

Tribal Youth Resource Center

CTAS Purpose Area 8
Resource Guide Supplement

Strategic Planning

Supplemental Resources and
Sample Court Administrative
Documents



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Strategic Planning

Supplemental Resources



This supplement to the Tribal Youth Center’s Strategic Planning Resource Guide includes helpful resources and sample documents. All included samples and templates are provided as resource tools only. Sample forms are not intended to be adopted without local legal guidance. It is highly recommended that communities develop forms in consideration of local rules, guidance, and regulations.

Supplemental Resources

- Developing the Community Advisory Committee Guidance and Activity Worksheet includes Sample Advisory Committee Charter and Sample Advisory Committee Agenda

Sample Forms

- Sample Confidentiality Agreements and Waivers of Confidentiality
- Sample Intake Form
- Sample Participant Juvenile Wellness Court Agreement
- Case Study and Sample Treatment Plan
- Sample Case Report and Staffing Sheets
- Sample Youth Weekly Planning Sheet
- Sample Parent Report
- Sample Volunteer Service Form

Program Logic Model Resources

- Sample Program Logic Models

TRIBAL YOUTH RESOURCE CENTER TECHNICAL ASSISTANCE TOOLS FOR JUVENILE HEALING TO WELLNESS COURTS

JUVENILE HEALING TO WELLNESS COURT COMMUNITY ADVISORY CIRCLE/COMMITTEE DEVELOPMENT GUIDANCE, TEAM WORKSHEET, AND SAMPLE TEMPLATES

What is the Community Advisory Circle/Committee?

An advisory board is an effective method to garner meaningful input and support for programmatic activities and enhance the delivery of services to the community. The development of an advisory circle/committee is a recommended core component of the Strat Pak (*the project strategic plan that will be submitted to the Office of Juvenile Justice and Delinquency Prevention*) and is a practice that can assist with program strategic planning, implementation, and sustainability.

Who should be on the Community Advisory Circle/Committee?

A Community Advisory Circle/Committee should be comprised of key stakeholders. “An effective steering committee is made up of key leaders in the community- people who are in the position to leverage resources, enlist the cooperation of other agencies, influence policy making, and build community awareness of your work” (Gurnell, 2014). It is imperative that the Juvenile Healing to Wellness Court (JHWC) developmental coordinators identify key leaders to ensure support and participation within the (JHWC) planning and implementation activities.

Who are key stakeholders? See Chapter 1 of the Tribal Juvenile Healing to Wellness Court Handbook for more on steering/advisory committees, key stakeholders, and project planning.

Examples of Community Stakeholders:

Court Staff	Tribal Leadership/Elders
Cultural/Spiritual Leadership	Education Providers
Social Services Providers	Program/Tribal Evaluator
Prosecutorial Staff	Public Defense
Judiciary	Probation/Law Enforcement
Behavioral Health Providers	Primary Care/Medical Providers
Local Non-Profit Partners	Cross-Jurisdictional Partners
Tribal Youth	Tribal Families

**In the grant goals & objectives, key programs and services will be indicated; staff representation from those key programs and services should be considered for membership in the Community Advisory Circle/Committee. We suggest referencing the program narrative that was submitted as part of your grant application.*

How many members should be on the Community Advisory Circle/Committee?

The Wellness court integrates an interdisciplinary approach that includes a range of service areas. The advisory circle/committee should reflect these areas in diversity of membership and size of the committee should be determined by the community. Commonly a board may consist of at least five or up to a dozen members. Consideration for the quality of interaction and contribution as opposed to the quantity of membership may be helpful in determining total advisory committee membership.

What are the primary roles and responsibilities of the Community Advisory Circle/Committee members?

- A primary role is to provide helpful guidance and support.
- Model and commit to being an impartial and objective group in support of the Juvenile Healing to Wellness Court program coordinator and the Indigenous youth and their families who will be served by the grant.
- Willingness to contribute to the development of the overarching framework/program design from planning to sustainability.
- Willingness to work together to develop necessary infrastructural supports for the planning and operational components of the court.
- Knowledgeable about the Juvenile Healing to Wellness Court's place in the community (willingness to experience training that will assist with knowledge) and/or trends in the community affecting the field of services, and a focused commitment to the long-range issues that impact Indigenous youth and their families.
- Commitment to contribute to developing asset-based solutions.
- Willingness to build relationships and work together as a Community Advisory Circle/Committee to accomplish the goals and objectives of the Juvenile Healing to Wellness Court.
- Attend/Participate in Community Advisory Circle/Committee meetings.
- Support ongoing evaluation and improvement processes.
- Provide supportive advice as the project develops and changes.

