	Pre Emp Enhancements - (Check all that apply) SAVE CANCEL No Enrolled in BRS Enrolled in an IDE C	porting period?

- 4. Select the unemployment status from the drop list. This is a REQUIRED field.
- 5. Enter the Unemployment Start Date.
- 6. Enter the Unemployment End Date, if applicable.

UNEMPLOYMENT START DATE	REQUIRED. Enter the date when a client becomes unemployed in MM/DD/YYYY format. If the client has been previously employed, this date should be one day after the Job End Date from the client's most recent job. In cases where the client has never had a job, this field should contain the date when the survey was last administered.
UNEMPLOYMENT END DATE	Enter the date when a client becomes employed in MM/DD/YYYY format. This date should be identical to the Job Start Date from the new job that the client is starting. In cases where the client has never had a job, this field will be empty, but can only be empty on one period of unemployment.

## **EMPLOYMENT HISTORY**



Complete the EMPLOYMENT HISTORY if the client has been employed during this reporting period.

Bookmarks GENERAL INFO EMPLOY MEASURES UNEMPLOYMENT HIST

EMPLOYMENT HISTORY	
ADD EMPLOYMENT	
No employment recorded	

- 1. Select the ADD EMPLOYMENT button to complete employment history for this reporting period.
- 2. The Add New Employment window will display.

No unemploy	Job Category: C New Job/Position C Continuing (from last report) Job/Position
EMPLOYME	Job Code: Select One
ADD EMP	Employer Job Title
No employme	
PRE-EMPLO	Job Start Date: Job End Date:
Pre Emp En (Check all	Number of days worked/volunteered during this reporting period: Hourly Pay:
🗖 No	Average number of hours worked/volunteered per week. (0-100 hours):
🔲 🔲 Enrol	If job ended, reason for Job Change Loss (Check all that apply) Job Change Other
D Enrol	Moved Found another job
🔲 🔲 Job sl	Furthering education Promoted (job title change)
	If job code is 'Paid non-competitive', which activities were you doing in Activity Type Other
Comn	this reporting period? (Check all that apply)
Peer-	Student enrolled in a school Sheltered workshop
🗖 СТ We	Transitional employment Paid apprenticeship
	SAVE CANCEL

3. Complete the **EMPLOYMENT HISTORY** data fields as noted below:

	Required if ADD EMPLOYMENT button is selected. Select the Job
JOB CATEGORY	Category: 'New Job/Position' or 'Continuing (from last report) Job/Position'.
	This determines whether or not the client has taken a new job.
	Required if ADD EMPLOYMENT button is selected. Select the Job Code
JOB CODE	that determines the client's level of employment from drop list. Only one
	Job Code can be selected.
EMPLOYER	Required if ADD EMPLOYMENT button is selected. Enter the name of the
ENTER	client's employer. Only one Employer can be assigned to a given job.
JOB TITLE	Required if ADD EMPLOYMENT button is selected. Enter the client's job
JOB IIILE	title. There can only be one Job Title.
	Required if ADD EMPLOYMENT button is selected. Enter the date that the
JOB START DATE	client started a given job in MM/DD/YYYY format. The Job Start Date must
	be greater than the client's Date of Birth.
JOB END DATE	Enter the date that the client stopped working a given job in MM/DD/YYYY
JOB END DATE	format. The Job End Date must be greater than the Job Start Date.
NUMBER OF DAYS	
WORKED /	Required if the ADD EMPLOYMENT button is selected. Enter the
VOLUNTEERED	number of days that the client either worked or volunteered during this
DURING THIS	reporting period. (Valid values 0 - 90)
REPORTING PERIOD.	

## **EMPLOYMENT INFORMATION (Cont.)**

AVERAGE NUMBER OF	Required if the ADD EMPLOYMENT button is selected.		
	•		
HOURS WORKED /	Enter the average number of days that the client works per week.		
VOLUNTEERED PER WEEK	(Valid values 0 – 100)		
HOURLY PAY	Required if the ADD EMPLOYMENT button is selected.		
HOUKET FAT	Enter the client's hourly pay. (Valid values 0–250, 2 decimal places)		
	Required if Job End Date is entered (job loss). Select the		
JOB CHANGE LOSS	reason(s) a client lost or changed their current job from the drop list.		
	(Check all that apply)		
	Enter the reason for the Job Change Loss if 'Other' was selected for		
JOB CHANGE LOSS OTHER	Job Change Loss. You must check the 'Other' checkbox if		
	entering data in this field.		
ACTIVITY TYPE: WHAT	WHAT (Required if 'Paid but non-competitive work' was selected for		
TYPE OF ACTIVITIES WERE JOB CATEGORY or Employment Status Code # 11 on YAS			
YOU (THEY) DOING IN THIS	Survey) Select the activities the client was engaged in from the drop		
<b>REPORTING PERIOD?</b>	list. (Check all that apply)		
	Describe the activity of 'Other' was selected for Activity Type.		
ACTIVITY TYPE OTHER	You must check the 'Other' checkbox if entering data in this field.		

## **PRE-EMPLOYMENT INFORMATION**

No	Enrolled in job-training program
Enrolled in BRS	Enrolled in a Clubhouse
Enrolled in an IPS specific employment program.	Communication skill building
Job shadowing	Transportation training
Enrolled in vocational counseling/supported employment	Enrolled in a work-based mentoring program
Community service work	General community integration
Peer-to-Peer support	Ansell-Casey Curriculum
CT Works	Other (specify)

## 4. Complete the **PRE-EMPLOYMENT INFORMATION** data fields as noted below:

Pre Emp Enhancements - Were they engaged	Select the activities the client was engaged in if	
in pre-employment/enhancement activities	the client was not employed.	
during this reporting period?	(Check all that apply)	
	Describe the activity if 'Other' was selected for Pre	
	Emp Enhancements.	
Pre Emp Enhancements Other		
	If data is entered in this field, the 'Other' check	
	box must be selected or an error will display.	

#### FROM THE STAFF PERSPECTIVE:

Limited access to transportation	Lack of stable housing
Basic needs	Treatment and work schedules conflict
Criminal history	Fear of losing benefits
Substance use/abuse/dependence	Interpersonal/behavioral challenges
Lack of education/training	Lack of experience
Lack of vocational support	Language barrier
Medical condition	Medication related issues
Symptom related issues	Family obligations (e.g., child care or care giving)
Pregnancy	Immigration status
Other (specify)	
om the staff perspective: Other barriers	

5. Complete the following data fields from the Staff perspective:

<i>From the STAFF Perspective</i> : What barriers prevented the client from being employed?	Select the type of barriers to employment the client experienced. (check all that apply)
From the staff perspective: Other Barriers	Describe the barriers if 'Other' was selected. If data is entered in this field, the 'Other' chack box must be selected or an error will display.

#### FROM THE CLIENT PERSPECTIVE:

.

From the client perspective: What barrie	rs prevented the client from being employed? (Check all that apply)
Limited access to transportation	Lack of stable housing
Basic needs	Treatment and work schedules conflict
Criminal history	Fear of losing benefits
☐ Substance use/abuse/dependence	Interpersonal/behavioral challenges
Lack of education/training	Lack of experience
Lack of vocational support	Language barrier
Medical condition	Medication related issues
Symptom related issues	Family obligations (e.g., child care or care giving)
Pregnancy	Immigration status
Other (specify)	

6. Complete the following data fields from the Client perspective:

<i>From the CLIENT perspective</i> : What barriers prevented the client from being employed?	Select the type of barriers to employment the client experienced. (check all that apply)
From the client perspective: Other Barriers	Describe the barriers if 'Other' was selected. If data is entered in this field, the 'Other' check box must be selected or an error will display.

