

# FOCUS

## A Diversion Intervention Program

### Overview:

Focus is a highly interactive, evidence-based intervention program for youth cited or arrested for misdemeanor violations related to: alcohol and drugs, disorderly conduct, simple assault, resisting arrest, larceny, shoplifting, vandalism, or breaking and entering.

Program services are free of charge to individuals residing in Mecklenburg and surrounding counties.

### Who We Serve:

Focus is specifically for youth between the ages of 13 and 17 who have been cited or arrested for misdemeanor violations.

Upon referral, youth and their parents participate in a screening process and if determined eligible, are enrolled.

### Services:

The Focus program is designed to help youth improve decision-making and communication skills, manage anger and conflicts, set goals, and abstain from alcohol and drugs.

Interactive lessons are delivered across eight sessions that include: group discussions, role-playing exercises, videos, and student worksheets. In addition to the youth component, parents are responsible for full program attendance and participation in support of their youth.

### Anuvia Information:

Anuvia Prevention and Recovery Center is a private, non-profit organization that promotes wellness in our community by providing compassionate prevention and treatment services of the highest quality to impact the disease of addiction. We look forward to serving you!

Parents are engaged in both collaborative and adult group discussion as well as exercises that support communication, effective discipline, and problem solving.

### Screening:

To register for a screening, please contact Anuvia's Prevention Staff at **(704) 927-8868**. When calling, please have your referral information in hand.

Focus screenings are conducted by appointment only and are held on Monday – Thursday between the hours of 1:00 p.m. and 4:00 p.m.

### Screenings are held at:

Anuvia Prevention & Recovery Center  
100 Billingsley Road  
Charlotte, NC 28211

### Enrollment:

Once enrolled, youth will attend a total of eight sessions, twice per week on Tuesdays and Thursdays from 6:00 p.m. — 7:30 p.m., for four weeks.

### Focus classes are held at:

Wilmore Community Center  
501 West Boulevard  
Charlotte, NC 28203

Parent sessions are held at the same time and location.

**1**<sub>a/11</sub>

PARENT EDUCATION CONSENT FORM



Dear Participant:

Anuvia is a private, non-profit organization that promotes wellness in our community by providing compassionate services of the highest quality to impact the disease of addiction. Prevention programs invite youth and their families to participate in classes that focus on a variety of topics. All of our parenting programs have been researched and tested. We believe they can make a positive impact on our homes, schools and communities. Prevention programs use fun and interactive sessions to give youth an opportunity to build and strengthen coping skills, improve communication skills looks at the consequences of high-risk behavior including drug use, and practice positive decision-making skills. State funding requires us to collect some information about participants. This information is kept safe and confidential. The information is reported back to the state in numbers only. Prevention Specialists also perform surveys in order to evaluate program effectiveness.

I have read and understand the above information.

_____	_____
Parent Name (Print)	Parent Signature
	_____
	Child's Name (Print)

**1**<sub>c/11</sub>



YOUTH PROGRAM CONSENT FORM

Dear Parent or Guardian of: \_\_\_\_\_  
Child's Name

Your child has been invited to participate in a prevention program offered by Anuvia Prevention & Recovery Center. Anuvia is a private, non-profit organization that promotes wellness in our community by providing compassionate services of the highest quality to impact the disease of addiction.

Prevention programs use fun and interactive sessions to give youth an opportunity to build and strengthen coping skills, improve communication skills looks at the consequences of high-risk behavior including drug use, and practice positive decision-making skills. All of our programs are researched and tested. We believe we can make a positive impact in our homes, schools, and communities.

**A Prevention Specialist/Coordinator will be delivering: Project Toward No Drug Abuse to your child's group beginning on \_\_\_\_\_ at Wilmore Center. The program will continue for **4 weeks**.**  
Date Site

State funding requires us to collect some information about participants. This information is kept safe and confidential. The information is reported back to the state in numbers only. Prevention Specialist will also perform surveys in order to evaluate program effectiveness.

