

TRAINING CURRICULUM

YEAR 1 BASIC PROGRA	1ST QUARTER Life Skills	2ND QUARTER Family As A Unit	3RD QUARTER Behavior Identification/ Clarification	4TH QUARTER Skill Building	Field Trips
Y O U T H	Care of Self <ul style="list-style-type: none"> • Physical • Hygiene • Emotional Attitude Reinforcement Behavior Skills 	Parental Expectations <ul style="list-style-type: none"> • Roles • Working in a Hierarchy Cultural/Cross Cultural • Family Issues <ul style="list-style-type: none"> • Understanding • Appreciating 	Character Building (the culture of good character) Self-Defeating Behaviors	Anger Management Conflict Resolution Making Wise Choices Respect (Self & Others) Abstinence Leadership Friendship	Wright Patterson AFB Local College Trips Hiking at River Trail
P A R E N T S	PARENT TRACKS: 1. Problem Identification – discussion of problematic youth behaviors and problematic family issues; focus on specific behaviors; what can the family do to change them? 2. Family dynamics – family history, family tree, what are your family’s values? What did you get from your ancestors? What behaviors and attitudes come from past family history? What makes your family “your” family? 3. Communicating as a family – active listening, I – You statements, nonjudgmental language (name calling, etc.) 4. Family working as a unit – roles of individuals within family unit; functioning as a team, etc. 5. How are we doing? – Families update on what is working, progress in changing behaviors, etc. 6. Celebration of our families – congratulations and party				Cultural Events Learning Tree Farm Carriage Hill Farm Art Museum
IMPORTANT	GOAL SETTING WILL BE A PART OF EACH QUARTER'S CURRICULUM. CATEGORIES FOR GOALS WILL INCLUDE: SCHOOL, JOB AND CAREER. A RETREAT WILL BE HELD AT THE END OF THE YEAR TO CONSOLIDATE EACH PARTICIPANT'S INVENTORY OF PERSONAL ASSETS, AND TO FORM A PLAN FOR THE FUTURE.				Dragons Baseball Games
YEAR 2 ADVANCED PROGRAM	1ST QUARTER Successful Attitudes	2ND QUARTER Acceptance	3RD QUARTER Ability to Change and Accept Change	4TH QUARTER Community Roles and Involvement	Tours with Police, Fire, City Hall
Y O U T H	Clothing Body Language Job Seeking	Responsible Living Identity Issues Self Roles Empathy	Control Issues Self Control	Role In Society Projects Mentoring Others In Program Environmental Concerns	Local Industry Muse Machine Sunwatch Village and much more
IMPORTANT	SECOND YEAR CURRICULUM INCLUDES A PRACTICUM COMPONENT TO HELP PARTICIPANTS "PUT WHAT THEY KNOW TO WORK". IN ADDITION, SECOND YEAR PARTICIPANTS ARE ENCOURAGED TO MENTOR FIRST YEAR PARTICIPANTS.				

AUTHORIZATION FOR RELEASE OF INFORMATION

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the Release of Medical of other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Violation of Federal Law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Charges for this request may apply

_____ Person's Full Name (please print)	_____ Date of Birth	_____ Social Security Number
_____ Other Family Member	_____ Date of Birth	_____ Social Security Number

The following agency(ies) have my permission to exchange/give/receive/share/re-disclose information regarding service delivery planning for the purpose of securing, coordinating, and /or providing services for the above named persons. I am aware that once this information is released to another party, it may no longer be protected and is subject to redisclosure by the recipient. This information MAY include treatment for drug and/or alcohol abuse, psychiatric treatment, HIV Antibody Test (test for AIDS Virus) or AIDS related conditions. **(Please identify all agencies that apply):**

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

The original copy of this form is on file at: _____

Date and/or range of information to be released: _____

I authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual: (Circle yes or no and initial in the column prior to each type of information.)