## JOB LIFE SKILLS

#### Job Seeking Skills (Complete if applicable)

OB LIFE S	KILLS
Job Seek	ng Skills (Check all that apply)
BASI	
	Has reasonable idea of the types of jobs available to him/her
	Knows what the minimum wage is
INTE	RMEDIATE
	Can fill out a standard job application form
	Can read the want ads and find appropriate leads
	Can complete a mock interview giving appropriate answers to potential questions
	Can make an appointment for a job interview
	Knows the appropriate clothing to wear for the interview
ADVA	NCED
	Can write a resume
	Has a completed job application/fact sheet to take on a job interview
	Knows to prepare for a job interview
	Can complete a job interview
	Knows the function of and can contact the public employment agency
	Knows the function of and understands that private employment agencies charge fees
	Knows the function of and can contact the public employment agency
	Knows the function of and understands that private employment agencies charge fees
	Can identify ads placed by private employment agencies
	Can contact temporary employment services
EXCE	PTIONAL
	Has a resume.
	Can follow up an interview with a letter.
	Is able to weigh the advantages of one job over another.
	Understands legal discrimination and where to seek help if discriminated against illegally.

#### 7. Complete the Job Seeking Skills data fields as noted below:

JOB SEEKING SKILLS -	Select the types of job-seeking skills that a client has under <b>Basic</b> .		
Basic	(Check all that apply)		
JOB SEEKING SKILLS -	<b>B SEEKING SKILLS -</b> Select the types of job-seeking skills that a client has under		
Intermediate	Intermediate. (Check all that apply)		
JOB SEEKING SKILLS - Select the types of job-seeking skills that a client has under Advan			
Advanced	(Check all that apply)		
<b>JOB SEEKING SKILLS -</b> Select the types of job-seeking skills that a client has under			
Exceptional	Exceptional. (Check all that apply)		

## JOB LIFE SKILLS (Cont.)

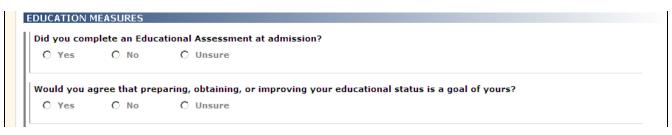
#### **Job Maintenance Skills**

) Maint	Maintenance Skills (Check all that apply)		
BASIO			
	Dresses for work appropriately		
	Reports to work on time		
	Knows job responsibilities and how to complete job tasks		
	Knows to contact employer when not able to go to work		
INTER	MEDIATE		
	Know how to read a pay stub		
	Knows appropriate way to talk to supervisor		
	Knows what behaviors will get a person fired immediately		
	Knows how to ask for help with a problem on the job		
ADVA	ICED		
	Knows if eligible for sick time, vacation time, or personal time		
	Knows what a grievance procedure is		
	Know what to do to get a raise		
	Knows where and when not to talk with co-workers		
	Has a plan for handling anger when angry at supervisor, co-workers, or customers		
EXCE	PTIONAL		
	Can implement anger management plan in majority of cases		
	Knows how to use company grievance procedure to resolve disagreements		
	Knows companies 'unwritten policies' and can function within them		
	Knows how to ask for a raise		
	Knows what to do to be eligible for promotion		
	Knows legal rights as an employee		

#### 8. Complete the Job Maintenance Skills data fields as noted below:

JOB MAINTENANCE SKILLS - BASIC	Select the types of job-maintenance skills that a client has under <b>Basic</b> . (Check all that apply)	
JOB MAINTENANCE SKILLS - INTERMEDIATESelect the types of job-maintenance skills that a client under Intermediate. (Check all that apply)		
JOB MAINTENANCE SKILLS - ADVANCED	Select the types of job-maintenance skills that a client has under <b>Advanced</b> . <i>(Check all that apply)</i>	
JOB MAINTENANCE SKILLS - EXCEPTIONAL	Select the types of job-maintenance skills that a client has under <b>Exceptional</b> . <i>(Check all that apply)</i>	

## **EDUCATION MEASURES**



1. Complete the EDUCATION MEASURES data fields as noted below:

Did you complete an Educational Assessment at admission?	Select 'Yes', 'No' or 'Unsure'.
Would you agree that preparing, obtaining, or improving your educational status is a goal of yours?	Select 'Yes', 'No' or 'Unsure'. Select 'Not Applicable' if the question does not apply. If <b>YES</b> is selected, a second related question will display. If <b>NO</b> , continue on to the 'Were you presented with educational optionsquestion.

te res	O No	O Unsure	
If YES, are y	our educatio	onal goals captured as part of your last Treatment Plan?	
O Yes	O NO	O Unsure	

```
If YES, are your educational goals captured as part of your last Treatment Plan?
```

Select 'Yes', 'No' or 'Unsure'.

Yes	O No	O Unsure
id you rea	ure agency tr	ansportation services (involving staff or agency vehicle and/or driver) for education-related
ctivities/e	vents?	ansportation services (involving staff or agency vehicle and/or driver) for education-related O Unsure

Were you presented with educational options and available resources at your last Treatment Plan meeting?	Select 'Yes', 'No' or 'Unsure'.
Did you require agency transportation services (involving staff or agency vehicle and/or driver) for education-related activities/events?	Select 'Yes', 'No' or 'Unsure'.

	Educational apple wave furthered or completed
_	Educational goals were furthered or completed
	Formally withdrew from an education program
	Expelled from education program
	Dropped out of education program
	Enrolled in and/or attending GED program
	Obtained GED
Γ	Enrolled in high school diploma eligible program (on-line or in a program)
	Graduated high school
	Voc/tech program after high school but no voc/tech diploma (electrician, plumbing, mechanics, carpentry, culinary)
	Voc/tech diploma after high school
	Non-Credit Adult Continuing Education Course (e.g. computer basics, jewelry making, internet skills for job search)
	Advocacy Unlimited Training
Γ	NAMI Peer-to-peer Training
	Enrolled in college level course (non-matriculated)
	Completed college level course(non-matriculated) (please fill in field below)
	Number of college credits to date
	Enrolled in certificate program of study (e.g. Mental Health Aid, CNA, etc.)
	Completed certificate program of study
	Continuing Associates degree
	Completed Associates degree
	Continuing at a 4-year University
	Completed 4-year degree
	Other (specify):

2. Complete the EDUCATION MEASURES data fields as noted below:

IN THIS REPORTING PERIOD, HOW WOULD YOU DESCRIBE YOUR EDUCATION STATUS?	Select items from the list that would describe your education status. <i>(Check all that apply)</i>
EDUCATION STATUS: OTHER	Describe the <b>Education Status</b> if 'Other' was selected. If data is entered in this field, the 'Other' check box must be selected or an error will display.

this reporting period, what were the barriers that prevented you from either furthering your education or completing your educa aals? (Check all that apply)
Not Applicable (skip to next question)
Limited access to transportation
Lack of stable Housing
Basic needs
Cost/Financial reasons
Receiving treatment
Fear of losing benefits
Substance use/abuse/dependence
Interpersonal/behavioral challenges
Language barrier
Medical condition
Symptom/medication management
Family obligations (e.g., child care or care giving)
Lack of understanding of the admissions process
Lack of understanding of the financial aid process
Lack of availability or access to resources both on and off campus (i.e. libraries, labs, etc.)
Lack of coordination/communication between on-campus service providers and off-campus support staff
□ Lack of understanding regarding psychiatric disabilities by college faculty and staff
Feels stigmatized and labeled by an inaccurate and hurtful representation of mental illness
Lack of college based peer support group
Ear of failure
Pregnancy
Lack of educational support services
Immigration status
Other (specify):

3. Complete the YAS EDUCATION MEASURES data fields as noted below:

In this reporting period, what were the barriers that prevented you from either furthering your education or completing your education goals?	Select items from the list that would describe the barriers preventing you from furthering or completing education goals. <i>(Check all that apply)</i>
EDUCATION BARRIERS OTHER	Describe the <b>Education Barriers</b> if 'Other' was selected. If data is entered in this field, the 'Other' check box must be selected or an error will display.

