DDAP
YOUNG ADULT SERVICES (YAS)
ASSESSMENT GUIDE

DMHAS Information Systems Division

dmhas

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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 DDaP User Documentation found at the following link:
http://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=334736

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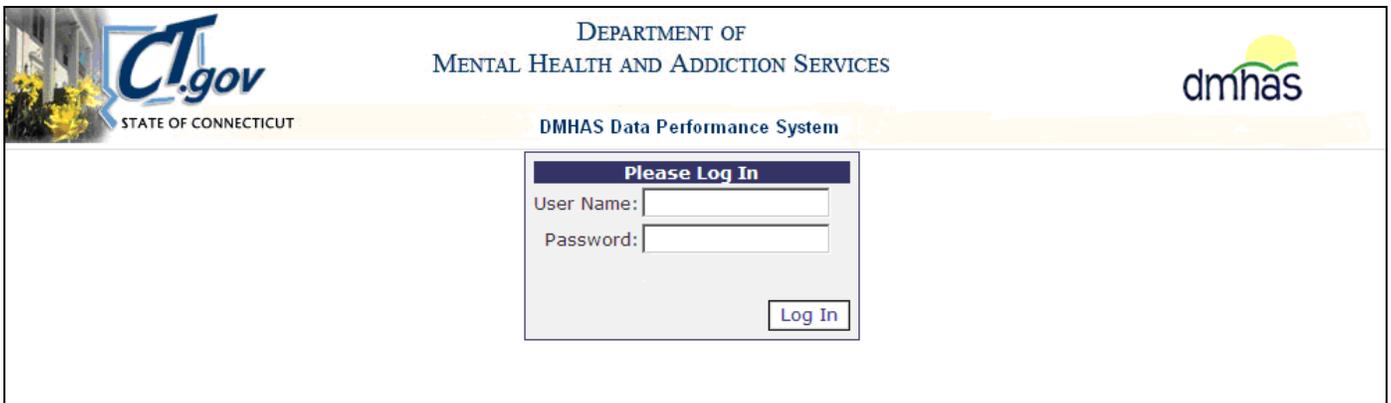
8. Enter the following information in the Log In window:

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

9. Point and click on the Log In button.

   Note: 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

There are 3 sections in the Provider Suite of Applications:

- **DMHAS Data Performance (DDaP)** – DDaP application
- **DMHAS Data Warehouse** – Reporting
- **DMHAS Consumer Survey** – 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.
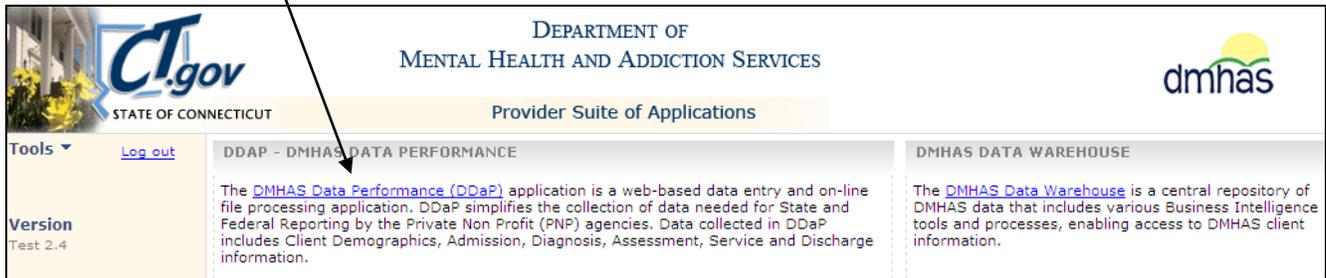
*2. The **Client Management** screen will display.*
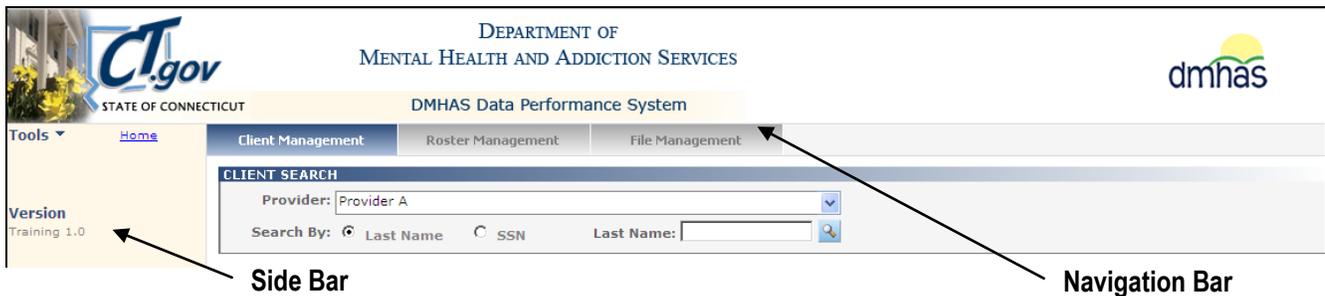
SIDE BAR