Circle One	Initial	Identifying Information: Name, birth date, sex, race, address and telephone number.
yes	no	_____ Social Security number.
yes	no	_____ Case Information: Circle information that is to be shared. Cross out information that is NOT to be shared.

Social History	Ind. Education Plan (IEP)	Grades and Attendance	Other
Treatment/Service History	Family Service Plan	Vocational Assessments	Other
Home Study	Transitional Plans	Disability Information	Other

Medical Information:

yes no _____ HIV and AIDS related diagnosis and treatment.

yes no _____ Other Medical Information: Circle information that is to be shared. Cross out information that is NOT to be shared.

Immunizations	Emergency Room Treatment	Medications Prescribed	Physical Exam	Child Health
Prenatal	Women/Infant/Children (WIC)	Physician Orders	Pathology Reports	Operative Reports
Psych. Assessments	Drug/Alcohol Abuse Treatment	Mental Health Treatment	Consultation	Final Diagnosis
STD	Drug/Alcohol Abuse Assessment	Mental Health Assessment	Radiological Reports	Laboratory Report

yes no _____ **Financial Information:** Public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W2s and tax returns, and other financial information.

I understand that the Authorization for Release of Information shall remain in effect for 180 days (60 days for hospitals) Initial _____ from the date of my signature below unless I specify an earlier expiration date in this space: _____. I also understand that I may cancel this Authorization for Release of Information at any time by stating so in writing with the date and my signature and delivering it to _____. The revocation does not include any information that has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that my signing or refusing to sign this Authorization will not affect public benefits or services that I or the individuals named above are eligible for. My signature below signifies my authorization for release of the information specified on this Form.

This authorization expires on the _____ day of _____, _____.

_____ Person's Signature	_____ Date
_____ Signature of Authorized Representative	_____ Date
_____ Witness/Agency Representative	_____ Date

If applicable, date of revocation:

(Revocation must be submitted in writing.)

If the above signature is not that of the client/patient, explanation will be provided below and documentary evidence of appropriate papers shall be required to accompany this authorization: _____

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED AUTHORIZATION:

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:
 Information disclosed pursuant to this authorization has been disclosed to you from records whose confidentiality is protected by Federal law.
 Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.
2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:
 This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is **NOT** sufficient for the purpose of the release of HIV test results or diagnosis.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state laws.

USER CHECKLIST

- 1. Explain that the Release is voluntary not mandatory.
- 2. Explain the purpose of the Release, which is to expedite services to the person who will need services from more than one agency.
- 3. Explain that not signing it will not result in a refusal of services, but could result in a delay of services.
- 4. Review all parts of the Release with the consumer and explain the purpose of each part.
- 5. Review the specific information noted in the Release which the person may authorize to be shared.
 Make it clear to the person that he/she can authorize release of all data listed for all family members or only some of the data for selected family members.
 Explain how person who decides to authorize release of only a portion of the information makes this known by checking yes or no for an entire category, such as Financial Information.
 Explain that person can authorize release of only a portion of information in a category by crossing out information they do not desire shared.
- 6. Inform the person that they can revoke the Release at any time for any reason, by stating so in writing. Any agency receiving a revocation is responsible for notifying other agencies listed on the Release of the revocation and/or forwarding a copy of the revocation to those agencies.
- 7. Explain that the Release is valid for only up to 180 days, unless revoked sooner. Ensure the person understands that after the Release expires, agencies can no longer share information unless a new Release is executed by the person.
- 8. If the person whose records are to be released is a minor, ensure the parent or guardian understands the Release, completes it, and signs. Without this process and signature, the Release is not valid. This does not apply when a minor, acting on his/her own initiative, has sought and received diagnosis and/or treatment for any STD, HIV, AIDS and/or drug or alcohol related condition. In these cases, the release of any medical information relating to such diagnosis or treatment can only be authorized by the minor who has sought and received such services.
- 9. Ensure you review with the person the law stated on the Release regarding HIV related diagnosis information, substance abuse, and diagnosis and treatment information. NOW, if the person believes completing the Release will expedite services to them, ask them to complete it.
- 10. Note if child abuse or neglect records are needed, they may only be released with the written permission of the County Public Children's Services Agency.
- 11. Encourage the person to know what records are in his/her before authorizing the release.
- 12. The agency obtaining the original signature is responsible for maintaining the original Release in their agency record.
- 13. The agency obtaining the original signature is responsible for giving a copy of the Release to the client. The client is responsible for presenting the copy to other agency (ies) or informing agency (ies) where the original is on file.
- 14. Explain that the release is valid for only up to 60 days for hospitals, unless revoked sooner. The user must initial by the 60 days and cross out the 180 day total on the authorization. Ensure the person understands that after the Release expires, hospitals can no longer share information unless a new Release is executed by the user
- 15. Explain to the client/patient that if the information to be released is someone different than who has signed the authorization, than an explanation will be provided and documentary evidence of appropriate papers shall be required to accompany this authorization for the information to be released.
- 16. Explain to the client/patient the circumstances under which information may be re-disclosed without an authorization. (i.e. Privacy Statement.)

