

Oklahoma Health Transition Initiative Referral/Information Packet

The Oklahoma Healthy Transition Initiative is a comprehensive spectrum of services, which provides support to young persons, age 16-24 who need assistance with transition to adulthood. This assistance will be tailored to meet the needs of the individual and may include supported education, work and housing. Services are person centered, culturally competent and community based.

The following criteria are the guidelines for involvement:

- The person must be between the ages of 16 and 24
- The person must live in Cleveland, Tulsa or McClain Counties
- The person must have a diagnosable emotional and/or behavioral disorder
- The person must have significant issues that have or are expected to last for a year or more due to his/her serious emotional and/or behavioral disturbance
- The person needs, has received, or has requested services/support from two or more support systems
- The person must be at risk due to the impact of the serious emotional and/or behavioral disturbance
- The person volunteers for this service and agrees to actively participate in the process.

An interdisciplinary review team, the Transitional Services Referral Team, will review the referral and make the determination of approval into the Oklahoma Healthy Transition Initiative. Upon approval, a Transition Facilitator or Transition Mentor will contact the person.

INSTRUCTIONS:

The following referral form and release must be read and filled out completely by the referral source, the referred person and the parent/guardian if the person is under 18 years of age. The referred person or the parent/guardian's initials by the following bullets and signature on the accompanying release must be present for the referral to be considered by the Review Team.

The following referral form will be reviewed by an interdisciplinary review team for approval into the Oklahoma Healthy Transition Initiative. The Clinical Review Team consists but may not be limited to representatives from the following agencies: Central Oklahoma Community Mental Health Center, Oklahoma Youth Center, Department of Human Services, Office of Juvenile Affairs, Cleveland County Health Department, Crossroads Youth and Family Center, Garvin/McClain County Youth and Family, Crossroads Head Start/Early Head Start, Moore Youth and Family, NAIC, Center for Children and Families, Independent Living Services for Youth, Transition House, Thunderbird Clubhouse, local school systems, Mental Health Association in Tulsa, Youth Services of Tulsa, Associated Centers for Therapy, DHS – Independent Living, NRCYS – Independent Living, NRCYS – YES I CAN, Tulsa Apartment Association, Catholic Charities, Tulsa Job Corp, Tulsa County Juvenile Detention Center, PACT Team Crossroads and parent representative.

Person/Parent/Guardian's Initials _____

- If the referred person is approved for the Oklahoma Healthy Transition Initiative an additional release and enrollment form will be obtained from the person/parent/guardian in order that periodic review of the wraparound services can be monitored by the Referral Team.

Person/Parent/Guardian's Initials_____

- If the referred person is not approved for the Oklahoma Healthy Transition Initiative, they will be referred to other possible services and the release becomes null and void.

Person/Parent/Guardian's Initials_____



Oklahoma Systems of Care

Healthy Transitions

Referral Form

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

Person making Referral: _____ Phone: _____

Original Referral Source, if different from above: _____

Young Adult Information

Name: _____ SSN: _____ Medicaid #: _____

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

Race/Ethnicity: _____

If American Indian, please indicate:

*Enrolled Tribe:** _____

*Other Tribal Identification:** _____

School: _____ School Phone: _____

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

Home Address: _____

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

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

Indicate if the young adult is:

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

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

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

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

Receiving other services (specify): _____

On medications (please list): _____

* *These items are not yet in the YIS data entry screens.*

Initial Screening – Please check all that apply

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

General mental health / diagnosis comments

Risk Factors (please check all that apply)

Young Adult Factors

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

Caregiver / Family Factors

- | | |
|---|---|
| <input type="checkbox"/> Chronic physical illness in family
<input type="checkbox"/> Family history of mental illness, psychiatric hospitalization or substance abuse
<input type="checkbox"/> Suicide attempts
<input type="checkbox"/> Victim of physical abuse (other than young adult) | <input type="checkbox"/> Parental incarceration
<input type="checkbox"/> History of domestic violence
<input type="checkbox"/> Poverty
<input type="checkbox"/> Young adult exposed to substance abuse in the home |
|---|---|

Trauma Factors*

- | | |
|--|--|
| <input type="checkbox"/> Car accident*
<input type="checkbox"/> Other accident*
<input type="checkbox"/> Fire*
<input type="checkbox"/> Storm*
<input type="checkbox"/> Other* _____ | <input type="checkbox"/> Physical assault*
<input type="checkbox"/> Sexual assault*
<input type="checkbox"/> Death of a close friend or relative*
<input type="checkbox"/> Divorce of parent/caregiver* |
|--|--|

Members of the Young Adult's Household

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

Other Information

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

* These items are not yet in the YIS data entry screens.

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

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

Home:

Transportation:

Financial/Insurance:

Educational/Vocational:

Social Supports/Spirituality:

Leisure/Talents/Skills:

Health: