

**OKLAHOMA ASSOCIATION OF  
YOUTH SERVICES (OAYS)**

**FIRST-TIME OFFENDER  
PROGRAM GUIDE**

June 1, 2016

# First-Time Offender Program Guide

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# **Section I**

## **Introduction**

# OAYS First-Time Offender Program Guide

## Section I

### Introduction

The Oklahoma Association of Youth Services (OAYS) has provided a variety of prevention and diversionary services to youth across the state of Oklahoma since its inception over 40 years ago. It is the goal of OAYS to emphasize and develop prevention and diversionary programs that will assist youth in their capacity to understand personal responsibility; to understand the relationship between behavior and consequences; to enhance their abilities in effectively resolving conflicts; and to make positive choices and decisions in their lives. By developing and implementing programs that are preventive and diversionary in nature, youth are more likely to gain the prerequisite skills necessary to remain in their communities.

The Oklahoma House of Representatives and Oklahoma Senate first passed legislation in 1994 mandating that the Office of Juvenile Affairs, in conjunction with the courts and Department of Juvenile Justice, develop alternative diversion programs designed to intervene and prevent youth from further developing characteristics and behaviors of juvenile delinquents.

*Definition:* First Time Offender Program: 10 O.S. 1991: 1114(J) As used in this section: 1. “Alternative diversion programs for first-time offenders” means programs for juveniles who have been identified by law enforcement personnel, the district attorney, or the court as having committed acts which are not serious enough to warrant adjudication through the juvenile court process, but which do indicate a need for intervention to prevent further development toward juvenile delinquency. The program shall be administered, pursuant to contact with the Office of Juvenile Affairs by organizations designated as youth services agencies in accordance with Section 609 of this title;...”

The OAYS and its membership developed and implemented the First-Time Offender Program in 1995. As the program developed the need for a standardized, evidence-based curriculum and a program evaluation became evident. Major curriculum revisions were piloted and incorporated in 2003 and 2013 resulting in the creation of the *It's My Life* curriculum. It is through the ongoing commitment and dedication of OAYS, the First-Time Offender Program Committee, FTOP facilitators and collaborative relationships with Oklahoma Department of Human Services, PREP Inc. and Public Strategies that the First-Time Offender Program has evolved into the model program that it is today.

## **Program Definition**

Alternative diversion services for first-time offenders means services for juveniles who have been identified by law enforcement personnel, the district attorney, the courts, and other community resources as having committed acts, which are not serious enough to warrant adjudication through the juvenile court process, but which do indicate a need for intervention to prevent further development toward juvenile delinquency

The OAYS statewide diversion and prevention program is referred to as the *First-Time Offender Program (FTOP)* although local youth service agencies may develop and use their own program name. Examples of some current program names includes: *Positive Adolescent Social Skills (PASS)* (Moore Youth and Family); *Positive Turning Points (PTP)* (Northwest Family Services, Inc., Alva); *New Directions* (McClain and Garvin Counties Youth Services); and, *Skills Education Program (SEP)* (Youth Services of Oklahoma County).

## **Program Description**

FTOP is a closed, educationally based 12-hour group that by design is both diversionary and preventative. The FTO program curriculum,

*It's My Life*, was designed to teach and/or enhance a variety of skills that will not only minimize the likelihood of youthful re-offending; but most importantly, will improve the likelihood that the participants will make better life choices, experience healthier family dynamics, and an improved sense of self-competency. Since family members generally play a key role in the lives of youth referred to the program, at least one parent/legal guardian or alternate parenting-adult is **required** to attend all sessions with the referred youth.

The *It's My Life* curriculum is most appropriate for ages 13-18, although it can be modified for younger youth.

The First-Time Offender Program consumers and their families benefit from the integration of several evidence-based methodologies and practices within the program delivery. Program facilitators are encouraged to employ empirically supported, research-derived practices and to remain informed regarding developments in the field. First-Time Offender Program Facilitators may utilize a number of identified intervention strategies/practices, which may be research supported. Those practices may include, but are not limited to, the following:

- Youth entering the program receive individual assessments, which can tailor their experience within the First-Time Offender Program. Additionally, the individual assessment may be used to identify appropriate referrals for additional interventions such as Cognitive Behavioral Therapy; individual, family or group counseling; or other rehabilitative or psycho-educational services.
- FTOP is highly structured.
- Facilitators work to change youth cognitions in order to change delinquent behavior.

- The Program is structured to address risk factors within CORE areas such as communication, emotional regulation, and decision-making.
- Parents and/or other family members participate in the Program.
- The facilitator together with the youth may review assigned homework.
- Repeated practice of selected skills.
- Use of Rewards and Contracts.

## Program - Expected Outcomes

The OAYS Outcomes standards for FTOP are as follows:

1. Effectiveness – In order to meet effectiveness standards, FTOP shall strive to achieve a recidivism rate of less than 20%.
2. Efficiency – In order to meet efficiency standards, FTOP shall strive to achieve at least an 80% annual rate of completion for youth starting the program.
3. Program Evaluation – In order measure the FTO program impacts and efficacy, each Youth and their parent/legal guardian or family participant will complete the FTOP Evaluation Survey at three time points. **Time 1 - during Intake, Time 2 - Session 1 before exposed to session content, and Time 3 – upon completion of the last session of curriculum content.**
4. Client Satisfaction – In order to meet client satisfaction standards, each Youth and their parent/legal guardian or family participant will complete a client satisfaction survey, when possible.

**Section II**

**Referral Process and  
Community Service Agreements**



# OAYS First-Time Offender Program Guide

## Section II

### Referral Process and Community Service Agreements

OAYS program standards requires that each Youth Service Agency receiving funding specifically for FTOP services shall complete annually, a formal written Community Service Agreement for each county in which the FTOP is implemented. That agreement shall, at a minimum, include the following:

1. The definition of the Program.
2. A description of the referral process including a current version of the Agency referral form.
3. A statement indicating which agencies may refer to the Program.
4. The signature(s) of representatives of the agencies to be involved in the Program.

A formalized Community Service Agreement is in keeping with the philosophy of Community Based Youth Services, which emphasizes local input in program services delivery. The Community Service Agreement provides each community with the opportunity to identify youth from their local area that are in need of services as well as to determine the most effective manner for referrals to be made to the agency.