This form must be signed and attached to the Authorization for Release of Information form. My signature below signifies that the Form, its uses and my options for completing it were explained to me.

 Person's Signature

 Signature of Authorized Representative

 Witness/Agency Representative

 Date

 Date

 Date

2015 Youth Issues Survey

How helpful are these types of activities in helping youth cope with or prevent stress, alcohol use, drug use, drunk driving, teen pregnancy, peer pressure, sexual abuse, smoking, and low self esteem?

		Very Helpful	Somewhat Helpful	Not Helpful
1.	Competitive sports (not school-based)			
2.	Homework assistance or tutoring programs			
3.	"Drop-in" or neighborhood centers			
4.	Arts, writing, or music-focused activities			
5.	Clubs/groups with a specific focus (environment, running, "girls-only," etc.)			
6.	General recreation (including non-competitive sports, games, crafts)			
7.	Mentoring-type programs (Big Brothers/Big Sisters)			
8.	Brochures, videos, pamphlets, that inform about risks or where to find help			
9.	Classes or groups to help quit smoking or using drugs			
10.	Programs like Peer Listeners or Mediators			
11.	Programs that explore jobs and career options or job preparation			
12.	"Real life" learning experiences (Baby-Think-It-Over, drunk driving goggles)			
13.	Programs that focus on teaching a skill or hobby			
14.	Programs that involve parents or the entire family			
15.	Professional counseling programs or crisis intervention			
16.	Programs that are led by youth instead of adults			
17.	Motivational speakers or presenters in school			
18.	Programs that teach self defense strategies or martial arts			
19.	Programs that teach time management or money management			
20.	Programs that reward success with money/special recognition			

When is it most important that activities be available? Afterschool Summer Equally important

- From the list above, which three types of activities can most help youth **cope with or prevent stress, alcohol use, drug use, drunk driving, teen pregnancy, peer pressure, sexual abuse, smoking, and low self esteem?**

1. _____ 2. _____ 3. _____

- What is the best way for programs to help youth deal with these issues? (Choose a number 1-5)

1
2
3
4
5

Focus only on preventing problems before they happen
Equal focus on preventing and treating problems
Focus only on dealing with problems after they've occurred

- Please list any major issues or types of activities that we **didn't mention** that impact you or someone you know.

- HIGH SCHOOL: _____ GRADE: _____ AGE: _____ MALE FEMALE

Youth Needs Assessment Survey

5

In order to make recommendations that best meet the needs and interests of Trotwood, Ohio and Dayton, Ohio young people, we are asking you to help us by filling out this survey. This survey is a quick way for you to give your input on:

- the important issues facing young people in [insert city or region name]
- the types of programs you think are needed in the community; and
- leisure time activities.

It should take about 5 minutes to complete the entire survey. Thank you for helping us out!