The Side Bar on the Provider Suite of Applications displays information in 'Tools', Change Password and the <u>Log out</u> 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:

Search

Display Calendar

Edit

Save

Delete

Cancel

Open

Cannot be Deleted

Cannot be Updated

Select

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. (***DO NOT** 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 **Data Quality** 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.
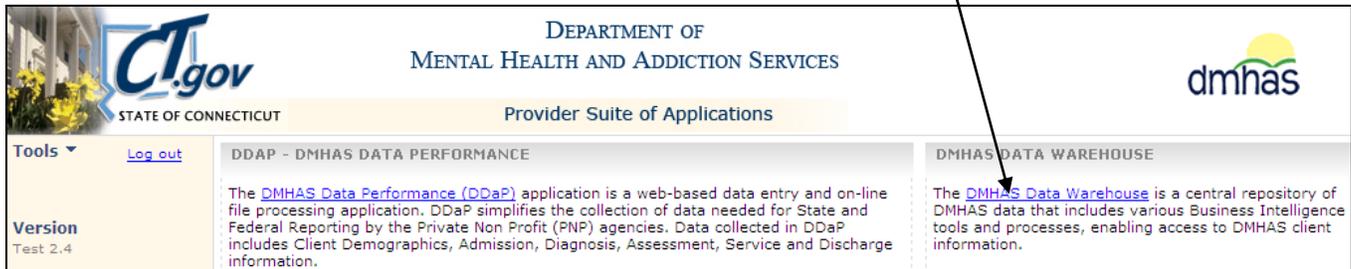
This does not include Periodic Assessments. See the 6 Month Periodic Tickler report.
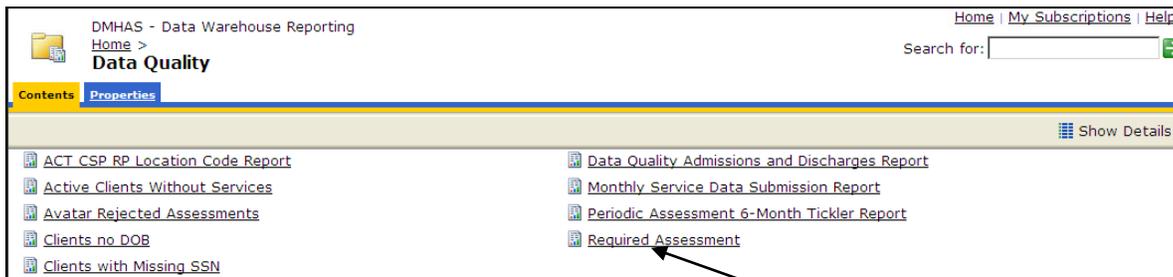
1. Select the **Data Quality** folder and select the **Required Assessment** report.
2. The report will display with criteria to be selected.
3. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
4. Select the **Provider(s)** and select the **Program Type**, (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.
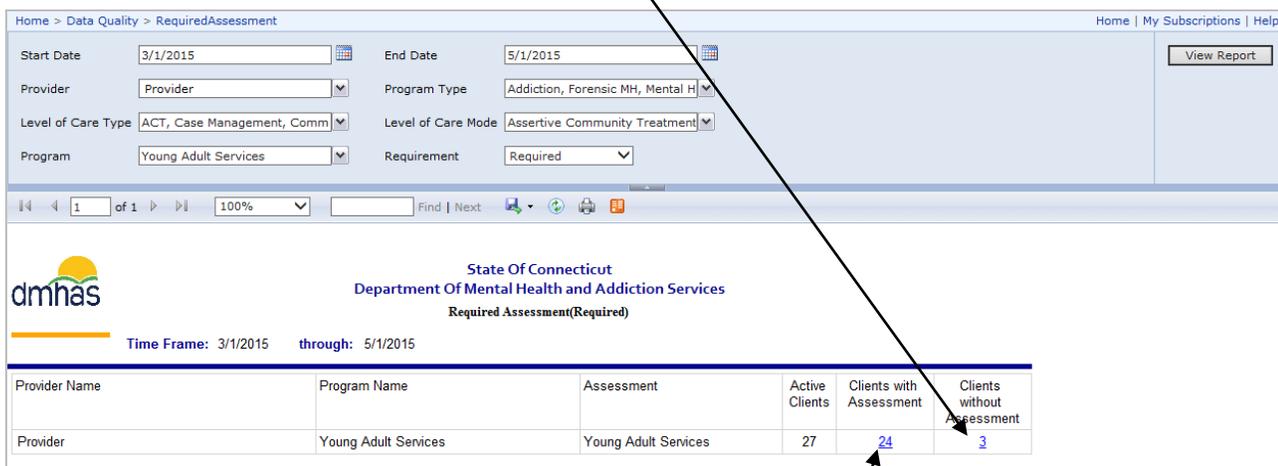
10. Select the 'Clients with Assessments' number to see clients with assessments.