*The Community Service Agreement is **required** to be signed and **annually** updated by all applicable entities.*

## **Referral Process**

A description of youth eligible for referral to the program as well as the referral process will be included in the Community Service Agreement developed by each youth service agency, dependent upon the statutes governing their respective counties. In counties with a Juvenile Bureau (Canadian, Comanche, Oklahoma, and Tulsa), the plan will be developed with and approved by the Juvenile Bureau, the presiding judge, district attorney, local law enforcement officials, or other referral sources, as applicable. In the remaining Oklahoma counties, the youth who may be referred to the program as well as the referral process may be approved by the judge delegated to review juvenile cases, the district attorney, Juvenile Services Unit (JSU), local law enforcement officials, or other referral sources, as applicable.

The referral plan in the Community Service Agreement should include a description of what comprises an appropriate referral to the program including, but not limited to, the following:

- The appropriate ages for program referral
- Types of offenses
- The method of referral to the program with current version of the agency's referral form attached.
- Information that may be reported back to the referral source

# **Section III**

## **Program Services**

# OAYS First-Time Offender Program Guide

## Section III

### Program Services

#### Intake & Assessment

Youth Services will receive the referral form and schedule an appointment with the youth and their parent/legal guardian(s) to insure appropriateness for participation in the FTO program. Individual assessment is **required** to determine appropriate services. The Youth and the parent/legal guardian(s) are required to attend. The assessment and subsequent enrollment are required to include the following:

1. Provide service information to the youth and parent/legal guardian in order to facilitate their understanding of, and commitment to, completing the Program. The youth and their parent/legal guardian(s) will be provided with informed consent, the behavioral expectations for group participants, and attendance requirements.
2. The youth and parent/legal guardian(s) will review and sign informed consent documents specific to Confidentiality Statement, Participant's Rights/Grievance Procedure, Behavioral Contract, Consent for Services/Service Plan/Participation Agreement.
3. Based upon the needs of the referred youth, the reason(s) for the referral and/or as determined by the policies of each youth service agency, a variety of assessment instruments may be utilized during the assessment process. If it is determined that a youth is inappropriate for the program services, a referral for alternative program services will be initiated.

4. Collect sufficient data to meet the minimum requirements for the OAYS/JSU information management system (JOLTS).
5. Both the youth and parent/legal guardian will complete the on-line Time 1 FTOP Evaluation Survey.
6. Following the assessment process, the youth and parent/legal guardian(s) may be enrolled in the next available program service. Each agency may locally determine the need to place youth in separate program classes of age and/or level of maturity (e.g.; 10-13 year olds and 14-17 years olds, respectively); court jurisdiction (e.g.; municipal court referrals, district court referrals, etc.); and offense.
7. There shall be documentation of the assessment and enrollment session with each youth and their parent/legal guardian(s) to insure appropriate agency service delivery. At a minimum that will include the following:
  - Date of the session
  - Persons present
  - Reason for the referral/presenting problem
  - Assessment of the youth's suitability for the program
  - Instructor's signature
8. During the assessment process, and over the course of service delivery, agency providers will assess the need(s) of each client for supplemental or additional services and make appropriate referral, as applicable.

## **Service Initiation**

OJA contract requirements state that the Program group is to be initiated within thirty days (30) of program referral.

## Minimum Expectations

1. The FTOP group size may range from, a minimum of (2) participants (1 youth & 1 adult), to no more than thirty (30) participants (15 youth & 15 adults). *A single facilitator-to-participant ratio shall be no greater than 1:24 this includes both the youth and their family member(s).* The agency FTOP Coordinator will consider the facilitator to participant ratio according to the agency's safety protocol to determine when co-facilitation is required.
2. The youth and their family member(s) are required to attend a minimum of twelve (12) hours of program curriculum. The session scheduling may be delivered in a configuration that works most effectively and efficiently for each youth service agency. As an example, the program services may be delivered in six (6) two-hour sessions, four (4) three-hour sessions, weekly, bi-weekly or on weekends. As the result of the flexibility in group scheduling, the sessions may take place over several days and/or weeks.
3. Attendance of the youth and their parent/legal guardian is required for the youth to successfully complete the program. Although it is preferred that the parent/legal guardian(s) attend with the youth, if extenuating circumstances exist which precludes the parent/legal guardians ability to attend, then an alternate parenting-adult may participate in lieu of the parent/legal guardian(s). Siblings may not participate as the "alternative parenting-adult".
4. The preferred method for group presentation of the program curriculum is jointly with both the youth and their family participant(s) present. However, there may be an occasion wherein individual sessions may be required based upon a youth's program and/or service delivery needs.

5. The *It's My Life* participant workbook must be provided to each youth and their parent. All homework must be completed as assigned.
6. By the end of the program, each agency will provide a comprehensive list of area resources that outline all available services in their area that families may access when they are in need of assistance.

# **Section IV**

## **Session Content Outline**



# **OAYS First-Time Offender Program Guide**

## **Section IV**

### **Session Content Outline**

The First-Time Offender Program is designed to provide six (6) core curricula and two (2) Optional supplemental sessions. While the session contents are written and presented in a specific order, it is at the discretion of each facilitator to determine the order of their group sessions based upon the service needs of each particular group population as well as their own stylistic considerations.

## **CORE SESSIONS**

### **Session 1    Introductory Session**

- Program Philosophy and Keys to Success
- Overview of Program Sessions
- Program Rules and Behavioral Contract
- Obstacle Story and Celebration of Mistakes
- Juvenile Justice System/JOLTS
  - Definition of Terms
  - Understanding probation/parole/custody
  - Repeat Offenses
- Umbrella of Authority
- Offense Cycle
- (Reflection ) What are you taking home?

### **Session 2    Communication**

- Previous Session Overview
- CORE Assumptions about Communication
- Filters to Good Communication
- Danger Signs in Communication

- Time Out Strategy
- Focused Listening and Skillful Talking
  - Speaker/Listener Technique
- XYZ Statements
- (Reflection ) What are you taking home?

### **Session 3    Emotional Regulation**

- Previous Session Overview
- Iceberg Theory
- Amygdala Hijack
- Anger Styles
  - Positive and Negative Expressions of Anger
- Events, Issues and Hidden Issues
- Stress and Anxiety
- Calming Skills
- (Reflection ) What are you taking home?