Planners can use six basic questions to assist with the format of the committee. *See: Center for Court Innovation, "How can Community Advisory Boards Assist the Work of the Justice System," (Malangone and Facciolo, 2014).*

1. Will meetings be open to the public?
2. Where will meetings occur?
3. When and how often will the circle/committee meet?
4. Who will lead the meetings?
5. How will meetings be run?
6. How will the circle/committee be publicized?

Establishing answers to these questions can assist with the format and contributions of the committee to the juvenile court. Development of the committee should also consider any existing administrative rules within the respective Tribal community, as some Tribes may have established, or existing administrative policies related to the development of advisory or local community boards.

What are the benefits of forming an Advisory Circle/Committee?

- Collaborative planning provides the opportunity to identify key programmatic and tribal community strengths.
- Gathering members of the community, justice system, treatment, health, social services, and partner agencies ensures that community voice is at the center of the development of the Juvenile Healing to Wellness Court.
- Creates and strengthens interdepartmental relationships, promotes resource sharing, and knowledge of the community.
- Increases positive impact on youth and their families.

What are the possible challenges involved with forming a Community Advisory Circle/Committee?

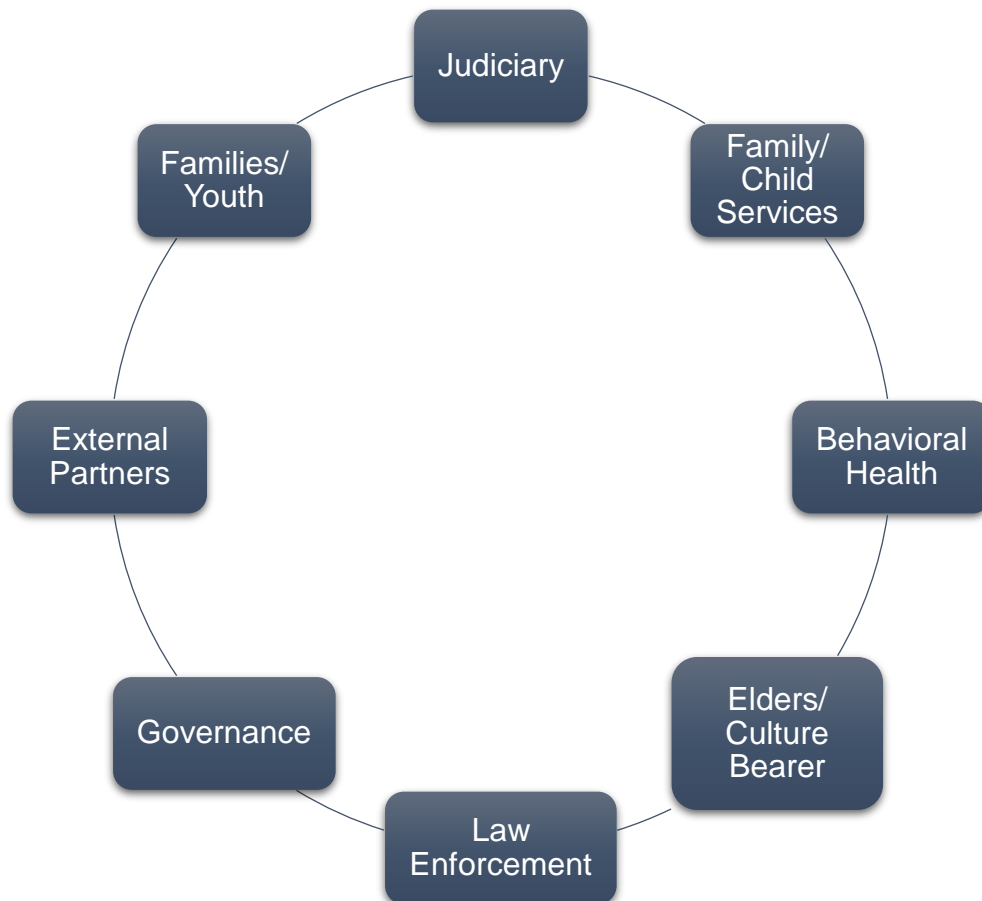
Maintaining an effective advisory committee/circle can be a challenging, but steps can be taken to support the usefulness of the committee. Below are some shared challenges:

- Advisory Committee lacks purpose or direction.
 - *Tip:* Define the committee with a charter and set out a clear purpose statement and/or goals of the committee.
- Having no previous working relationship with potential members can be difficult for recruitment.
 - *Tip:* Invite potential members to an open discussion of the program, the vision for the program and how their expertise can contribute to the program.
- Potential members are busy people and may not be able to commit extensive time to the advisory circle/committee.
 - *Tip:* Encourage buy-in for committee roles by expressing the value of the program and the long-term benefit derived by individual youth and community members. Set clear timelines so that members can anticipate the amount of time that may be contributed as part of the advisory committee.
 - *Tip:* Define roles and responsibilities within the committee to assist with communication and effective planning/meeting processes.