#### Educational Planning Skills (Complete if applicable)

STATE OF CONNECT	dmhas				
		A constant of the second se			
Tools ▼ Home Test YAS▼ SSN: 977777333 Provider: Bridges Bookmarks ADMINISTRATIVE EMPLOYMENT JOB INFORMATION UNEMPLOYMENT LIFE SKILLS EDUCATION Version Test 1.3	Client Profile  Educational Planning S  BASIC  Understand If high schoo INTERMEDIATE Can fill out Has a gener Can discuss Is aware of Knows how Is aware of Has an appr Understand Is aware of Knows the d EXCEPTIONAL Shops arou Knows when community Knows how	DMHAS Data Performance Admission additional additional plan and the chances for complete and the cost of what education is and the find the best education and the find the best	Diagnosis eting high school , understands what a GED is onal program needed for the job he/she as with teachers/counselor able in the community and standing the job selected ents for job selected /vocational training d a grant inal resources adult education or vocation arships for additional educ	wants nal training in the cation	Assessments
		entify the connection betwe	en course work and vocati	ional goals	

4. Complete the Education Planning Skills data fields as noted below:

EDUCATIONAL PLANNING SKILLS - BASIC	Select the types of Educational Planning Skills that a client has under <b>Basic</b> . <i>(Check all that apply)</i>
EDUCATIONAL PLANNING	Select the types of Educational Planning Skills that a client has
SKILLS - INTERMEDIATE	under Intermediate. (Check all that apply)
EDUCATIONAL PLANNING	Select the types of Educational Planning Skills that a client has
SKILLS - ADVANCED	under Advanced. (Check all that apply)
EDUCATIONAL PLANNING	Select the types of Educational Planning Skills that a client has
SKILLS - EXCEPTIONAL	under Exceptional. (Check all that apply)

#### Educational Management Skills (Complete if applicable)

🧏 Comp	lete the following	g if the client <b>was ir</b>	n an Education pi	rogram during this	araaraan aaraa aaraa aaraa aaraa aaraa aaraa aaraa aaraa 5 reporting period. araa caacaa caacaa caacaa caacaa caacaa caacaa
Clgov	Me	DEPARTMENT OF NTAL HEALTH AND ADDICT			dmhas
STATE OF CONNECT	псит	DMHAS Data Performance	System		
Tools Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments
Test YAS SSN: 97777333 Provider: Bridges Bookmarks ADMINISTRATIVE EMPLOYMENT JOB INFORMATION UNEMPLOYMENT LIFE SKILLS EDUCATION Version Test 1.3	<ul> <li>☐ Knows hot</li> <li>☐ Arrives to</li> <li>☐ Understar</li> <li>☐ Knows hot</li> <li>INTERMEDIATE</li> <li>☐ Knows hot</li> <li>☐ Knows wh</li> <li>☐ Knows hot</li> <li>☐ Has a plat</li> <li>☐ EXCEPTIONAL</li> </ul>	class prepared v to get around campus and w class on time ds responsibilities as a studer v to contact instructor/teache to read a course schedule and at behaviors will get him/her ere and when not to talk with o v to ask for assistance if strug v to register with Student Disa v to withdraw from a class and to advocate for self especially for handling anger when angen	nt r when not able to attend cli d transcripts of grades suspended from school/coll other students, instructors o gling with class assignment bility Services and has know l/or request an incomplete y as it relates to academic s ry at instructor/teacher or o	ege immediately r other student support s or other academic vledge of accommodation grade uccess	
	☐ Knows can Knows hov assignmen ☐ Knows wha		an function within them is a grade in question and to int financial aid	ask for additional class	Young Adult Services Assessment

#### Select to save & return to the Assessments screen

5. Complete the Education Management Skills data fields as noted below:

EDUCATIONAL MANAGEMENT	Select the types of Educational Management Skills that a
SKILLS - BASIC	client has under Basic. (Check all that apply)
EDUCATIONAL MANAGEMENT	Select the types of Educational Management Skills that a
SKILLS - INTERMEDIATE	client has under Intermediate. (Check all that apply)
EDUCATIONAL MANAGEMENT	Select the types of Educational Management Skills that a
SKILLS - ADVANCED	client has under Advanced. (Check all that apply)
EDUCATIONAL MANAGEMENT	Select the types of Educational Management Skills that a
SKILLS - EXCEPTIONAL	client has under Exceptional. (Check all that apply)

- 6. Select the **SAVE** button to save the **Young Adult Services** Assessment. (Select the **CANCEL** button to cancel the Employment Assessment information.)
- 7. Select the **SAVE & EXIT** button to save the Employment Assessment and return to the **Assessments** screen.

## **ASSESSMENT HISTORY**

1. The Young Adult Services Assessment will display in the ASSESSMENT HISTORY grid once it has been completed.

STATE OF COM	ov	Departm Mental Health and DMHAS Data Perfo	Addiction Services		dmhas
Tools  Home	Client Profile	Admission	Diagnosis	Services	Assessments
LOU TESTYAS - SSN: 985114231 Provider: Birmingham Group Health Services, Inc.	REQUIRED ASSESSM		CREATE		
Bookmarks REQUIRED OPTIONAL HISTORY	OPTIONAL ASSESSM	Select One	CREATE	Select to d	elete
Version Training 2.2	ASSESSMENT HISTOL Assessment Date 02/01/2012 02/01/2012 02/01/2012	Assessment Young Adult Services Periodic Co-Occurring		Select	to edit
	' displays in ssment History	CLIENTYAS, TESTYAS, LI YAS, FRED YASCASE, J YASCLIENT, YASTHREE, YASTHREE, YASTHREE, YASTWO, TE	OU O WILL AKE JIM ERRY	-	ext client who needs a nent completed

- 2. Select the open in the ASSESSMENT HISTORY grid to view or edit the assessment.
- 3. Select the delete icon in the grid to delete the assessment. If the assessment is deleted, it will display in the **REQUIRED ASSESSMENTS** grid.
- **4.** Continue to select the clients from the Roster list who need the YAS assessments until the assessments have been completed.
- 5. Select the CLIENT MGT or ROSTER MGT to return to Client Search or Roster Search.
- 6. Select any of the tabs in the **Navigator Bar** to go to another screen to view or update client data.

7. The Young Adult Services Assessment will display in the OPTIONAL ASSESSMENTS drop list and can be added again for the next reporting period.

CT.go	Mer	Department of tal Health and Addic	TION SERVICES		dmhas
STATE OF CONNEC	стісит	DMHAS Data Performanc	e System		
Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments
Test YAS*	REQUIRED ASSESSME	NTS			
SSN: 97777333	Assessments:	Select One	V CREATE		
Provider: Bridges					
Bookmarks					
REQUIRED	OPTIONAL ASSESSME	NTS			
OPTIONAL	Assessments:	Select One	✓ CREATE		
HISTORY		Select One	CREHTE		
Version		Co-Occurring			
Test 1.3	ASSESSMENT HISTOR	Education			
		Employment Services			
	Assessment Date 10/01/2010	Hospital Emergency Room			
		Hospitalization	× 🖻		
	09/01/2010	Periodic Young Adult Services	💊 🖻		
	09/01/2010	Co-occurring	🍾 🖻		
				'Young Adult Serv	ices' will display in the
				<b>Optional Assessm</b>	ents dron list
		_		-	
			CLIENT MGT ROSTER MGT		Assessments

An error message will display if a **Young Adult Services Assessment** is added with *the same Survey date*.