No, I do *not* give my child permission to participate in the above-mentioned program being offered. \_\_\_\_ Initials  
Yes, I give permission for my child to participate in the above-mentioned program. \_\_\_\_ Initials

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

PARTICIPANT RIGHTS & PRIVACY

**Each Participant Has The Right To:**

- Access prevention services regardless of race, religion, ethnic background, physical handicap or economic status.
- Confidentiality of information shared within the group.
- Express opinions according to the guidelines established within the program, and participate in a program free of disruptions or threats.
- Respect and dignity in all interactions with Prevention Specialists.
- The confidentiality of substance abuse prevention records maintained by Anuvia, which are protected by federal laws and regulations. See Privacy section below.
- Information about rules and expectations for conduct and participation. In the event of severe or irresolvable discipline issues, a participant may be suspended from the program.
- Review participant records maintained by Anuvia upon request and appointment.
- Discontinue participation in programs at any time.
- Receive information about alternative resources other than those provided by Anuvia
- Freedom from abuse, financial or other exploitation, retaliation, humiliation and neglect.
- Access to information and sufficient time to facilitate decision-making.
- Informed consent or refusal and expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team, and involvement in research projects.
- Access or referral to legal entities for appropriate representation.
- Access to self-help and advocacy support services.
- Services that adhere to research guidelines and ethics
- Make informed decisions and choices to your maximum capability. When applicable, information will be provided regarding resources related to legal decision-making authority.
- Investigation and resolution of alleged infringements and rights

**Privacy**

All information about you is considered confidential. This means that no information will be shared with anyone without your written permission. The exceptions to this are: suspicion of child abuse or neglect; threats of harm to yourself or to someone else; by a court order; commitment of a crime or a threat to commit a crime at Anuvia or against any person who works at Anuvia; for research, audit or program evaluation.

Violation of federal confidentiality laws and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

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 USC 290DD-3 and 42 USC 29EE-3 for federal laws and 42 CFR part 2 for federal regulations).

Information about you is also kept in a computerized record system for statistical and programming purposes.

My signature below acknowledges that the above information regarding participant rights and privacy has been explained to me and I have read them and understand the content.

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

**Parent Signature**

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

**Participant Signature**



**PARENT DEMOGRAPHIC INFORMATION**

\_\_\_\_\_  
First Name M.I. Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
mm/dd/yyyy

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

\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_

Gender:  Male  Female

**Race/Ethnicity:**

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic/Latino
- White or Caucasian
- More than one race
- Unknown
- Other

**CHILD DEMOGRAPHIC INFORMATION**

\_\_\_\_\_  
First Name M.I. Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
mm/dd/yyyy

Check Here if Address is Same As Above

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

\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_

Gender:  Male  Female

**Race/Ethnicity:**

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic/Latino
- White or Caucasian
- More than one race
- Unknown
- Other

5/11

SERVICE PLAN



Participant Name: \_\_\_\_\_ Group: FOCUS

<b>RISK FACTOR SCREENING (Check all that apply ✓)</b>			
Economically Disadvantaged	Repeated Failure/Academic Difficulty	School Drop out	Committed Violent or Delinquent Act ✓
Detention Facility	Mental Health Problems/Issues	Victim of Abuse (Physical, Sexual, or Psychological)	Child of AOD (Alcohol or other Drugs) Abuser
Long Term Physical Pain (Due to injury)	Suicide attempt	Pregnant	Homeless /Runaway
Legal use of AOD with no Evidence of Addiction/Abuse	Physically Disabled	Other (please describe)	
Positive attitudes toward drug use: Y / N			
		Current or recent alcohol, tobacco or other drug use	

Strengths/Supports/Protective Factors/Assets	Problems/Needs/Barriers

It has been determined that it is appropriate for the above named/coded individual to receive Prevention Services in accordance with Area Program Policy

**Evidence-Based Program:** Project Toward No Drugs (PTND), Skills for Managing Anger; Systematic Training for Effective Parenting (STEP)

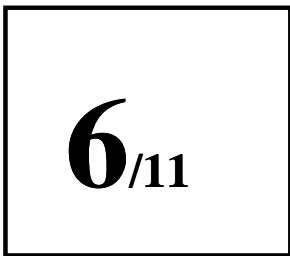
**Recommendations:** Decision Making, Communication, Stereotypes, Anger Management, Goal Setting, Drug Education, Parenting Styles

**Program Research-Based Outcomes:**  
Students/Parents will:

- Develop skills for communicating effectively.
- Learn to cope with stress and accomplish goals.
- Develop self-control.
- Learn to choose options that lead to a commitment to not use drugs.
- Increase parenting satisfaction and parenting efficacy.

To the extent of my knowledge there is no dependence diagnosis and no co-occurring psychiatric diagnosis

Choose one:     Selective Group     Indicated Individual



**FOCUS AUTHORIZATION FOR THE RELEASE/EXCHANGE OF INFORMATION**

Person/Agency/Facility releasing/exchanging information: \_\_\_\_\_

I, \_\_\_\_\_, voluntarily authorize and request the release/exchange (including paper, oral and facsimile interchange) of the specified information between Anuvia and the above-named person/agency/facility.