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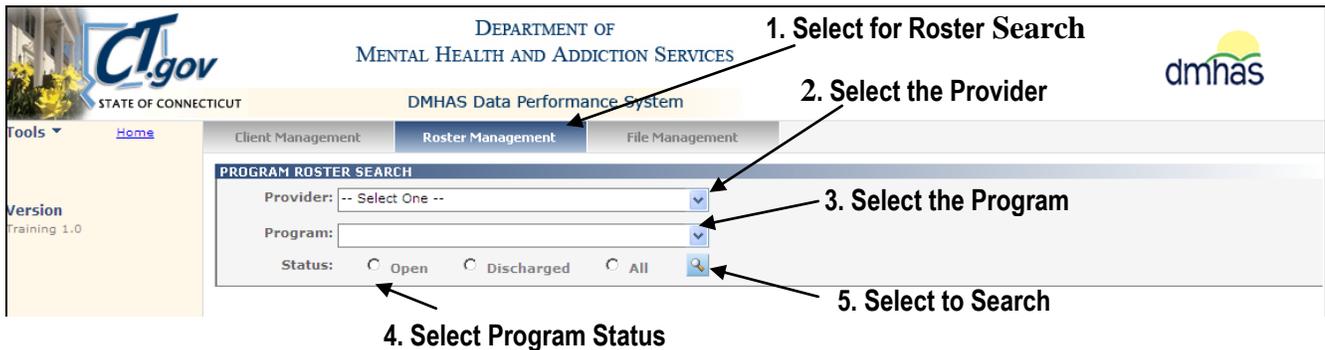
6. A list of all clients and admissions will display for that Program and Provider.

7. Select Details 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**.
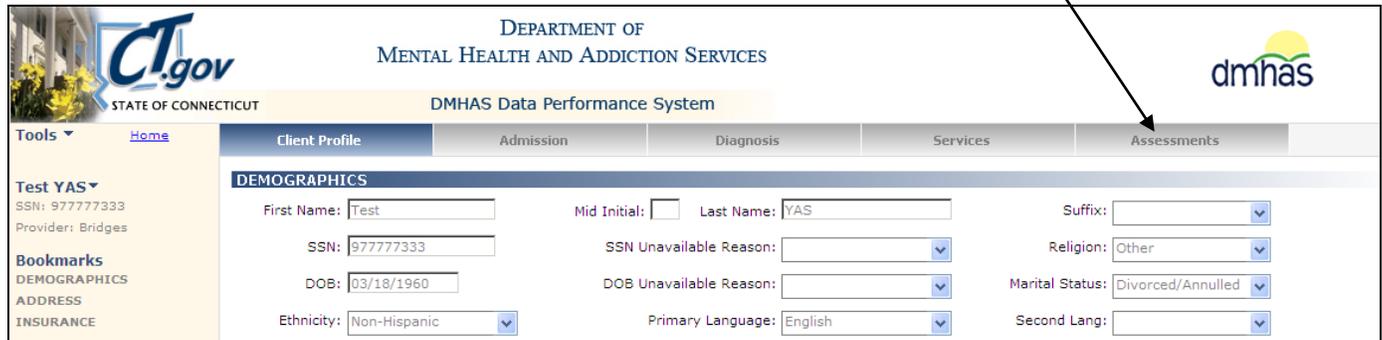
2. The Assessments screen will display with '**Young Adult Services'** listed in **REQUIRED ASSESSMENTS**.