### **Session 4    Smart Choices**

- Previous Session Overview
- Personal Road Map
- Decide, Don't Slide
- Problem Solving as a Family
- S.T.A.R.
- Adolescent Development/Umbrella of Authority
- Peer Pressure
- (Reflection ) What are you taking home?

### **Session 5    Cultural Awareness and Values**

- Previous Session Overview
- Culture
- Prejudice, Stereotyping & Discrimination

- 
- Where Do Your Values Come From?
- Three Types of Values
  - Ideas/Material/Experiential
- Teen vs. Parent Values (Conflicting Values)
- (Reflection ) What are you taking home?

## **Session 6    Summary-Evaluation-Graduation**

- Review Program Goals
- Summary Program Content
- FTOP Evaluation
- Celebrate
  - Certificates
  - Referrals and Resources

## **SUPPLEMENTAL SESSIONS**

### **Session 7    Substance Use**

### **Session 8    Family Systems**

# **OAYS First-Time Offender Program Guide**

## **Section V Completion Process**

### **CRITERIA FOR COMPLETION**

The youth and either their parent/legal guardian(s) or other parenting-adult must complete all (12) hours of the program in order to successfully complete the program and to receive a Certificate of Completion. No more than two (2) hours of program services can be missed, and only with prior notification and/or in the case of an emergency or extreme illness. When the two (2) hours of program services are missed, they must be made-up by both the youth and their family participant either over the course of the scheduled programming, or immediately upon its completion.

### **CERTIFICATE OF COMPLETION**

A Certificate of Completion is given to each youth and family participant(s) upon successful completion of the program.

### **EVALUATION AND FOLLOW-UP**

#### **First Time Offender Program Evaluation**

Both the youth and the participating adult will complete the FTO program evaluation at three different time points throughout the program; once during the Intake meeting (time #1), once prior to starting session 1 (time #2), and once at the end of the last session (time #3).

**Final Instructor's Report** (See Appendix "B")

Program instructors will complete an evaluation on each youth and their family participant(s) regarding their participation in the program sessions and any recommendations for additional services they determine a participant may need. A copy of this report will be maintained in the client record and a copy forwarded to the referral source, as appropriate and/or applicable.

**Follow-Up Report** (See Appendix "")

A follow-up report on each program participant will be sent to the referral source as established and agreed upon in the Referral Plan Agreement, and per individual agency requirements/standards.

# **Section VI**

## **Case File Content**

# **OAYS First-Time Offender Program Guide**

## **Section VI**

### **Case File Content**

Based upon the CBYS contract language set forth by the Office of Juvenile Affairs (OJA), in conjunction with the OAYS FTOP Committee, the following documentation standards have been established. It is required that all program service providers maintain both an individual case record and a group record for FTOP program service recipients.

### **Individual Case Record/File**

The following are the **minimum** individual case record requirements:

- Referral Form
- Intake/Assessment
- Consent for Services/Service Plan /Participation Agreement
  - Service Plan is to be completed at intake; goal oriented; time restricted; dated and signed by the worker and youth.
- Confidentiality Statement
- Behavioral Contract
- Participant Rights/Grievance Notice
- Consent for Release of Confidential Information
- Testing Information (as applicable)
- Final Instructor's Report

See Appendix "A" for required Individual Case File forms you may copy and use.

## Group Record File

The minimum requirements for the group file include:

- Attendance Roster/Group Sign-in Sheets
  - Includes the instructor's name, participants' names (signatures), date and time/length of service, and instructor's signature. **The Attendance Roster takes the place of individual progress notes.**
- FTOP Participant Program Evaluation/Satisfaction Survey
- Workshop Summary Report/Reimbursement Form (per agency contracts).

See Appendix "B" for required Group Case File forms you may copy and use.

## Optional Additional Individual Case Record/File Forms

- Correspondence
- Special Incident Report
- Additional documentation, as applicable

See Appendix "C" for samples of other forms you may choose to use



# **Section VII**

## **Instructor Certification**

# **OAYS First-Time Offender Program Guide**

## **Section VII**

### **Instructor Certification**

Each Youth Service agency shall maintain in the personnel files documentation of certification for each instructor of the First-Time Offender Program. Certification may be achieved by the following methods, or in combination thereof:

#### **Full Instructor Training**

- Participate in the annual three-day It's My Life Instructor training or completion of twelve (12) hours of program curriculum training provided through OAYS contractual partnerships with Project Relate Master-Trainer.

#### **Provisional Training**

- Completion of a one-day training provided by the Project Relate Master-Trainer.

#### **Co-Facilitator Training**

- Co-Facilitators may teach the It's My Life (IML) curriculum only under the direct supervision of a fully trained IML Instructor.
  - Co-facilitators may not teach in a setting independent of the fully trained IML facilitator.

**Section VIII**  
**Supplemental Contract**

# **OAYS First-Time Offender Program Guide**

## **Section VIII**

### **Supplemental Contract**

#### **Supplemental Program Reimbursement**

Each youth service agency may choose to enter into a contract agreement with OAYS to provide specific reimbursable program services that promote delinquency prevention and diversion from the court process, as well as sustaining healthy marriages in communities throughout the state of Oklahoma. Each agency contract will describe the allowable services eligible for payment and payment amounts. A copy of the current contract, including applicable documentation requirements is included in this section.



## OKLAHOMA ASSOCIATION OF YOUTH SERVICES CONTRACT WITH YOUTH SERVICE AGENCIES

The Oklahoma Association of Youth Services (OAYS) is entering into an agreement with member agencies to provide services to promote delinquency prevention and diversion from the court process and sustain healthy marriages in communities throughout the state of Oklahoma.

This agreement is entered into this \_\_\_ day of \_\_\_\_\_, 2016 between the Oklahoma Association of Youth Services (OAYS) and \_\_\_\_\_ (hereafter referred to as the contracting agency) having a place of business in the following location: Address: \_\_\_\_\_ City \_\_\_\_\_ Oklahoma Zip \_\_\_\_\_. This contract pertains to the allowable services eligible for payment and the agreed payment amounts as described below:

**IT'S MY LIFE FTOP PROGRAMS** - will consist of a youth (with accompanying adults) attending and participating in the same group. Using the *It's My Life* curriculum, OAYS member agencies will provide a minimum of 12 hours of relationship & healthy choices education to youth and their parents/guardians. While other formats may be used, the preferred format for curriculum delivery is six, two-hour sessions.. Successful completion of the program is defined as a youth participating in 70% (eight hours) of the 12-hour *It's My Life* curriculum. Instructor training, instructor materials, reporting forms and participant materials will be provided by the OKDHS at no charge to OAYS member agencies. A flat rate of \$40 will be remunerated to the OAYS member agency for every youth completing the *It's My Life* Program. These funds are available as program supports to reduce obstacles that prevent the attendance or successful completion the program. Examples would include transportation or childcare vouchers, light meals and refreshments, acknowledgements of completion or other specific program supports identified within a given group.