Staff Name staff
Survey Date

## ADDING A YAS ASSESSMENT WITH A NEW ADMISSION

1. If adding the Young Adult Services Assessment immediately following a new admission, select the Assessments for New Admission link on the Admission Complete screen.

CT.go	Menory II-	IMENT OF D ADDICTION SERVICES		dmhas
	DMHAS Data Pe	rformance System		
Tools  Home	Client $\rightarrow$ Admission $\rightarrow$ Diagnos	is → Periodic Assessment	$\rightarrow$ Co-Occurring Screening	→ Admission Complete
Test YAS▼ SSN: 97777333 Provider: Bridges	A new admission has been create	d for Test YAS in the 'Jail Diversio	n 309-341' program.	
Version Test 1.3	Proceed To: Assessments For New Ad Services For New Ad Diagnoses For New A Client Info For New A Create Another Admi	<u>mission</u> dmission dmission	t <u>Assessments for New A</u>	<u>dmission</u>

- 2. The ASSESSMENTS screen will display.
- 3. Select 'Young Adult Services' from the REQUIRED ASSESSMENTS drop list.
- 4. Select the **CREATE** button.

CI.go	<b>v</b> <sup>N</sup>	Department o Iental Health and Addic			dmhas
STATE OF CONNE	стісит	DMHAS Data Performance	ce System		
Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments
Test YAS▼	REQUIRED ASSESS	MENTS			
SN: 977777333	Assessmen	ts: Select One	V CREATE	Select 'Young A	Adult Services' and
Provider: Bridges		Select One	ORENTE	<ul> <li>select the CREA</li> </ul>	
Bookmarks		Young Adult Services			
REQUIRED	OPTIONAL ASSESS	MENTS			
OPTIONAL	Assessmen	ts: Select One	V CREATE		
ISTORY			CALIFIC		
/ersion					
est 1.3	ASSESSMENT HIST	DRY			
	Assessment Date	Assessment			
	09/01/2010	Periodic	🍾 🚔		
	09/01/2010	Co-Occurring	7 🖻		

5. The Young Adult Services ASSESSMENT screen will display.

STATE OF COM	ov	Departm Mental Health and DMHAS Data Perf	Addiction Services		dmha	ăS
Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments	
Test YASclient SSN: 41111111 Provider: Bridges Bookmarks	GENERAL INFORMATI	ON				
GENERAL INFO EMPLOY MEASURES UNEMPLOYMENT HIST	Survey Date					

6. Complete the YAS data fields as described on the previous pages.

## UPDATING AN EXISTING YOUNG ADULT SERVICES ASSESSMENT



The edit *icon* is only selected if updating the current reporting period. If there are changes for the next reporting period, a new Young Adult Services Assessment should be created by selecting from the Optional Assessments drop list.

To update a **YAS** Assessment for a particular reporting period, do as follows:

1. Select the appendix open file icon for the Assessment Date for that reporting period.

C.g.	N M	Department o Iental Health and Addio			dmhas
	NECTICUT	DMHAS Data Performan	ce System		
Tools  Home	Client Profile	Admission	Diagnosis	Services	Assessments
CLIENT YAS-A -	REQUIRED ASSESS				
Provider: Ability Beyond Disability Institute	Assessmen	ts: Select One	CREATE		
Bookmarks	OPTIONAL ASSESSI	MENTS			
REQUIRED OPTIONAL HISTORY	Assessmen	ts: Select One	CREATE		
Version	ASSESSMENT HISTO	)RY			
Training 1.7	Assessment Date	Assessment			
	02/01/2011	Young Adult Services	× 🖻	(Young	Adult Services' will
	11/01/2010	Periodic	🍾 🖻	display	in the Assessment
	11/01/2010	Co-Occurring	70 🗃	History	

- 2. The YAS Assessment screen will display.
- 3. Any field can be updated, EXCEPT the Survey Date.

CT.g	ov	DEPARTM MENTAL HEALTH AND A	Addiction Services		dmhas	
	NNECTICUT	DMHAS Data Perfo	rmance system			
Tools   Home	Client Profile	Admission	Diagnosis	Services	Assessments	
Test YASclient -	GENERAL INFORMAT	ION				
SSN: 41111111 Provider: Bridges Bookmarks GENERAL INFO EMPLOY MEASURES UNEMPLOYMENT HIST	Staff Name joe staff Survey Date 12/20/2011		e cannot be changed ent has been added orting period.			
		Select to add a new	job.	Select to ed	it employment details.	
EMPLOYMENT		Select to add a new	job.	Select to ed	it employment details.	
EMPLOYMENT	HISTORY	Select to add a new	job.	Select to ed	it employment details.	
	HISTORY		job. ob Title	Select to ed	it employment details.	
ADD EMPLO	HISTORY	נ		Select to ed	it employment details.	

- 4. When the edit icon is selected, the Edit Employment window will display.
- 5. Make any updates to the fields for that reporting period.

If adding a new job, enter and End Date for the previous job and select a Job Change Loss reason. Edit Employme  $(\Theta)$ Job Category: New Job/Position C Continuing (from last report) Job/Position UNEMPLOY Job Code: Paid but non-competitive work (including sheltered work, transitional employment programs, E Were you Employer Job Title company title Job End Date: 2/22/2012 Job Start Date: 1/1/2012 Number of days worked/volunteered during this reporting period: 22 Hourly Pay: 8.25 Average number of hours worked/volunteered per week. (0-100 hours): 22 If job ended, reason for Job Change Loss (Check all that apply) Job Change Other other Moved Found another job PRE-EMPLO Furthering education Promoted (job title change) -Pre Emp E (Check all If job code is 'Paid non-competitive', which activities were you doing in this reporting period? (Check all that apply) Activity Type Other No No other Student enrolled in a school Sheltered workshop Transitional employment Paid apprenticeship positions SAVE CANCEL

- 6. Once the updates are completed, select the SAVE button. (Select CANCEL to cancel the updates.)
- 7. Select the ADD EMPLOYMENT button to add a new job.
- 8. The Add New Employment window will display with blank fields.

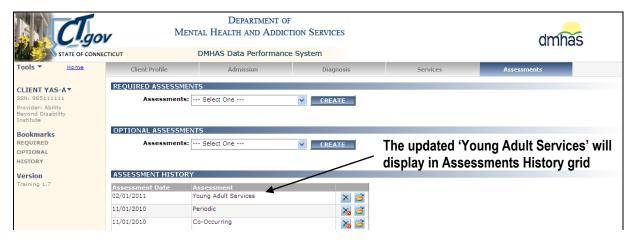
Job Category: Ö New Job/P	osition O Continuing (from last repo	vet) Job (Position
		Fr() Job/ Position
Job Code: Select One -		
y Employer	Job Title	
Job Start Date:	Job End Date:	
	teered during this reporting period:	Hourly Pay:
Average number of hours wor	ked/volunteered per week. (0-100 hou	rs):
If job ended, reason for Job C	hange Loss (Check all that apply)	Job Change Other
Moved	Found another job	
Furthering education	Promoted (job title change)	•
If job code is 'Paid non-compe this reporting period? (Check	etitive', which activities were you doing	in Activity Type Other
s		
Student enrolled in a school	Sheltered workshop	
Transitional employment positions	Paid apprenticeship	-

- 9. Complete the employment fields accordingly.
- 10. Select the SAVE button. (Select CANCEL to not save the new employment information.)