3. Select '**Young Adult Services'** in the **REQUIRED ASSESSMENTS** drop list and select **CREATE**.
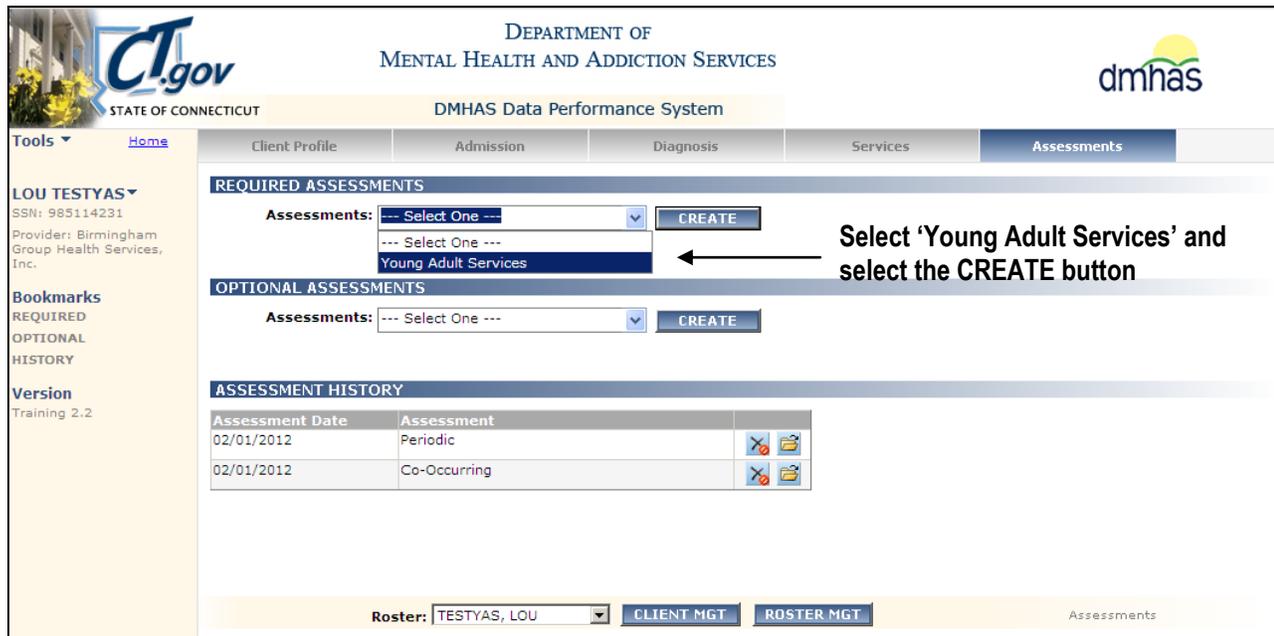
4. The **Young Adult Services ASSESSMENT** screen will display.
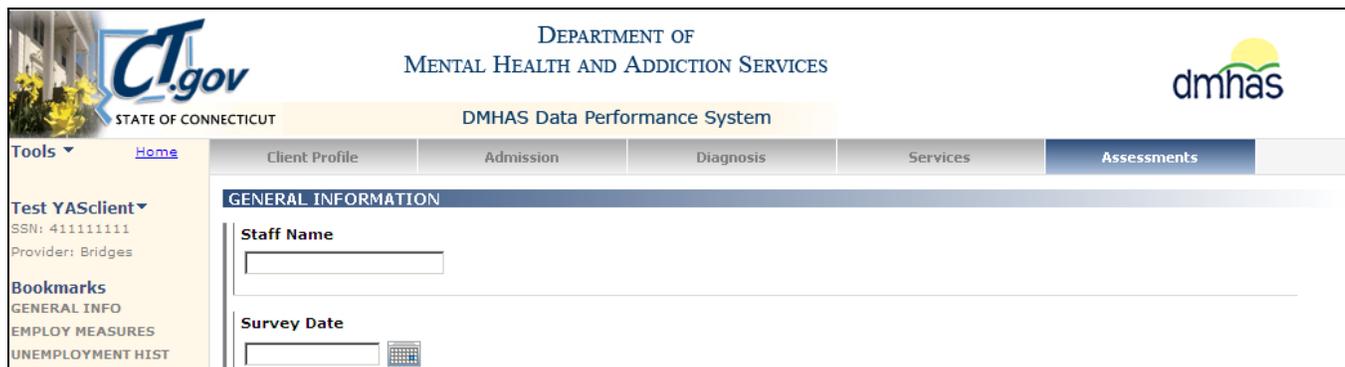
5. Complete the fields as noted on the following pages.