This data shall include **Drug test results, program service notes, attendance records, Screening Tool score(s), recommendations and referrals.** The purpose of the disclosure authorized in this is to: provide information regarding progress in program and discharge information.

The doctrine of informed consent has been explained to me and I understand the contents to be released, and the need for the information. I understand that my records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42, C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I understand that pursuant to 42, C.F.R. Part 2, I have a right to receive a list of entities to which my patient identifying Part 2 information has been disclosed. I also understand that I may revoke this consent in writing at any time except to the extent that reliance has been taken upon it (information that was released prior to this consent being revoked cannot be unrevealed). This consent expires automatically 365 days from the date of signature below, or at an earlier date or event specified: \_\_\_\_\_.

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Prevention Staff

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of a person to whom it pertains or as otherwise permitted by 42CFR 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 any alcohol or drug abuse patient.

6/11



**FOCUS AUTHORIZATION FOR THE RELEASE/EXCHANGE OF INFORMATION**

Person/Agency/Facility releasing/exchanging information: \_\_\_\_\_

I, \_\_\_\_\_, voluntarily authorize and request the release/exchange (including paper, oral and facsimile interchange) of the specified information between Anuvia and the above-named person/agency/facility.

This data shall include **Drug test results, program service notes, attendance records, Screening Tool score(s), recommendations and referrals.** The purpose of the disclosure authorized in this is to: provide information regarding progress in program and discharge information.

The doctrine of informed consent has been explained to me and I understand the contents to be released, and the need for the information. I understand that my records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42, C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I understand that pursuant to 42, C.F.R. Part 2, I have a right to receive a list of entities to which my patient identifying Part 2 information has been disclosed. I also understand that I may revoke this consent in writing at any time except to the extent that reliance has been taken upon it (information that was released prior to this consent being revoked cannot be unrevealed). This consent expires automatically 365 days from the date of signature below, or at an earlier date or event specified: \_\_\_\_\_.

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Prevention Staff

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of a person to whom it pertains or as otherwise permitted by 42CFR 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 any alcohol or drug abuse patient.





**AUTHORIZATION FOR THE RELEASE/EXCHANGE OF INFORMATION**

Participant Name ID #

I, \_\_\_\_\_, voluntarily authorize and request the release/exchange of the specified information between Anuvia and the person/s below through electronic communication via e-mail.

Person releasing/exchanging information:  
(Include name and e-mail address)

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

This data shall include **Participant identifying information and appointment reminders/confirmations.**

The purpose of the disclosure authorized in this is to **communicate via e-mail in order to identify the participant and send e-mail reminders and confirmations.**

The doctrine of informed consent has been explained to me and I understand the contents to be released, and the need for the information. I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42, C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I understand that pursuant to 42, C.F.R. Part 2, I have a right to receive a list of entities to which my patient identifying Part 2 information has been disclosed. I also understand that I may revoke this consent in writing at any time except to the extent that reliance has been taken upon it (information that was released prior to this consent being revoked cannot be unrevealed). This consent expires automatically 365 days from the date of signature below, or at an earlier date or event specified: .

I understand that Anuvia may not condition my treatment on whether I sign a consent form.

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Legal Guardian Date

\_\_\_\_\_  
Witness (Prevention Staff) Date

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of a person to whom it pertains or as otherwise permitted by 42CFR 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 any alcohol or drug abuse patient.

7/11



**Participant Emergency Contact and Medical Information Form**

Child's Name \_\_\_\_\_

**If parent/guardian is not available we will contact the emergency contact.**

**Emergency Contact 1:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact 2:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Additional information that may be helpful in a medical emergency (optional)*

Physician/Group: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child is covered by an accident/health insurance policy, please list the following:

Insurance Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please list any condition your child has or is taking medication for: \_\_\_\_\_

Date of last Tetanus booster? Month/Year- \_\_\_\_\_ Year only- \_\_\_\_\_

Please list **ALL** prescription and/or over the counter drugs that your child is currently taking:

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

Please list **ALL** allergies (ex. food, medicine), mental, and emotional concerns your child has:

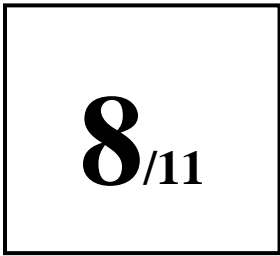
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Note: Current guidelines prohibit Anuvia staff and volunteers from handling and administering medication. Young people under 18 are also prohibited from self-administering medicines while in Anuvia's care. This includes prescription medications as well as over the counter medications (such as Tylenol, Ibuprofen, etc.).