**WITHIN MY REACH PROGRAM (SINGLES)** - will consist of a minimum of five single heads of households attending and participating in the same group or may be an aggregate of more than one program to reach the number of 5 couples receiving service. Using the *Within My Reach* curriculum, OAYS member agencies will provide a minimum of 14 hours of *Within My Reach* relationship education curriculum to single individuals. While other formats may be used, the preferred format for curriculum delivery is seven, two-hour sessions. These relationship education programs will be offered at no charge and will be open to any single head of household wishing to attend; **couples are not to attend *Within My Reach***. Successful completion of the program is defined as an individual participating in 70% (ten and one half hours) of the 14-hour *Within My Reach* curriculum. Instructor training, instructor materials, reporting forms and participant materials will be provided by the OKDHS at no charge to OAYS member agencies. A flat rate of \$600 will be paid to the OAYS member agency for every five participants completing the *Within My Reach* Program

## Guidelines for Payment

All payments for the above program groups are paid to the Agency not the Individual instructor. The local agency director determines the rate of reimbursement to individual/instructors.

**INSTRUCTORS:** Only Instructors having *completed* full or provisional instructor training for each of the respective curricula are eligible to provide services.

**AGENCIES:** All Project Relate (PRO) documentation i.e. "Workshop Summary" forms, must be submitted prior to payment.

The contracting agency has read and agrees to abide by all guidelines and definitions payment documentation. The contracting agencies furthermore agree to deliver services utilizing the appropriate curriculum as a core framework and provide all supportive documentation to OAYS for payment. In return OAYS and the contracting agency agrees to the following terms:

1. **Payment:** Payment for reimbursement will be made within net 30 days of receipt of claim. Insufficient or missing documentation will delay processing of payment until all documentation is received by OAYS. All payments will be made payable to the contracting agency.
2. **Termination:** This Agreement commences on the date written above and shall remain in force until terminated by one or both parties. This agreement will terminate without further notice thirty-days (30) after OAYS funding ceases or the contract is canceled. Either party may terminate this Agreement at any time by giving written notice to the other party thirty days (30) prior to terminating services.
3. **Relationship Limitations:** The contracting agency shall serve as an independent contractor, and this Agreement will not be deemed to create a partnership, joint enterprise, or employment between the parties. The contracting agency is required to make all appropriate filings to, account for and make all payments required by the Local, State and Federal taxing authorities.
4. **Interpretation of Contract:** This agreement may not be changed except in writing, signed by the OAYS executive director and the authorized procurement official of the contracting Agency. This writing contains the entire agreement between the parties.

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Contracting Agency Executive Director

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Shawn Black, OAYS Executive Director



# WORKSHOP SUMMARY REPORT



## *It's My Life*®

This report is to be filled out by the workshop leader for one workshop upon completion

Leader Instructor: \_\_\_\_\_ Agency: \_\_\_\_\_  
 County: \_\_\_\_\_

Workshop Team: 1 \_\_\_\_\_ Co-leader  
 2 \_\_\_\_\_ Co-leader

Facility: \_\_\_\_\_  
 Address of Facility: \_\_\_\_\_  
 City/Town: \_\_\_\_\_

### Dates and Times of the Workshop by Sessions:

Date of Session	Beginning Time	Ending Time	Date of Session	Beginning Time	Ending Time	Date of Session	Beginning Time	Ending Time
#1			#5			#9		
#2			#6			#10		
#3			#7			#11		
#4			#8			#12		

Total Number of Workshops Sessions: \_\_\_\_\_ Total Number of Contact Hours: \_\_\_\_\_

Executive Director: \_\_\_\_\_

**\*\*Attention workshop leaders:**

*1) Please make sure to include the "Participation Report" on the backside of this form.*

Return forms to the OAYS office at 201 NE 50<sup>th</sup> Street  
 Oklahoma City, OK 73105 Attn: Linda Jordan  
 (405) 528-4120- office (405) 528-4214 – fax

OMI Approval
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# WORKSHOP SUMMARY REPORT



This report is to be filled out by the workshop leader for one workshop upon completion

## It's My Life® Participation Report

First Name Last Initial	# 1Session	# 2Session	# 3Session	# 4Session	# 5Session	# 6Session	# 7Session	# 8Session	# 9Session	# 10Session	# 11Session	# 12Session
<b>ADULTS :</b>												
<b>YOUTH :</b>												

IF YOU HAVE MORE THAN THIS IN YOUR CLASS, PLEASE ATTACH AN ADDITIONAL PAPER TO THIS FORM TO COMPLETE ROLL. IF YOU HAVE MORE THAN 12 SESSIONS, PLEASE SPLIT COLUMNS, OR ATTACH.

Return forms to the OAYS office at 201 NE 50<sup>th</sup> Street  
 Oklahoma City, OK 73105 Attn: Linda Jordan  
 (405) 528-4120- office (405) 528-4214 – fax






# WORKSHOP SUMMARY REPORT



This report is to be filled out by the workshop leader for one workshop upon completion

## **Within My Reach® Participation Report**

First Name Last Initial 	# 1Session	# 2Session	# 3Session	# 4Session	# 5Session	# 6Session	# 7Session	# 8Session	# 9Session	# 10Session	# 11Session	# 12Session
Participant												

IF YOU HAVE MORE THAN THIS IN YOUR CLASS, PLEASE ATTACH AN ADDITIONAL PAPER TO THIS FORM TO COMPLETE ROLL. IF YOU HAVE MORE THAN 12 SESSIONS, PLEASE SPLIT COLUMNS, OR ALSO ADD THIS ON AN ADDITIONAL PIECE OF PAPER. THANKS!