GENERAL INFORMATION

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

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

IF NO - IS IT YOUR GOAL TO GET/REINSTATE A DRIVER'S LICENSE?	**REQUIRED FIELD.** Select 'Yes', 'No' or 'Unsure'.

EMPLOYMENT MEASURES

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 Benefits Counselor?	Select 'Yes', 'No' or 'Unsure'. *If **YES** is selected, the next question will display.*

If YES, what was the date?	Enter the date that the client met with a specialized Benefits Counselor, in MM/DD/YYYY format. This date in this field must be greater than the admission date.

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.

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

Were you unemployed during this time period?	**REQUIRED.** Select '**Yes'** or '**No**'. If **YES, s**elect 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:

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	EMPLOYMENT HISTORY
GENERAL INFO	**ADD EMPLOYMENT**
EMPLOY MEASURES	No employment recorded ...
UNEMPLOYMENT HIST	

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

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

JOB CATEGORY	*Required if ADD EMPLOYMENT button is selected.* Select the Job Category: 'New Job/Position' or 'Continuing (from last report) Job/Position'. *This determines whether or not the client has taken a new job.*
JOB CODE	*Required if ADD EMPLOYMENT button is selected.* Select the 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 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 title. *There can only be one Job Title.*
JOB START DATE	*Required if ADD EMPLOYMENT button is selected.* Enter the date that the 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 format. *The Job End Date must be greater than the Job Start Date.*
NUMBER OF DAYS WORKED / VOLUNTEERED DURING THIS REPORTING PERIOD.	*Required if the ADD EMPLOYMENT button is selected.* Enter the number of days that the client either worked or volunteered during this reporting period. (Valid values 0 - 90)

EMPLOYMENT INFORMATION (Cont.)

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

PRE-EMPLOYMENT INFORMATION

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

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

FROM THE STAFF PERSPECTIVE:

From the staff perspective: What barriers 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)

From the staff perspective: Other barriers

☐_____

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

From the STAFF Perspective: **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 barriers 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)

From the client perspective: Other barriers

☐_____

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

From the CLIENT perspective: **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)*

JOB LIFE SKILLS

Job Seeking Skills (Check all that apply)

BASIC
- ☐ Has reasonable idea of the types of jobs available to him/her
- ☐ Knows what the minimum wage is

INTERMEDIATE
- ☐ 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

ADVANCED
- ☐ 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

EXCEPTIONAL
- ☐ 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 - Basic	Select the types of job-seeking skills that a client has under **Basic**. *(Check all that apply)*
JOB SEEKING SKILLS - Intermediate	Select the types of job-seeking skills that a client has under **Intermediate**. *(Check all that apply)*
JOB SEEKING SKILLS - Advanced	Select the types of job-seeking skills that a client has under **Advanced**. *(Check all that apply)*
JOB SEEKING SKILLS - Exceptional	Select the types of job-seeking skills that a client has under **Exceptional**. *(Check all that apply)*

JOB LIFE SKILLS (Cont.)