#### 11. The YAS Assessment screen will display.

**12.** Complete any additional updates.

13. Select the SAVE & EXIT button to save any updates and return to Assessment History.



14. The updated Young Adult Services Assessment will display in the Assessment History grid.



To add another YAS Assessment for the **next reporting period**, select '**Young Adult Services**' from the **Optional Assessments** drop list and follow the instructions for adding a YAS assessment in this training guide.

## ADDING A YAS ASSESSMENT FOR THE NEXT REPORTING PERIOD



Run the Required Assessment report to see a listing of clients who require the YAS Assessment.

- 1. Search in DDaP for the client that needs the new YAS assessment.
- 2. Once on the Client Profile screen, select the Assessments tab.
- 3. Select the Young Adult Services assessment from the Optional Assessments drop list.

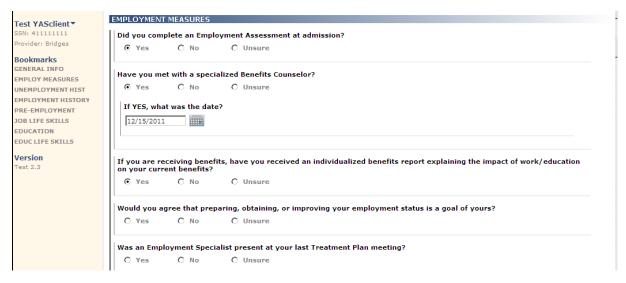
		DEPARTM MENTAL HEALTH AND DMHAS Data Perfe	Addiction Services		dmhas
Tools • Hon	Client Profile	Admission	Diagnosis	Services	Assessments
Test YASclient▼	REQUIRED ASSI				
SSN: 411111111 Provider: Bridges	Assessme	ents: Select One	CREATE		
Bookmarks	OPTIONAL ASS	ESSMENTS			It Services' will
OPTIONAL HISTORY	Assessme	ents: Select One	CREATE	display in th Assessmen	ts drop list and
Version		Co-Occurring			S Assessment can
Test 2.3	ASSESSMENT H	ISTC Education Employment Services		be added fo	
	Assessment Date 02/24/2012		× 🖻		
	12/20/2011	Periodic Young Adult Services	× 🖻		
	12/01/2011	Periodic	🍾 🖻		
	12/01/2011	Co-Occurring	<b>X</b> 🖻		

4. The Young Adult Services assessment screen will display.

5. Enter the Staff Name, a current Survey Date and complete the remaining General Information fields.

C.g	ov	Departm Mental Health and			dmhas
STATE OF CO	NNECTICUT	DMHAS Data Perfe	ormance System		
Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments
Test YASclient▼ SSN: 41111111 Provider: Bridges Bookmarks GENERAL INFO EMPLOY MEASURES UNEMPLOYMENT HIST EMPLOYMENT HISTORY PRE-EMPLOYMENT JOB LIFE SKILLS EDUCATION EDUC LIFE SKILLS Version Test 2.3	Survey Type If 'Employment' is sel History', 'Pre-Employ 'Education Measures', C Employment C Information Based C Client Present Do you have a value	Rected, complete 'General Info ment Information' and 'Job Lif and 'Education Life Skills' sect C Education C Both C Staff Report,	', 'Employment Measures', 'Un e Skills' sections. If 'Educatio ions. If 'Both' is selected, con	n' is selected, complete 'Gen	
	O Yes O	No O Unsure			

6. Some of the remaining fields will display pre-filled. Complete and/or change fields accordingly.



7. If the client is *now Unemployed*, select 'Yes' and add the unemployment status information.



8. If the client is still employed, but has had a job change, select the edit is button for the last update in the Employment history grid, add the Job End Date and 'Save' the update.

EMPLOYMENT	HISTORY		
ADD EMPLO	YMENT		
Start Date	Employer	Job Title	
12/1/2011	company 1	clerk I	

9. If the client has had <u>no change</u> in the current job, select the edit is button for the last update in the Employment history grid and select 'Continuing last Job/position' and <u>make no other changes</u>.

O Yes	Edit Employment
No unemploy	Job Category: O New Job/Position O Continuing (from last report) Job/Position
EMPLOYME	Job Code: Employed part time (competitive with natural supports)
ADD EMPI	Employer Job Title
Start Date	company 1 clerk I
12/1/2011	Job Start Date: 12/1/2011 Job End Date:
PRE-EMPLO	Number of days worked/volunteered during this reporting period: 25 Hourly Pay: 8.25
Pre Emp Er (Check all	Average number of hours worked/volunteered per week. (0-100 hours): 20
□ No	If job ended, reason for Job Change Loss (Check all that apply) Job Change Other
🗖 Enrol	Moved     Found another job
Enrol progra	Furthering education     Promoted (job title change)
🔲 Job sl	If job code is 'Paid non-competitive', which activities were you doing in this reporting period? (Check all that apply) Activity Type Other
C Enrol couns	Student enrolled in a school Sheltered workshop
🗖 Comn	Transitional employment
Peer-	
Г ст w	SAVE CANCEL

- **10.** If the client has new employment, select the **ADD EMPLOYMENT** button and add the new job information in the Add New Employment window.
- **11.** Select the 'Save' buttons to save any updates that were made for the YAS Assessment.

## CHANGING YOUR DDaP PASSWORD

To CHANGE YOUR PASSWORD ANYTIME, follow the steps below:

- 1. Click on the **Tools** menu on the **Side bar** on the **DMHAS Suite of Applications** Home page.
- 2. Select the Change Password option. DDaP will display the Change Your Password window:

Change Your Password		
Current Password:		
New Password:		
Confirm New Password:		
Change Password	Cancel	

- 3. Enter your Current Password and your New Password.
- 4. Enter your New Password again to Confirm.
- 5. Select the Change Password button. (Select Cancel to close out of the window.)
- 6. The Change Password Complete window will display.



 Select the Continue button. Select <u>DMHAS Data Performance (DDaP)</u> to get into the DDaP application, or <u>Log out</u> to log out of the application (See 'Logging out' below.)

You will be prompted after a certain period of time to change your password. Follow the steps above.

## LOGGING OUT OF THE DMHAS DATA PERFORMANCE SYSTEM

When you are finished working in the DMHAS Data Performance System (DDaP), you should log out to ensure the confidentiality of the client data.

To log out of DDaP, follow the steps below:

- 1. Click on the <u>Home</u> link on the Side Bar.
- 2. Once back on the DMHAS Suite of Applications screen, select Log out on the Side Bar.
- **3.** Click on close (**X**) button on the upper right end of the screen.

## YOUNG ADULT SERVICES ASSESSMENT FORM – DDaP

* <u>REPORTING</u> <u>AGENCY</u> :
* <u>PROGRAM</u> :
*CLIENT NAME:
* <u>CLIENT</u> <u>DOB</u> : //
* <u>CLIENT GENDER</u> : MALE FEMALE UNKNOWN
STAFF NAME:
SURVEY           DATE:         /
SURVEY TYPE:  EMPLOYMENT MEASURES  EDUCATION MEASURES  BOTH
INFORMATION BASED ON: CLIENT PRESENT STAFF REPORT/NOTES

NOTE: Timeframe covered in by this assessment is the last 90 days.

DO YOU HAVE A VALID DRIVER'S LICENSE?	☐ YES ☐ NO ☐ UNSURE
IF NO, IS YOUR GOAL TO GET / REINSTATE A DRIVER'S LICENSE?	YES NO UNSURE

\*This information is entered in DDaP at the time of admission.

## EMPLOYMENT MEASURES

Did you complete an Employment Assessment at admission?	YES NO UNSURE
Have you met with a specialized Benefits Counselor?	□ YES □ NO □ UNSURE
If YES, what was the date? / / / /	
If you are receiving benefits, have you received an individualized benefits report explaining the impact of work/education on your current benefits?	
Would you agree that preparing, obtaining or improving your employment status is a goal of yours?	☐ YES ☐ NO ☐ UNSURE
If YES, are your employment goals captured as part of you last Treatment Plan?	
Was an Employment Specialist present at you last Treatment Plan Meeting?	
Do you require agency transportation services (involving staff or agency vehicle and/or driver) for job seeking and/or employment?	
Were you unemployed during this time period? If YES, select your unemployment status from list below. If No	YES NO N
UNEMPLOYMENT STATUS (check one box only)	
institutio	ABOR FORCE; Inmate of n that restrains a person, e able, from the work force
NOT IN LABOR FORCE; student 🛛 NOT IN L	ABOR FORCE; other reason nancy, homeless, medical, etc)
<ul> <li>NOT IN LABOR FORCE; homemaker</li> <li>NOT IN LABOR FORCE; disabled</li> <li>NOT IN LABOR FORCE; extended</li> <li>NOT IN LABOR FORCE; extended</li> <li>NOT COL and numerous psychiatric hospitalizations</li> </ul>	

UNEMPLOYMENT START DATE:	/	/	

UMEMPLOYMENT END DATE: /\_\_\_\_/

## JOB INFORMATION

Complete the following if the client was EMPLOYED during this reporting period. JOB			
<b>CATEGORY</b> : NEW POSITION / JOB CONTINUING (from last report) JOB / POSITION			
JOB CODE : (check one box)			
EMPLOYED FULL TIME (COMPETITIVE WITH NATURAL SUPPORTS)			
EMPLOYED FULL TIME (COMPETITIVE WITH STAFF SUPPORT ON-SITE)			
EMPLOYED FULL TIME (COMPETITIVE WITH STAFF SUPPORT OFF-SITE)			
EMPLOYED PART TIME (COMPETITIVE WITH NATURAL SUPPORTS)			
EMPLOYED PART TIME (COMPETITIVE WITH STAFF SUPPORT ON-SITE)			
EMPLOYED PART TIME (COMPETITIVE WITH STAFF SUPPORT OFF-SITE)			
SELF-EMPLOYED (FULL-TIME)			
SELF-EMPLOYED (PART-TIME)			
EMPLOYED SEASONAL/TEMPORARY FULL TIME			
EMPLOYED SEASONAL/TEMPORARY PART TIME			
PAID BUT NON-COMPETITIVE WORK (INCLUDING SHELTERED WORK, TRANSITIONAL			
EMPLOYMENT PROGRAMS, BRS WORKING INTERVIEW/ASSESSMENT, AGENCY RUN BUSINESS, ETC.)			
VOLUNTEER (NOT PAID)			
EMPLOYER:			
JOB TITLE:			
JOB START DATE: //			

JOB END DATE:	//
NUMBER OF DAYS WORKED/VOLUNTEERED DURING THIS REPORTING PERIOD:	(enter 0 – 30)
AVERAGE WEEKLY HOURS WORKED / VOLUN WEEK:	ITEERED PER (enter 0 – 100)

HOURLY PAY:

If there was a job change or job loss during this reporting period, check reasons that apply.

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\_\_\_\_·

JOB	CHANGE LOSS (check all that apply)	
	MOVED	FOUND ANOTHER JOB
	FURTHERING EDUCATION	PROMOTED (JOB TITLE CHANGE)
	TRANSFERRED WITHIN COMPANY	DURATIONAL POSITION ENDED
	VOLUNTARILY QUIT	LAID OFF
	SEASONAL JOB	TRANSPORTATION DIFFICULTIES
	INCREASED SYMPTOMS	SUBSTANCE ABUSE PROBLEMS
	HOSPITALIZATION	INADEQUATE VOCATIONAL SUPPORT
	LEGAL ISSUES	DISCHARGED / FIRED
	OTHER (describe below)	

JOB CHANGE LOSS – OTHER:

What type of activities were you (they) doing in this reporting period? Check activities that apply from list below:

(Complete if 'Paid but non-competitive work' was selected for JOB CATEGORY or Employment Status Code # 11 on YAS Survey)

ACTIVITY TYPE (Check all that apply)				
STUDENT ENROLLED IN SCHOOL		SHELTERED WORKSHOP		
TRANSITIONAL EMPLOYMENT POSITIONS		PAID APPRENTICESHIP		
AGENCY RUN BUSINESS		SITUATION ASSESSMENT/WORKING INTERVIEWS		
GENERIC BUSINESS MODEL		STIPEND		
PAID-WORK STUDY		TRANSPORTATION		
OTHER (describe below)				

#### ACTIVITY TYPE – OTHER:

(If data is entered in the 'Activity Type – Other' text box, the 'Other' check box must be checked off.)

#### **PRE-EMPLOYMENT INFORMATION**

Was the client engaged in pre-employment/enhancement activities during this reporting period? Check enhancements that apply from list below:

PRE-EMPLOYMENT ENHANCEMENTS (Check all that apply)			
	ΝΟ		ENROLLED IN VOCATIONAL COUNSELING/SUPPORTED EMPLOYMENT
	ENROLLED IN JOB-TRAINING PROGRAM		ENROLLED IN WORK-BASED MENTORING PROGRAM
	ENROLLED IN BRS		COMMUNITY SERVICE WORK
	ENROLLED IN A CLUBHOUSE		GENERAL COMMUNITY INTEGRATION
	ENROLLED IN AS IPS SPECIFIC EMPLOYMENT PROGRAM		PEER-TO-PEER SUPPORT
	COMMUNICATION SKILL BUILDING		ANSELL-CASY CURRICULUM
	JOB SHADOWING		CT WORKS
	TRANSPORTATION TRAINING		OTHER (describe below)

#### PRE-EMPLOYMENT ENHANCEMENTS – OTHER:

(If data is entered in the 'Pre-Employ-Other': text box, the 'Other' check box must be checked off.)

Complete the following if the client was UNEMPLOYED during this reporting period. FROM THE STAFF PERSPECTIVE: What barriers prevented the client from being employed? Check barriers that apply from list below:

BARRIERS FROM THE STAFF PERSPECTIVE (Check all that apply)				
	LIMITED ACCESS TO TRANSPORTATION		LACK OF STABLE HOUSING	
	BASIC NEEDS		TREATMENT AND WORK SCHEDULES CONFLICT	
	CRIMINAL HISTORY		FEAR OF LOSING BENEFITS	
	SUBSTANCE USE/ABUSE/DEPENDENCE		INTERPERSONAL/BEHAVIORAL CHALLENGES	
	LACK OF EDUCATION/TRAINING		LACK OF EXPERIENCE	
	LACK OF VOCATIONAL SUPPORT		LANGUAGE BARRIER	
	MEDICAL CONDITION		MEDICATION RELATED ISSUES	
	SYMPTOM RELATED ISSUES		FAMILY OBLIGATIONS (E.G., CHILD CARE OR CARE GIVING)	
	PREGNANCY		IMMIGRATION STATUS	
	OTHER (describe below)			

# FROM THE STAFF PERSPECTIVE - OTHER BARRIERS:

(If data is entered in the 'Other Barriers:' text box, the 'Other' check box must be checked off.) FROM THE CLIENT PERSPECTIVE: What barriers prevented the client from being employed? Check barriers that apply from list below:

BARRIERS FROM THE CLIENT PERSPECTIVE (Check all that apply)				
	LIMITED ACCESS TO TRANSPORTATION		LACK OF STABLE HOUSING	
	BASIC NEEDS		TREATMENT AND WORK SCHEDULES CONFLICT	
	CRIMINAL HISTORY		FEAR OF LOSING BENEFITS	
	SUBSTANCE USE/ABUSE/DEPENDENCE		INTERPERSONAL/BEHAVIORAL CHALLENGES	
	LACK OF EDUCATION/TRAINING		LACK OF EXPERIENCE	
	LACK OF VOCATIONAL SUPPORT		LANGUAGE BARRIER	
	MEDICAL CONDITION		MEDICATION RELATED ISSUES	
	SYMPTOM RELATED ISSUES		FAMILY OBLIGATIONS (E.G., CHILD CARE OR CARE GIVING)	
	PREGNANCY		IMMIGRATION STATUS	
	OTHER (describe below)			

# FROM THE CLIENT PERSPECTIVE - OTHER BARRIERS:

(If data is entered in the 'Other Barriers:' text box, the 'Other' check box must be checked off.)