Return forms to the OAYS office at 201 NE 50<sup>th</sup> Street  
 Oklahoma City, OK 73105 Attn: Linda Jordan  
 (405) 528-4120- office (405) 528-4214 – fax

# **Appendix “A”**

## **Individual Case File Forms**

# FTOP INDIVIDUAL FILE CHECKLIST

Participant's Name: \_\_\_\_\_ ID: \_\_\_\_\_

## ***LEFT SIDE***

DATE COMPLETED

- \_\_\_\_\_ Consent for Service/ Service Plan/ Participation Agreement
- \_\_\_\_\_ Confidentiality Statement
- \_\_\_\_\_ Behavioral Contract
- \_\_\_\_\_ Participant Rights/ Grievance Notice
- \_\_\_\_\_ Consent for Release of Confidential Information

## ***RIGHT SIDE***

DATE COMPLETED

- \_\_\_\_\_ Intake/Assessment
- \_\_\_\_\_ Referral Form
- \_\_\_\_\_ Final Instructor's Report
- \_\_\_\_\_ Testing Information

**Local Name of Program / First Time Offender Program  
REFERRAL FORM**

Date: \_\_\_\_\_

Juvenile Enrolling:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: \_\_\_\_\_ JOLTS #: \_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

Home

Work

Other

Referral Source:

JSU \_\_\_\_\_

Worker's Name: \_\_\_\_\_

School \_\_\_\_\_

Offense: \_\_\_\_\_

Other \_\_\_\_\_

Priors: \_\_\_\_\_

Disposition: \_\_\_\_\_

For (Your Agency) use:

Flier Mailed \_\_\_\_\_

Enrolled in program starting \_\_\_\_\_

Date

\_\_\_\_\_  
Signature of Person Taking Enrollment

**CONSENT FOR SERVICES / SERVICE PLAN  
PARTICIPATION AGREEMENT**

**PRESENTING PROBLEM:**

The participant was referred to **(INSERT AGENCY NAME OF FTOP GROUP)** due to a law violation, status offense, problems with authority, or being “at risk”.

**SERVICE GOALS:**

To receive information about: (1) The Juvenile Justice System/Offense Cycle; (2) Communication; (3) Emotional Regulation; (4) Smart Choices; (5) Cultural Awareness/Values.

**METHOD OF PARTICIPATION AND SERVICE:**

Attend class for six (6) sessions for a minimum of twelve (12) hours during the time frame \_\_\_\_\_, with continuing services if needed upon completion of the program.

**CONSUMER PARTICIPATION AGREEMENT:**

I acknowledge that I have been informed of my rights and have been given a summary of those rights under federal and state confidentiality regulations (42CFR and O.A.C. 450:11-11-10 C2), and I authorize the **(INSERT AGENCY NAME OF FTOP GROUP)** to release case record information for the purpose of program audit, evaluation, and securing payment for services.

I have consented to receive services, and/or authorize services for my child, in the **(INSERT AGENCY NAME OF FTOP GROUP)**. I have participated in, and am aware of, this service plan established to address the identified problem, and I agree to participate in the **(INSERT AGENCY NAME OF FTOP GROUP)**.

_____ Participant	_____ Date	_____ Parent/Guardian	_____ Date
_____ FTOP Provider	_____ Date		

# **CONFIDENTIALITY STATEMENT**

## **Confidentiality of Participant Records**

**Federal law and regulations protect the confidentiality of participant records maintained by this program. Generally, the participant attends the program and no disclosure of any participant information including the identification of a participant as an alcohol or other drug abuser is released unless:**

- 1) The participant consents in writing.
- 2) The disclosure is allowed by a court order; or
- 3) The disclosure is made to medical personnel in a medical emergency, or if a person is deemed to be in imminent danger.
- 4) The disclosure is made to qualified personnel for research, audit or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a participant either at the program or against any person who worked for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations).

Since part of the cost of your treatment may be paid by federal, state, or local sources, these sources have the right to review client files to verify that these services have been delivered appropriately. This review is done for accounting or evaluative purposes only, with no files or clinical information removed from this agency. Others having review access to your file are agency staff, consultants, and accountants.

### **Participant Agreement of Confidentiality**

**As a participant of the First-Time Offender Program sessions, I do agree to respect the privacy of others by not discussing any individuals or their problems, which are disclosed during group sessions.**

I can expect to receive the same courtesy from other group members.

Failure to uphold this agreement will result in referral back to the initial referral source.

Participant	Date	Parent/Guardian	Date
FTOP Provider	Date		

# BEHAVIORAL CONTRACT

## Expectations for Group Members

1. Attendance is taken at each session, and any group member who is over (to be decided by the individual agency. Not to exceed 15 minutes) minutes late will be counted absent and will not be admitted to that session.
2. Classes are mandatory for the participant as well as their accompanying adult. If an absence is unexcused, you will not complete the program.
3. Absences will only be excused in cases of extreme emergency. Any excused absence requires a make-up session. Any absences thereafter and the participant will be discharged from the program. If discharged from the program, you may have an opportunity to begin the next available program. *Note: you must be present at the first session.*
4. It is the participant's responsibility to contact the First Offender Program Coordinator in the case of an emergency to have the absence excused. It is then the decision of the Coordinator whether or not the absence is excused. If the participant fails to contact the Coordinator they will not be admitted into the next session.
5. All conversations are to remain confidential. This would include any instructors, guest speakers, and participants.
6. Children, friends or family members not enrolled in the program will not be allowed to attend group sessions.
7. Uses of tobacco, E-cigarettes, vapes, alcohol, drugs or other substances are not permitted on the premises. If you choose to violate this policy, will be asked to leave and it will be counted as an unexcused absence.
8. All Cell phones must be turned off or set to vibrate and **MAY NOT BE USED** during class times. Food and drink will be allowed at the discretion of the facilitator, and only if they are not a distraction to other participants. (Agency may want to include your individual rules on this)
9. We will take a short break approximately halfway through each session. Please remain in the building during that time. In consideration of others in the building, please keep noise and commotion down. (Agency may want to include your individual rules on this)
10. Participants are expected to participate with group activities and discussions in order to receive credit for each session. Any assigned homework must also be completed in a timely and thorough manner to successfully complete the program.