Job Maintenance Skills

Complete the Job Maintenance Skills if the client had been employed during this reporting period.

Job Maintenance Skills (Check all that apply)

BASIC

☐ 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

☐ 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

☐ 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

EXCEPTIONAL

☐ 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 **Basic**. *(Check all that apply)*
JOB MAINTENANCE SKILLS - INTERMEDIATE	Select the types of job-maintenance skills that a client has under **Intermediate**. *(Check all that apply)*
JOB MAINTENANCE SKILLS - ADVANCED	Select the types of job-maintenance skills that a client has under **Advanced**. *(Check all that apply)*
JOB MAINTENANCE SKILLS - EXCEPTIONAL	Select the types of job-maintenance skills that a client has under **Exceptional**. *(Check all that apply)*

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 **YES** is selected, a second related question will display. If **NO**, continue on to the 'Were you presented with educational options….question.

If YES, are your educational goals captured as part of your last Treatment Plan?	Select 'Yes', 'No' or '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'.

EDUCATION MEASURES (Cont.)

In this reporting period, how would you describe your education 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 (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):

Education Status Other

_____

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. *(Check all that apply)*
EDUCATION STATUS: OTHER	Describe the **Education Status** if 'Other' was selected. *If data is entered in this field, the 'Other' check box must be selected or an error will display.*

EDUCATION MEASURES (Cont.)

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 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 (specify):

Education Barriers Other

[   ]

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. *(Check all that apply)*
EDUCATION BARRIERS OTHER	Describe the **Education Barriers** if 'Other' was selected. *If data is entered in this field, the 'Other' check box must be selected or an error will display.*

EDUCATION MEASURES (Cont.)

Educational Planning Skills *(Complete if applicable)*

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

EDUCATION MEASURES (Cont.)

Educational Management Skills *(Complete if applicable)*

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

Select to save & return to the Assessments screen

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

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

2. Select the open icon 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.

'Young Adult Services' will display in the Optional Assessments drop list.

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

2. The **ASSESSMENTS** screen will display.

3. Select '**Young Adult Services**' from the **REQUIRED ASSESSMENTS** drop list.

4. Select the **CREATE** button.

5. The **Young Adult Services ASSESSMENT** screen will display.

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 📂 open file icon for the Assessment Date for that reporting period.

'Young Adult Services' will display in the Assessment History grid

2. The **YAS Assessment** screen will display.

3. Any field can be updated, ___EXCEPT___ the **Survey Date**.

The Survey Date cannot be changed once a YAS assessment has been added and saved for a reporting period.

Select to add a new job.

Select to edit employment details.

Select the edit 📝 *icon in the **EMPLOYMENT HISTORY** grid to view or edit employment details. Select the **ADD EMPLOYMENT** button to add a new job.*

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 Employment

Job Category: ● New Job/Position   ○ Continuing (from last report) Job/Position

Job Code: Paid but non-competitive work (including sheltered work, transitional employment programs, E▼

Employer: company   Job Title: title

Job Start Date: 1/1/2012   Job End Date: 2/22/2012

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

☐ Moved   ☐ Found another job   other
☑ Furthering education   ☐ Promoted (job title change)

If job code is 'Paid non-competitive', which activities were you doing in this reporting period? (Check all that apply)   Activity Type Other

☑ Student enrolled in a school   ☐ Sheltered workshop   other
☐ Transitional employment positions   ☐ Paid apprenticeship

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.

Add New Employment

Job Category: ○ New Job/Position   ○ Continuing (from last report) Job/Position

Job Code: -- Select One --

Employer: Job Title:

Job Start Date: Job End Date:

Number of days worked/volunteered during this reporting period: Hourly Pay:

Average number of hours worked/volunteered per week. (0-100 hours):

If job ended, reason for Job Change Loss (Check all that apply)   Job Change Other

☐ Moved   ☐ Found another job
☐ Furthering education   ☐ Promoted (job title change)

If job code is 'Paid non-competitive', which activities were you doing in this reporting period? (Check all that apply)   Activity Type Other

☐ Student enrolled in a school   ☐ Sheltered workshop
☐ Transitional employment positions   ☐ Paid apprenticeship

SAVE   **CANCEL**

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.