***** DEMOGRAPHICS *****

School _____

Grade _____

Age _____

Male _____ Female _____

Ethnicity:

Caucasian

Black or African-American

Hispanic

Other (Specify) _____

Do you consider yourself Appalachian? Yes No

***** IMPORTANT ISSUES *****

1. Please rank from 1 (highest) to 3 (lowest), what you see as the top three most important issues facing you as a young person in Trotwood, Ohio and Dayton, Ohio. Rank as many as you think are important.

teen sexuality

alcohol & drug abuse

smoking

other: _____

stress and career/college pressure

lack of opportunities/activities outside of school

other: _____

transportation

lack of youth-related organizations and programs

safety

negative adult perception of young people

discrimination

health issues (eating disorders)

racial tension

2. If you were the Mayor of Dayton, Trotwood please rank from 1 (highest) to 3 (lowest), what you see as the top three most important issues facing the community.

- substance abuse
- health issues
- environment
- racism and discrimination
- employment/economy
- education
- community volunteerism/community participation
- safety
- hunger
- housing/homelessness
- other: _____
- other: _____

3. What three words would you use to describe being a teenager in [insert city or region name]?

- 1.
- 2.
- 3.

Needed Programs and Activities for Youth

4. If you were able to make one change to make things better for teens in [Trotwood, Dayton what would it be?

5. Which of the following group would you be interested in:

- leadership activities
- skill-building workshops/classes (art, music, fitness, leadership)
- tutoring programs
- transportation services
- counseling services
- community service opportunities
- after-school recreation
- other: _____
- job development/employment programs
- other: _____
- social activities at local community centers
- mentoring programs

Please circle any of the above that you would participate in or attend.

Use of Leisure Time

6. What do you currently do during your free time? Check all that apply.

- work
- sports
- study
- church activities
- hang out with friends
- volunteer
- family activities
- music, art
- recreation
- other: _____

7. What do you do for fun on weekends? Check all that apply.

- attend sports events
- attend concerts
- go to movies
- go to parties with friends
- read
- hang out downtown
- take classes (what kind? _____)
- other: _____

8. What limits you from participating in after school and/or weekend activities?

- not enough time
- family obligations
- work obligations
- don't know what is going on
- transportation
- other: _____
- money/things are too expensive (how much do you spend in an average weekend?)

9. How do you find out about what is going on? Check all that apply.

- school fliers
- newspaper
- web/e-mail
- friends
- parents
- TV
- community organizations:
which ones? _____
- other: _____

10. What four things would you do on a perfect weekend?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

11. Are you too busy? Yes No

12. Are you busy enough? Yes No

13. Are you content with your level of participation? Yes No

14. Additional Comments:

Thank you for your participation.

Needs Assessment Form

Parent/Guardian _____ **Date of Birth** _____

Child's Name _____ Date of Birth _____

I WOULD LIKE TO NEED:		MODERATE HELP	LOW HELP	AREAS OF CONCERN:
Food				
Clothing				
Housing				
Legal Assistance				
Money Management				
Transportation				
Driver's License				
Lease/Rent Issues				
Housing information				
Weatherization				
Heat (Utility Assistance)				GOALS:
Utility Shutoff				
Behind in Rent				
Nutrition Information				
Health care				
Immunization				
Dental Care				
Parenting Skills				
Child Development				
Children/Discipline				
Child Care Services				
Child/Spouse Abuse				
Substance Abuse				
Mental Health Counseling				
Family Counseling				
Disability/Social Needs				
Adult Education				
Student Loans/Grants				
Job Training/Employment				
Resume Writing				
Learn: English/Spanish				
GED/High School Diploma				

Individualized Goal Plan Action Steps

Helping Hands

Client Name: _____

IGP Date: _____

Case Manager: _____

IGP Follow-up Date: _____

Goal Classification: _____

Goal Type: _____

	Action Steps:	Date Completed	Additional Action Needed
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

	Action Steps:	Date Completed	Additional Action Needed
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____