Participant	Date	Parent/Guardian	Date
FTOP Provider	Date		

## PARTICIPANT RIGHTS/GRIEVANCE NOTICE

**THE PARTICIPANT HAS THE RIGHT:**

1. To be respected as an individual and be treated with dignity. Staff members shall perform their duties in a manner that reflects professional and ethical conduct.
2. To be free from discrimination because of race, color, age sex, marital status, religion, national origin, disability, pregnancy or ability/refusal to pay.
3. To have safeguarded the fundamental human, legal and civil rights of the participant and the participant's family.
4. To have all case information treated confidentially, protected against loss, theft, defacement, tampering or use by unauthorized persons; and released only as required by law or by participant's written consent.
5. To participate (with his/her family if desired) in service planning, when such is appropriate, after careful and complete explanation as to the nature of service or service alternatives.
6. To be informed of, and have access to, written information about the fee schedule, program rules and participant rights.
7. (A) To refuse services. (B) To receive an explanation concerning the reason for being denied certain services.
8. GRIEVANCES: (A) To express opinions and recommendations in writing to the Executive Director. (B) To be advised of the grievance process to voice complaints. The complaint shall be reported on the appropriate form (Participant Complaint/Grievance Report) and submitted to the Supervisor on site. (This should be adjusted to match whatever language is in your agency's grievance policy)

**I acknowledge that I have been informed of my rights and have been given a summary of those rights under the Federal and State confidentiality regulations (42CFR and O.A.C. 450:11-11-10C2).**

Participant	Date	Parent/Guardian	Date
FTOP Provider		Date	



## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand that records are protected under Federal and State Confidentiality Law and Regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations.

I/We hereby authorize (INSERT AGENCY NAME) to disclose and receive the following protected health information regarding:

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_\_ Phone : \_\_\_\_\_ Address: \_\_\_\_\_

Specifically describe the information to be disclosed, including, but not limited to, descriptors such as date of service, type of service.

---

This protected health information is being disclosed for the following purposes:

---

---

This authorization shall be in force and effect \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_ at which time this authorization to disclose this protected health information expires. (DATE SEEN) (6 MONTHS)

I understand that I have the right to revoke this authorization, either orally or in writing, at any time by sending such written notification to, (INSERT NAME), the Privacy Officer for (INSERT AGENCY NAME). I understand that a revocation is not effective to the extent that (INSERT AGENCY NAME) has relied on the disclosure of the protected health information.

### Prohibition on Redislosure

No information received from other sources on a Consumer/Participant may be released to another agency or individual. All information released by (INSERT AGENCY NAME) may not be redisclosed and is "stamped" as such. I understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal and state law.

The information authorized for release may include information that may indicate the presence of a communicable or non-communicable disease that may include, but is not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea, and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

**Re: Psychiatric Records** - Oklahoma State Law, Title 43A; Provides for "A person who is or has been a patient of a psychiatric, psychotherapy, mental health facility, alcohol or drug abuse treatment facility or service, other agency for the purpose of mental health or alcohol or drug abuse care and treatment shall be entitled to personal access to such person's mental health or alcohol or drug abuse treatment information unless such access is reasonably likely to endanger the life or physical safety of the patient or another person as determined by the person in charge of the care and treatment of the patient".

In accordance with Title 10 OS Sec. 5.2, any information or any record relating to a minor child, upon request, shall also be provided to the non-custodial parent of the child . . . shall include, but not limited to, information and records kept by the school, physician and medical facility of the minor child.

**Re: For Criminal Proceedings** - The information disclosed may only be redisclosed to carry out the recipient's official duties with regard to the participant's criminal proceeding and may not be used in other proceedings, for other purposes, or with respect to other individuals. Disclosure made is bound by the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records. (42 U.S.C. 200dd-2; C.R.R. Part 2)

**Re: Drug/Alcohol Abuse Records** - Confidentiality of drug/alcohol abuse records is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. The Federal rules restrict any use of the information to criminally investigate or prosecute an alcohol/drug abuse patient.

(INSERT AGENCY NAME) will not condition my treatment, payment, and enrollment in a health plan or eligibility for benefits if applicable on whether I provide authorization for the requested disclosure.

I understand I have the right to: Inspect or copy the protected health information to be disclosed as permitted under federal and state law. (You may not inspect health information that is subject to law that prohibits access to protected health information, i.e. psychotherapy notes).

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
FTOP Provider

\_\_\_\_\_  
Date

## Final Instructor's Report

Instructors: \_\_\_\_\_ Class Dates: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

JOLTS Number: \_\_\_\_\_

Did the participant successfully complete the program?     Yes     No

Comments: \_\_\_\_\_

---

### Scale of Effectiveness: (Circle One)

0.	1.	2.	3.	4.	5.
Family/Child Not Willing To Participate	NO Indication of Benefit in Meeting Need	Limited Indication of Benefit	Some Degree of Effectiveness	Client Demonstrating Limited Benefits	Client Demonstrating Expected Benefits

Did the participant meet behavioral expectations? (Attendance, homework, etc.)

Did the participant appropriately participate in activities and discussions?

Comments specific to needs of referral source/aftercare referral or further services:

\_\_\_\_\_  
FTOP Provider                      Date                      FTOP Provider                      Date

**FIRST TIME OFFENDER PROGRAM – INTAKE/ASSESSMENT**

Date of Intake/Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_:\_\_\_\_ π AM π PM End Time: \_\_\_\_:\_\_\_\_ π AM π PM Total Time: \_\_\_\_\_  
\_\_\_\_\_

**IDENTIFYING INFORMATION / SOCIAL STATUS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Client ID: \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: π M π F Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Referral Source<sup>1</sup>: \_\_\_\_\_ Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Status: π N/A π INS π DEL π DEP π DPA π Other: \_\_\_\_\_

In the custody of: \_\_\_\_ π Parent π Legal Guardian π OJA π DHS π N/A

Special Instructions (re: severe allergies, asthma, seizures diabetes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT** (If participant is under 18 or under legal guardianship list

Parent/Guardian)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

<sup>1</sup>Optional JOLTS reference numbers:

Referral Source Codes: 01 – Self, 02 – Friend, 03 – Family, 04 – JSU, 05 – Child Welfare, 06 – Court/DA,  
07 – Law Enforcement, 08 – School, 09 – Other Agency, 10 - Other

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **PRESENTING PROBLEM**

Identification of Issues Leading to Request for Services<sup>2</sup>:

History of Presenting Problem:

---

---

### **PRESENT LIVING ARRANGEMENT**

π Alone   π With Family/Relatives   π With Non-Related Persons   π Other: \_\_\_\_\_