The updated 'Young Adult Services' will display in Assessments History grid

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.

'Young Adult Services' will display in the Optional Assessments drop list and another YAS Assessment can be added for the next reporting period.

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.

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 <u>still</u> employed, *but has had a job change*, select the edit [icon] button for the last update in the Employment history grid, add the **Job End Date** and 'Save' the update.

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

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:

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.

7. Select the **Continue** button. Select DMHAS Data Performance (DDaP) to get into the DDaP application, or Log out 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 Home 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

---

*REPORTING AGENCY: _____

*PROGRAM: _____

*CLIENT NAME: _____

*CLIENT DOB: _____ / _____ / _____

*CLIENT GENDER: ☐ 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?	☐ YES ☐ NO ☐ UNSURE

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?	☐ YES ☐ NO ☐ UNSURE

Was an Employment Specialist present at you last Treatment Plan Meeting?	☐ YES ☐ NO ☐ UNSURE

Do you require agency transportation services (involving staff or agency vehicle and/or driver) for job seeking and/or employment?	☐ YES ☐ NO ☐ UNSURE

Were you unemployed during this time period?   ☐ YES ☐ NO

*If **YES**, select your unemployment status from list below. If **NO**, go to JOB INFORMATION.*

UNEMPLOYMENT STATUS *(check one box only)*	
☐ **UNEMPLOYMENT (looking for work in the past 30 days, or on a layoff)**	☐ **NOT IN LABOR FORCE; Inmate of institution that restrains a person, otherwise able, from the work force**
☐ **NOT IN LABOR FORCE; student enrolled in a school**	☐ **NOT IN LABOR FORCE; other reason (i.e. pregnancy, homeless, medical, etc)**
☐ **NOT IN LABOR FORCE; job training program**	☐ **REFUSED**
☐ **NOT IN LABOR FORCE; homemaker**	☐ **OTHER**
☐ **NOT IN LABOR FORCE; disabled**	☐ **UNKNOWN**
☐ **NOT IN LABOR FORCE; extended and numerous psychiatric hospitalizations**	☐ **NOT COLLECTED**

UNEMPLOYMENT START DATE: _____ / _____ / _____

UMEMPLOYMENT END DATE: _____ / _____ / _____

JOB INFORMATION

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

JOB CATEGORY: ☐ 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 / VOLUNTEERED PER WEEK: (enter 0 – 100) ☐

HOURLY PAY: _____ . _____

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

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)*	
☐ NO	☐ 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*)

BASIC SKILLS:

- ☐ HAS REASONABLE IDEA OF THE TYPES OF JOBS AVAILABLE TO HIM/HER
- ☐ KNOWS WHAT THE MINIMUM WAGE IS

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

ADVANCED 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

EXCEPTIONAL 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

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?	☐ YES ☐ NO ☐ UNSURE

WOULD YOU AGREE THAT PREPARING, OBTAINING, OR IMPROVING YOUR EDUCATIONAL STATUS IS A GOAL OF YOURS?	☐ YES ☐ NO ☐ UNSURE

IF YES, ARE YOUR EDUCATION GOALS CAPTURED AS PART OF YOUR LAST TREATMENT PLAN?	☐ YES ☐ NO ☐ UNSURE

WERE YOU PRESENTED WITH EDUCATIONAL OPTIONS AND AVAILABLE RESOURCES AT YOUR LAST TREATMENT PLAN MEETING?	☐ YES ☐ NO ☐ UNSURE

DID YOU REQUIRE AGENCY TRANSPORTATION SERVICES (INVOLVING STAFF OR AGENCY VEHICLE AND /OR DRIVER) FOR EDUCATION-RELATED ACTIVITIES/EVENTS?	☐ YES ☐ NO ☐ UNSURE

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

EDUCATION 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:

EDUCATION 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:

EDUCATION 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

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

ADVANCED 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

EXCEPTIONAL 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.

EDUCATION 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
INTERMEDIATE 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
ADVANCED SKILLS:
☐ KNOWS HOW TO REGISTER WITH STUDENT DISABILITY SERVICES AND HAS KNOWLEDGE OF ACCOMMODATION PLANNING
☐ 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
EXCEPTIONAL 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