Additional Guidance:

1. Tribal Juvenile Healing to Wellness Court Handbook, OJJDP, Tribal Youth Training and Technical Assistance Center, (2017)
2. Tribal Healing to Wellness Courts: The Key Components, Tribal Law and Policy Institute, (2nd ed. 2014) visit <https://www.home.tlpi.org/>
3. How Can Community Advisory Boards Can Assist the Work of the Justice System, Danielle Malangone and Carmen Facciolo, Center for Court Innovation, (2014) available at <https://www.courtinnovation.org/publications/how-community-advisory-boards-can-assist-work-justice-system>

Diagram: Example Juvenile Healing to Wellness Court Advisory Committee/Circle



Exercise: Developing the Juvenile Healing to Wellness Court Advisory Committee

Insert the names of an Advisory Committee to support your Juvenile Healing to Wellness Court based on the information provided within this document. If you do not have a specific individual identified for a partner department or agency just include the agency name.

Judiciary/Court Staff Representative:

Family/Child Services Representative:

Behavioral Health/Treatment Services Representative:

Elders/Cultural Leader Representative:

Law Enforcement/Probation Representative:

Governance/Tribal Leadership Representative:

External Partners:

What action steps are necessary to outreach those that you have considered inviting to be part of the advisory committee? By when will you complete these action steps?

Proposed Advisory Committee Member	Action Step to Support Involvement of the Proposed Committee Member	Person Responsible for Outreach	By When?
Judiciary/Court Staff Representative:			
Family Child Services Representative:	Example Language: Wellness Court Coordinator will outreach Tribal Staff Partner via email related to participation in the Wellness court advisory committee within 30 days.		
Behavioral Health/Treatment Services Representative:			
Elders/Cultural Leader Representative:			
Law Enforcement/Probation Representative:			
Governance/Tribal Leadership Representative:			

External Partners/Other:			
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Holding the Advisory Committee Meetings: Remember the 6 Questions from Above- these will help guide the information shared regarding convening meetings with the advisory committee.

<p>Planners can use six basic questions to assist with the format of the committee. See: Center for Court Innovation, “How can Community Advisory Boards Assist the Work of the Justice System,” (Malangone and Facciolo, 2014)</p>
<p>1. Will your meetings be open to the public? <i>*Note that it is likely within the context of the judicial system that these meetings should not be held in public if private medical information or human resources information will be discussed. These scenarios will vary based upon your local community administrative procedures.</i></p>
<p>2. Where will meetings occur?</p>
<p>3. When and how often will the board/circle meet?</p>
<p>4. Who will lead the meetings?</p>
<p>5. How will meetings be run?</p>
<p>6. How will the board be publicized?</p>

Sample Advisory Circle/Committee Sample Charter

This example charter is provided to serve as a starting point for developmental processes only. The JH2WC Advisory Committee is unique to the tribal community, therefore the processes and administrative documents that are developed should be specific to the community's laws, ordinances, policies, or applicable procedures.

Title: Wellness Court Advisory Circle/Committee Charter

1. Official designation: "The [insert tribe] Juvenile Healing to Wellness Court Advisory Circle/Committee"

2. Authority: Pursuant to Tribal Resolution [Insert resolution or Administrative Order Language, if any] dated _____, certifying the authorization of the creation and development of the JH2WC.

3. Objectives and Scope of Activities:

- The primary objective of this Advisory Committee shall be to advise and make non-binding recommendations to the [insert tribe] JH2WC.
- The Advisory Board's scope of activities shall include, but is not limited to the following:
- Monitor and review program deliverables and outcomes.
- Consult with and about youth related issues, services, and needs.
- Assess community needs.
- Identify community resources.
- Assist in the development and implementation of the JH2WC.
- Assist in the strategic planning process and plan for long-term sustainability of the JH2WC for as long as services are needed within the community.
- Confer and assist the JH2WC with policy and procedure development.
- Any other processes supportive of the infrastructural or ideological development of the JH2WC.

4. Description of Duties: The Advisory Committee functions solely in an advisory capacity.

5. Authority to Issue Policy Recommendations: The Advisory Committee shall have the authority to issue policy recommendations; the JH2WC shall have the independent obligation to act on any policy recommendation made by the Advisory Committee regarding any relevant program directive related to the program action plan.