π Single Parent Family   π Two Parent Family   Number of Persons in Home: \_\_\_\_\_

### **FAMILY OF ORIGIN**

Biological Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

<sup>2</sup> Reason for Referral: 01 – Home/Family Problems, 02 – School Problems, 03 – Runaway, 04 – Law Violation, 05 – Awaiting Placement, 06 – Drug/Alcohol Problems, 07 – Physical Abuse, 08 – Sexual Abuse, 09 – Neglect, 10 – Suicide Threat/Attempt, 11 – Employment Problems

Biological Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Siblings/Step-Siblings:

Name: \_\_\_\_\_ Address \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Address \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Address \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Address \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Address \_\_\_\_\_  Brother  Sister

Others in Home:

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

### **EDUCATIONAL**

Name of School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Attending  Expelled  Suspended  Dropped out  IEP  N/A  Other: \_\_\_\_\_

Reading Ability?  Yes  No Does the participant read on grade level?  Yes  No

Does the participant attend Public School?  Yes  No

Other Educational Issues/Difficulties/History:

\_\_\_\_\_  
\_\_\_\_\_

### **CLIENT STATED - STRENGTHS, WEAKNESSES, INTERESTS AND HOBBIES**

Strengths:

\_\_\_\_\_

Weaknesses:

---

Interests/Hobbies:

---

How do you feel about your life right now?

---

### **MEDICAL , MENTAL, AND BEHAVIORAL HEALTH**

Does the participant report any past or current significant medical issues and/or diagnoses?

(respiratory, heart, blood sugar, or allergy problems, disabilities, pregnancy, etc.)  Yes  None Reported

If yes, describe:

---

Does the participant report any medication allergies or adverse reactions?  Yes  None Reported

If yes, describe:

---

---

Medications taken:  Yes  None Reported

If yes, list those the participant is currently taking or has taken in the past; indicate current medications by placing a check mark in the box beside the name of the medication.

<u>Medication</u>	<u>Strength &amp; Dosage</u>	<u>Length Taken</u>	<u>Purpose &amp; Side Effects</u>
<hr/>	<hr/>	<hr/>	<hr/>

Have you received any previous mental or behavioral health services? (counseling, group classes, rehab, etc.)

Yes  None Reported If yes, provide the following:

<u>Dates</u>	<u>Type</u>	<u>Where</u>	<u>Purpose and Diagnosis</u>
--------------	-------------	--------------	------------------------------

---

Is assistive technology needed in order to effectively provide services?  Yes  None Reported

If yes, describe:

---

**ALERT INFORMATION** Please check any that apply. If an item is checked, then describe below.

Suicidal Attempts or Ideation     Self Harming     Trauma     Substance Use History  
 Physical/Sexual Abuse     Other    None

**INITIAL OBSERVABLE CONDITION OF THE PARTICIPANT:**

---

**APPROPRIATENESS FOR PROGRAM / REFERRALS**

List initial impressions regarding appropriateness for the program and most applicable topics:

---

---

List any anticipated referrals to be made:

---

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Staff Signature

Title/Credentials

Date

# **Appendix “B”**

## **Group Case File Forms**



# Group File Checklist

Class Dates: \_\_\_\_\_

\_\_\_\_\_ *Attendance Roster/ Group Sign-in Sheets*

\_\_\_\_\_ *Participant Program Evaluation/Satisfaction Surveys*

\_\_\_\_\_ *Workshop Summary Report/Reimbursement Form*

# FTOP GROUP ATTENDANCE ROSTER

DATE: \_\_\_\_\_

BEGINING TIME	ENDING TIME	TOTAL TIME

Facilitator Name(s): \_\_\_\_\_

**CURRICULUM TOPIC:** (circle one)

- Intro, Juvenile Justice System      Communication      Emotional Regulation  
 Smart Choices      Values, Cultural Awareness      Closing, Graduation

Name of Participant and Parent(s)	Signatures
1. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
2. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
3. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
4. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
5. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
6. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
7. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
8. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
9. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	
10. (ENTER PARTICIPANT'S NAME)	
(ENTER PARENT/GUARDIAN NAME)	

\_\_\_\_\_

Facilitator's Signature

# FTOP Participant Program Evaluation/Satisfaction Survey

Instructor(s): \_\_\_\_\_ Class Dates: \_\_\_\_\_

I am an:    Adolescent \_\_\_\_\_ Adult \_\_\_\_\_ Name (optional): \_\_\_\_\_

Based upon your observations, please rate all statements by circling one of the following:

The program was explained clearly to me at intake.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

The class started and ended on time.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

I was treated with respect.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

As a result of the program, I learned some new things about myself and others.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

I have already started using what I learned in this class.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

Which session was most helpful to you, and why?

---

---

What are two things you learned from this program?

1. \_\_\_\_\_

2. \_\_\_\_\_

What could the instructor have done differently in order to help you more?

---

I wish I could have learned

---

Other Comments:

---

---

# Appendix “C”

Samples of other forms you may want to use

Contact Letter Example

Contact Letter / Announcement

JSU Report Letter

Certificate of Completion

Notice of Privacy Practices Acknowledgement

Consent - Use and Disclosure of Health Information

Acknowledgement and Consent for Treatment

# Contact Letter Example

To: \_\_\_\_\_

Date: \_\_\_\_\_

RE: **'It's My Life'** (First Time Offender Program)

Defined in the Oklahoma Juvenile Reform Act, alternative diversion programs for first-time offenders are programs for juveniles who have been identified by law enforcement personnel, the district attorney, or the court as having committed acts which are not serious enough to warrant adjudication through the juvenile court process, but which do indicate a need for intervention to prevent further development toward juvenile delinquency. **It's My Life** is an educational program designed to meet the needs of adolescent youth which will empower them to make better life choices and to prevent further involvement with the Juvenile Justice System.

*(Optional Paragraph)*

*The next **IML** program will begin August 10, 2015. Classes will meet Mondays and Thursdays from 6-8pm at the offices of **Your Agency**, and are to be attended by the enrolled youth and a parent/guardian.*

Successful completion of the program requires attendance at ALL sessions plus an enrollment session **and an exit interview**. If the parent and/or youth miss the first session, they will not be allowed to complete this series of sessions but will be given an opportunity to start the next available program. A schedule is enclosed.

A one and one half hour (1½) intake and enrollment session must be completed before Friday August 7<sup>th</sup>, 2015.