## LIFE SKILLS

JOB	SEEKING SKILLS (Check all that apply)		
BAS	IC SKILLS:		
	HAS REASONABLE IDEA OF THE TYPES OF JOBS AVAILABLE TO HIM/HER		
	KNOWS WHAT THE MINIMUM WAGE IS		
INTE	INTERMEDIATE SKILLS:		
	CAN FILL OUT A STANDARD JOB APPLICATION FORM		
	CAN READ THE WANT ADS AND FIND APPROPRIATE LEADS		
	CAN COMPLETE A MOCK INTERVIEW GIVING APPROPRIATE ANSWERS TO POTENTIAL QUESTIONS		
	CAN MAKE AN APPOINTMENT FOR A JOB INTERVIEW		
	KNOWS THE APPROPRIATE CLOTHING TO WEAR FOR THE INTERVIEW		
ADV	ANCED SKILLS:		
	CAN WRITE A RESUME		
	HAS A COMPLETED JOB APPLICATION/FACT SHEET TO TAKE ON A JOB INTERVIEW		
	KNOWS TO PREPARE FOR A JOB INTERVIEW		
	CAN COMPLETE A JOB INTERVIEW		
	KNOWS THE FUNCTION OF AND CAN CONTACT THE PUBLIC EMPLOYMENT AGENCY		
	KNOWS THE FUNCTION OF AND UNDERSTANDS THAT PRIVATE EMPLOYMENT AGENCIES CHARGE FEES		
	CAN IDENTIFY ADS PLACED BY PRIVATE EMPLOYMENT AGENCIES		
	CAN CONTACT TEMPORARY EMPLOYMENT SERVICES		
EXC	EPTIONAL SKILLS:		
	HAS A RESUME		
	CAN FOLLOW UP ON AN INTERVIEW WITH A LETTER		
	IS ABLE TO WEIGH THE ADVANTAGES OF ONE JOB OVER ANOTHER		
	UNDERSTANDS LEGAL DISCRIMINATION AND WHERE TO SEEK HELP IF DISCRIMINATED AGAINST ILLEGALLY.		

Complete the following if the client was EMPLOYED during this reporting period.

JOB	MAINTENANCE SKILLS (Check all that apply)
BASIC SKILLS:	
	DRESSES FOR WORK APPROPRIATELY
	REPORTS TO WORK ON TIME
	KNOWS JOB RESPONSIBILITIES AND HOW TO COMPLETE JOB TASKS
	KNOWS TO CONTACT EMPLOYER WHEN NOT ABLE TO GO TO WORK
INTERMEDIATE SKILLS:	
	KNOW HOW TO READ A PAY STUB
	KNOWS APPROPRIATE WAY TO TALK TO SUPERVISOR
	KNOWS WHAT BEHAVIORS WILL GET A PERSON FIRED IMMEDIATELY
	KNOWS HOW TO ASK FOR HELP WITH A PROBLEM ON THE JOB

ADVANCED SKILLS:

	KNOWS IF ELIGIBLE FOR SICK TIME, VACATION TIME, OR PERSONAL TIME		
	KNOWS WHAT A GRIEVANCE PROCEDURE IS		
	KNOW WHAT TO DO TO GET A RAISE		
	KNOWS WHERE AND WHEN NOT TO TALK WITH CO-WORKERS		
	HAS A PLAN FOR HANDLING ANGER WHEN ANGRY AT SUPERVISOR, CO-WORKERS, OR CUSTOMERS		
EXC	EXCEPTIONAL SKILLS:		
	CAN IMPLEMENT ANGER MANAGEMENT PLAN IN MAJORITY OF CASES		
	KNOWS HOW TO USE COMPANY GRIEVANCE PROCEDURE TO RESOLVE DISAGREEMENTS		
	KNOWS COMPANIES 'UNWRITTEN POLICIES' AND CAN FUNCTION WITHIN THEM		
	KNOWS HOW TO ASK FOR A RAISE		
	KNOWS WHAT TO DO TO BE ELIGIBLE FOR PROMOTION		
	KNOWS LEGAL RIGHTS AS AN EMPLOYEE		

## EDUCATION MEASURES

DID YOU COMPLETE AN EDUCATIONAL ASSESSMENT AT ADMISSION?	<b>YES</b>		
WOULD YOU AGREE THAT PREPARING, OBTAINING, OR IMPROVING YOUR EDUCATIONAL STATUS IS A GOAL OF YOURS?	YES	□ NO	
IF YES, ARE YOUR EDUCATION GOALS CAPTURED AS PART OF YOUR LAST TREATMENT PLAN?	YES		
WERE YOU PRESENTED WITH EDUCATIONAL OPTIONS AND AVAILABLE RESOURCES AT YOUR LAST TREATMENT PLAN MEETING?	YES	□ NO	
DID YOU REQUIRE AGENCY TRANSPORTATION SERVICES (INVOLVING STAFF OR AGENCY VEHICLE AND /OR DRIVER) FOR EDUCATION-RELATED	YES		
	YES		

In this reporting period, how would you describe your education status? Check the education statuses that apply from list below:

<u>EDU</u>	CATION STATUS: (Check all that apply)
	EDUCATIONAL GOALS WERE FURTHERED OR COMPLETED
	NOT ENROLLED IN AN EDUCATION PROGRAM
	FORMALLY WITHDREW FROM AN EDUCATION PROGRAM
	EXPELLED FROM EDUCATION PROGRAM
	DROPPED OUT OF EDUCATION PROGRAM
	ENROLLED IN AND/OR ATTENDING GED PROGRAM
	OBTAINED GED
	ENROLLED IN HIGH SCHOOL DIPLOMA ELIGIBLE PROGRAM (ON-LINE OR IN A PROGRAM)
	GRADUATED HIGH SCHOOL
	VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA (ELECTRICIAN, PLUMBING, MECHANICS, CARPENTRY, CULINARY)
	VOC/TECH DIPLOMA AFTER HIGH SCHOOL
	NON-CREDIT ADULT CONTINUING EDUCATION COURSE (E.G. COMPUTER BASICS, JEWELRY MAKING, INTERNET SKILLS FOR JOB SEARCH)
	ADVOCACY UNLIMITED TRAINING
	NAMI PEER-TO-PEER TRAINING
	ENROLLED IN COLLEGE LEVEL COURSE (NON-MATRICULATED)
	COMPLETED COLLEGE LEVEL COURSE (NON-MATRICULATED) (PLEASE FILL IN FIELD BELOW)
	NUMBER OF COLLEGE CREDITS TO DATE:
	ENROLLED IN CERTIFICATE PROGRAM OF STUDY (MENTAL HEALTH AID, CNA, ETC.)
	COMPLETED CERTIFICATE PROGRAM OF STUDY
	CONTINUING ASSOCIATES DEGREE
	COMPLETED ASSOCIATES DEGREE
	CONTINUING AT A 4-YEAR UNIVERSITY
	COMPLETED 4-YEAR DEGREE
	OTHER (describe below)
_	

## EDUCATION STATUS – OTHER:

(If data is entered in the 'Education Status-Other:' text box, the 'Other' checkbox must be selected.)