To be completed by youth participant.



**Focus  
Plan for Individual Outcomes**

Participant Name: \_\_\_\_\_

Goal/Objective	Please check each goal you would like to meet prior to program completion.
Anger Management & Conflict Resolution	<input type="checkbox"/> Learn how to effectively deal with and control anger. <input type="checkbox"/> Learn about the negative consequences that occur through violence and how to effectively resolve conflicts.
Goal setting skill	<input type="checkbox"/> Enhance my goal setting skills and learn how to follow through with the goals that I set.
Drug Education	<input type="checkbox"/> Learn how the use of drugs of any kind will have a negative impact on my family, friends, school, and future.
Decision making	<input type="checkbox"/> Learn how to implement positive methods of decision making in my daily life.

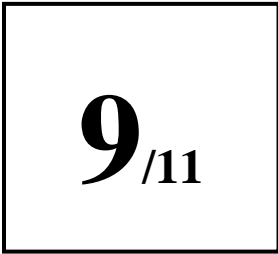
**Write three goals you intend on reaching based on the selections you chose above:**

Goal 1: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Goal2: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Goal 3: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Focus Program Guidelines

### Attendance Policy

- Participants must complete all 8 sessions in order to receive a certificate of completion for the Focus program. Classes are from **6:00 to 7:30pm.**
- Participants are expected to arrive on time to classes.
- Participants are responsible for calling the Focus phone @ **704-954-4495 if running late.**
- **Doors are locked at 6:10pm.**
- In the case of an emergency Prevention Staff will determine a make-up session with the family.
- No-shows are grounds for program restart.
- Respectful behavior is expected. Aggressive language and/or fighting will result in automatic dismissal.
- Participants are expected to participate in class activities and complete written assignments.

### Random Drug Testing & Search Policy

- Program participants are subject to a random drug screen.
- Positive drug screen results will not receive a certificate, and will be referred to additional services.
- Participants/parents who appear to be under the influence of drugs/alcohol will be asked to leave.
- Officer on duty may search participant/parents if possession of an illegal substance is suspected.
- Smoking (of any kind) is not permitted in the program facility, parking lot, or on the grounds.

### Parent Program Rules

- Parents are responsible for attending and participating in the program with their youth participant.
- Parent classes occur at the same time and place as the youth classes.

### Transportation

- Pre-arranged situations where parent(s)/guardian(s) cannot attend classes with their young person due to qualifying circumstances, youth participants will need to be picked up by 7:30pm sharp.

### Dress Code

- Participants are expected to dress respectfully.
- Breaking the dress code will result in a warning or dismissal (depending on the circumstance).
- The following items cannot be worn at Focus\*:
- Slippers or pajamas
- Sagging pants or pants below the waist
- Clothing or jewelry that contains abusive, suggestive and/or illicit language or symbols
- Shorts, skirts or skirt/dress slits that are more than four fingers above the knee
- Clothing that shows undergarments
- Clothing allows cleavage, belly buttons, or upper thighs to be shown
- No hoods allowed; other headgear will be at the discretion of the facilitator

---

Your signature is proof that you have read and agreed to the terms outlined in the above stated guidelines.

---



---

Participant Signature

---

Parent Signature

*To be completed by Prevention Staff*



To Whom It May Concern,

This form is to serve as proof that \_\_\_\_\_ has enrolled in the Focus program at Anuvia Prevention & Recovery Center. The program consists of 8 sessions that concentrate on goal development, decision-making, anger management, and drug education. At the conclusion of the eighth and final session, a certificate of completion will be rewarded.

**Note: This form does not serve as a certificate of completion.**

Enrollment Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Class Start Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Projected Class Completion Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Lesson Schedule:

- **Session One:** Communication
- **Session Two:** Stereotypes
- **Session Three:** Denial & Chemical Dependency
- **Session Four:** Stress, Health, and Goals
- **Session Five:** Decision Making
- **Session Six:** Anger Management
- **Session Seven:** Drug Education
- **Session Eight:** Wrap-Up & Review

Please contact Anuvia Prevention and Recovery Center if you have any questions regarding the information stated above.

Sincerely,

Prevention Staff  
(704) 927-8868 Phone  
(704) 376-4570 Fax