**ENROLLMENT IS LIMITED! CALL 293-XXXX or 282-XXXX TO BEGIN.**

Sincerely,

Jane Smith, M.S.  
First Time Offender Program Coordinator

Enclosure

CONFIDENTIAL

## Contact Letter/Announcement

### **'It's My Life'**

#### **(First Time Offender Program)**

#### **Youth & Parent FAQ's**

**6:00pm – 8:00pm**

Monday, August 10	–	Intro and the Juvenile Justice System
Thursday, August 13	–	Communication Skills
Monday, August 17	–	Emotion Management
Thursday, August 20	–	Smart Choices
Monday, August 24	–	Values and Cultural Awareness
Thursday, August 27	–	Review, Closing, and Graduation

***ALL sessions are to be attended by enrolled youth and parent/guardian.***

***Location: Your agency address***

***Enrollment/Intake: Must be completed PRIOR TO Fri., August 7<sup>th</sup>, 2009.***

***Please call Liz at 293-XXXX or 282-XXXX as soon as possible to ensure an appointment before that date.***

***In case of poor weather conditions,  
call 282-XXXX or 282-XXXX to see if class has been cancelled.***

# JSU Report Letter

August 28, 2009

Juvenile Services Unit, Your County  
200 W. Main, Suite 311  
Guthrie, OK 73000

RE: First Time Offender Program Completion List

The following individuals and their parents or guardians have given informed, written consent to provide the following information to you. The individuals listed below successfully completed the requirements of the YES! First Time Offender Program on August 28, 2009. Copies of the participants' final reports are enclosed for your files.

<b><u>Name</u></b>	<b><u>JOLTS #</u></b>
Edison, Thomas	9920123456
Rigby, Eleanor	9920000007

Please contact me at 282-XXXX if you have any questions.

Sincerely,

Jane Smith, M.S.  
Adolescent Counselor  
FTOP coordinator/facilitator

Enclosures

# **Certificate of Completion**

**James Bond**

**Has completed the requirements of the  
YES! Youth Empowerment System**

**At**

**Logan Community Services, Inc.  
Guthrie, Oklahoma**

**On this 27<sup>th</sup> day of August, 2015**

---

**Instructor's Name**

**Instructor's Name**



**Notice of Privacy Practices  
Acknowledgement Form**

I, \_\_\_\_\_, have read and received a copy of (INSERT NAME OF AGENCY)'s  
Notice of Privacy Practices.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
FTOP Provider

\_\_\_\_\_  
Date

## Consent for Use and Disclosure Of Health Information

I, \_\_\_\_\_, understand that as part of my health care, (INSERT NAME OF AGENCY) originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and treatment to my bill,
- A means by which a third-party payer can verify that services billed were actually provided and,
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professional.

I understand and have been provided with a Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to request restriction as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

I understand that (INSERT NAME OF AGENCY) is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.596 of the Code of Federal Regulations.

I further understand that (INSERT NAME OF AGENCY) reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.529 of the Code of Federal Regulations. Should (INSERT NAME OF AGENCY) change their notice, they will provide me with a revised notice.

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosures for these permitted uses, including disclosures via fax.

I fully understand and accept / decline the terms of this consent.

Participant Date	Date	Parent/Guardian

FTOP Facilitator	Date

ACKNOWLEDGMENTS AND CONSENT FOR SERVICES

FTOP PROGRAM

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID: \_\_\_\_\_

1. PARTICIPANT RIGHTS  
(Participant Rights Provided to Participant at Time of Assessment)

2. CONFIDENTIALITY  
(Agency policy concerning Confidentiality provided to participant)

3. EXCEPTIONS TO CONFIDENTIALITY

Our Agency shall meet the requirements of all applicable state and federal laws, rules, and regulations. Public Law 99-401, amends the federal confidentiality laws to require that cases involving suspected, actual, or imminent harm to children must be reported to child protection agencies and therefore are not covered by confidentiality requirements. This applies only to initial reports of child abuse or neglect and not to requests for additional information or records. Court orders are still required before records may be used to initiate or substantiate any criminal charge or to conduct any investigation of a patient.

Participant records will not be released to other individuals or agencies without your expressed written consent, except upon receipt of a legitimate subpoena, in the event of a valid medical emergency, to meet the requirements of state law that child/elderly abuse to reported or in the event you present a danger to yourself or to others.

Since part of the cost of your treatment may be paid by federal, state, or local sources, these sources have the right to review participant files to verify that these services have been delivered appropriately. This review is done for accounting or evaluative purposes only, with no files or clinical information removed from this agency. Others having review access to your file are agency staff, consultants, and accountants.

4. CONSENT FOR SERVICES AND PARTICIPATION AGREEMENT

- I understand that I was referred to the FTOP (First Time Offender Program) Program as a part of my requirements for court or on a voluntary basis.
- I agree to attend group for (Insert how many hours) hours with continuing services if needed upon completion.
- I have been informed that the purpose of the FTOP Program service plan is to increase knowledge for both parent and child, in the areas of the Juvenile Justice System, decision making/ problem solving, communication, emotional regulation, and values awareness.
- I have consented to receive services, and/or authorize services for my child, in the FTOP Program. I have participated in, and am aware of the above service plan established to address the identified problem and I agree to participate in the FTOP Program.

1. I/We understand and have been notified that I/We will not be denied services regardless of my inability and/or refusal to pay for said services. If able, I/We agree to pay when services are rendered and charged. (If you do not charge anything this may be omitted)
2. I/We have provided the information in the FTOP Intake document and, upon review, find it to be accurate to the best of my/our knowledge.
3. I/We have received a copy of the Participant Rights form.
4. I/We have been given a copy of my Confidentiality Rights.
5. I/We have received, read, and understand the statement in Section III. (Exceptions to Confidentiality).
6. I/We have read Section V (Consent for Services), understand all of its contents and sign my/our name(s) freely, voluntarily and without coercion.
7. I/We have received a copy of the FTOP program rules and have been informed of the agency grievance procedure.
8. I/WE understand that there is a (\$) fee for materials for the FTOP program and it is due by the first night of class. . (If you do not charge anything this may be omitted)
9. I/WE have been informed of how my service plan is developed, and of the program completion criteria and procedures.

_____	_____
Signature of Participant	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature and Credentials of Provider	Date

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Participant ID: \_\_\_\_\_