Complete the following if the client was NOT in an education program during this reporting period.

In this reporting period, what were the barriers that prevented you from either furthering your education or completing your education goals? Check all barriers that apply from list below:

EDU	CATION BARRIERS: (Check all that apply)
	NOT APPLICABLE (SKIP TO NEXT QUESTION)
	LIMITED ACCESS TO TRANSPORTATION
	LACK OF STABLE HOUSING
	BASIC NEEDS
	COST/FINANCIAL REASONS
	RECEIVING TREATMENT
	FEAR OF LOSING BENEFITS
	SUBSTANCE USE/ABUSE/DEPENDENCE
	INTERPERSONAL/BEHAVIORAL CHALLENGES
	LANGUAGE BARRIER
	MEDICAL CONDITION
	SYMPTOM/MEDICATION MANAGEMENT
	FAMILY OBLIGATIONS (E.G., CHILD CARE OR CARE GIVING)
	LACK OF UNDERSTANDING OF THE ADMISSIONS PROCESS
	LACK OF UNDERSTANDING OF THE FINANCIAL AID PROCESS
	LACK OF AVAILABILITY OR ACCESS TO RESOURCES BOTH ON AND OFF CAMPUS (I.E. LIBRARIES, LABS, ETC.)
	LACK OF COORDINATION/COMMUNICATION BETWEEN ON-CAMPUS SERVICE PROVIDERS AND OFF-CAMPUS SUPPORT STAFF
	LACK OF UNDERSTANDING REGARDING PSYCHIATRIC DISABILITIES BY COLLEGE FACULTY AND STAFF
	FEELS STIGMATIZED AND LABELED BY AN INACCURATE AND HURTFUL REPRESENTATION OF MENTAL ILLNESS
	LACK OF COLLEGE BASED PEER SUPPORT GROUP
	FEAR OF FAILURE
	PREGNANCY
	LACK OF EDUCATIONAL SUPPORT SERVICES
	IMMIGRATION STATUS
	OTHER (describe below)

EDUCATION BARRIERS – OTHER:

<u>EDU</u>	CATION PLANNING SKILLS (Check all that apply)		
BASIC SKILLS:			
	UNDERSTANDS HIS/HER CHANCES FOR COMPLETING HIGH SCHOOL		
	IF HIGH SCHOOL GRADUATION IS NOT REALISTIC, UNDERSTANDS WHAT A GED IS AND HOW TO OBTAIN ONE		
INTE	INTERMEDIATE SKILLS:		
	CAN FILL OUT FORMS TO ENROLL IN AN EDUCATIONAL PROGRAM		
	HAS A GENERAL IDEA OF WHAT EDUCATION IS NEEDED FOR THE JOB HE/SHE WANTS		
	CAN DISCUSS EDUCATIONAL/VOCATIONAL PLANS WITH TEACHERS/COUNSELOR		
	IS AWARE OF EDUCATIONAL RESOURCES AVAILABLE IN THE COMMUNITY		
ADV	ANCED SKILLS:		
	KNOWS HOW TO OBTAIN SCHOOL TRANSCRIPTS		
	IS AWARE OF CURRENT EDUCATIONAL CREDITS AND STANDING		
	HAS AN APPROPRIATE EDUCATIONAL PLAN FOR THE JOB SELECTED		
	UNDERSTANDS EDUCATIONAL/SKILL REQUIREMENTS FOR JOB SELECTED		
	IS AWARE OF THE COST OF HIGHER EDUCATION/VOCATIONAL TRAINING		
	KNOWS THE DIFFERENCE BETWEEN A LOAN AND A GRANT		
EXC	EPTIONAL SKILLS:		
	'SHOPS AROUND' TO FIND THE BEST EDUCATIONAL RESOURCES		
	KNOWS WHERE TO FIND AND HOW TO ACCESS ADULT EDUCATION OR VOCATIONAL TRAINING IN THE COMMUNITY		
	KNOWS HOW TO OBTAIN FINANCIAL AID/SCHOLARSHIPS FOR ADDITIONAL EDUCATION		
	UNDERSTANDS FUTURE PROSPECTS AND PROBABLE LIVING STANDARDS RELATIVE TO LEVELS OF EDUCATION AND SPECIALIZED SKILLS		
	IS ABLE TO IDENTIFY THE CONNECTION BETWEEN COURSE WORK AND VOCATIONAL GOALS		

Complete the following if the client was in an education program during this reporting period.

EDU	CATION MANAGEMENT SKILLS (Check all that apply)	
BASIC SKILLS:		
	COMES TO CLASS PREPARED	
	KNOWS HOW TO GET AROUND CAMPUS AND WHERE CLASSES ARE LOCATED	
	ARRIVES TO CLASS ON TIME	
	UNDERSTANDS RESPONSIBILITIES AS A STUDENT	
	KNOWS HOW TO CONTACT INSTRUCTOR/TEACHER WHEN NOT ABLE TO ATTEND CLASS	
	ERMEDIATE SKILLS:	
	KNOW HOW TO READ A COURSE SCHEDULE AND TRANSCRIPTS OF GRADES	
	KNOWS WHAT BEHAVIORS WILL GET HIM/HER SUSPENDED FROM	
	SCHOOL/COLLEGE IMMEDIATELY	
	KNOWS WHERE AND WHEN NOT TO TALK WITH OTHER STUDENTS, INSTRUCTORS	
	OR OTHER STUDENT SUPPORT PERSONNEL	
	KNOWS HOW TO ASK FOR ASSISTANCE IF STRUGGLING WITH CLASS	
	ASSIGNMENTS OR OTHER ACADEMIC CONCERNS	
ADV	ANCED SKILLS:	
	KNOWS HOW TO REGISTER WITH STUDENT DISABILITY SERVICES AND HAS KNOWLEDGE OF ACCOMMODATION PLANNING	
	KNOWLEDGE OF ACCOMMODATION FLAMMING KNOWS HOW TO WITHDRAW FROM A CLASS AND/OR REQUEST AN INCOMPLETE	
	GRADE	
	KNOW HOW TO ADVOCATE FOR SELF ESPECIALLY AS IT RELATES TO ACADEMIC	
	SUCCESS	
	HAS A PLAN FOR HANDLING ANGER WHEN ANGRY AT INSTRUCTOR/TEACHER OR	
	OTHER STUDENT SUPPORT PERSONNEL	
EXC	EPTIONAL SKILLS:	
	CAN IMPLEMENT ANGER MANAGEMENT PLAN IN MAJORITY OF CASES	
	KNOWS HOW TO USE CAMPUS MEDIATION PROCEDURE TO RESOLVE	
	DISAGREEMENTS	
	KNOWS CAMPUS 'UNWRITTEN POLICIES' AND CAN FUNCTION WITHIN THEM	
	KNOWS HOW TO REQUEST MEETING TO ADDRESS A GRADE IN QUESTION AND TO ASK FOR ADDITIONAL CLASS ASSIGNMENTS TO BETTER GRADE	
	KNOWS WHAT TO DO TO BE ELIGIBLE FOR STUDENT FINANCIAL AID	
	KNOWS LEGAL RIGHTS AS A STUDENT REGARDING BUT NOT LIMITED TO: ACCOMMODATION PLANNING AND CONFIDENTIALITY	