6. Membership:

a. Structure: The committee shall consist of no less than _____ and no more than _____ members and shall be selected by [insert appropriate tribal process for the applicable administrative procedure]. To ensure adequate multi-disciplinary representation members shall be from various sectors and professional backgrounds, such as [include selected areas of representation].

b. Term of Service: [insert term of service].

c. Committee Officers: [Define roles and responsibilities associated with roles]. (Example: Chairman: Shall be responsible for calling meetings with the JH2WC)

d. Code of Conduct: [Insert Tribal code of conduct for boards and committees if applicable. If none exist, insert codes of conduct related to ethics, confidentiality, or administrative procedures.]

e. Dismissal: [Insert dismissal procedure.]

f. Meetings: The board shall meet on a [Quarterly, Monthly, Weekly, daily] basis and shall meet for special sessions when requested and as required by the needs of the JH2WC team.

g. Record Keeping: [Insert record keeping processes.]

h. Recommendations and Reports: [Insert process for making recommendations and submission of reports to the board.]

i. By-laws: By laws are important to the structure of meetings and other activities. The committee should evaluate the use and need for by-laws. In some instances, Tribal administrative procedures will dictate applicable by-laws.

j. Duration: This charter shall end _____ years from the adoption by the [insert Tribe].

Signed:

_____	_____	Member
Role/Department	Date	
_____	_____	Member
Role/Department	Date	
_____	_____	Member
Role/Department	Date	
_____	_____	Member
Role/Department	Date	

Add more lines for Advisory Committee/Board Members as needed.

Sample First Advisory Committee Agenda

Your Tribe/Committee Name

Agenda

[Date]

[Location]

Beginning/Ending Time	Activity
	Call to order and introductions (Call the meeting to order and, assuming your advisory committee members haven't met, introduce yourself and all the committee members, giving a brief outline of their expertise.)
	Why an advisory committee? (Make a brief statement on how you see the advisory committee operating and the contributions you hope it can make to your JH2WC. Include details such as how often the board will meet.)
	Questions (Include questions if there are any. If there aren't, ask your committee members how they see the advisory committee operating and how they hope to contribute.) Discussion topic: [Insert your question/problem statement.] Presentation of the discussion topic: <i>Example Topic: Review Proposed Advisory Committee Charter</i>
	Discussion (You want to keep the ideas flowing, so don't reject or dismiss ideas at this point. But do contribute your ideas and views too.)
	Proposals/resolutions (Evaluate the ideas the group has shared and choose the best solutions.)
	Summary and Adjourn (Summarize the topic, the discussion, and the results for the group and tell them what you plan to do.)

[Date of next meeting]

Other Considerations for Tribal Communities:

➤ **Interdisciplinary Approach:**

Recognizing the unique experience, education, and teachings of the Advisory Committee members can contribute to cross-training, support, and meaningful feedback as part of Wellness court development. Ensure that there are opportunities for cross-training and communication from each member of the committee to support education and learning opportunities for the committee and future Wellness court team members.

➤ **Evaluating Advisory Committee Impact:**

An advisory committee should be a *helpful* entity to support the work of the Wellness court. As part of ongoing program development and improvement, the team should take time reflect and to evaluate the Wellness court. A comprehensive evaluation would include the work of the advisory committee and ways in which the advisory contributes to the work of the court. As well, the team may consider the size, structure, communication processes, and impact of the committee and ways to develop and improve those processes ongoing. As previously stated, developing an effective advisory committee takes time, and it is important that the advisory committee does not detract or distract from the overall progress and implementation of the Wellness court. Choosing members based on their willingness and ability to contribute to the work is both prudent and crucial to effective implementation.

➤ **Local Community Norms:**

Wellness court coordinators should consider the local laws, ordinances, administrative procedures, and processes related to advisory committee development. Each community may have prior existing norms related to community advisory committee development or may have administrative procedures in place that guide the development of advisory committees. Ensure that the coordinator is in contact with Tribal leadership and follows necessary protocols.



TRIBAL YOUTH RESOURCE CENTER TECHNICAL ASSISTANCE TOOLS FOR JUVENILE HEALING TO WELLNESS COURTS

CONSIDERATIONS RELATED TO TEAM CONFIDENTIALITY AND SAMPLE TEAM CONFIDENTIALITY AGREEMENT

The Juvenile Healing to Wellness Court is designed to be non-adversarial and allow for consistent and open communication by and between team members. Open communication regarding participant records may include confidential and sometimes legally protected information. As well, individual team members may come from a variety of professional backgrounds with licensures that require them to follow legal frameworks and ethical principles related to their confidential communications. ***So how should team members communicate when information is protected?***

- ✓ Individual team members should comply with applicable confidentiality requirements related to individual licensure and ethics requirements.
- ✓ Teams should develop confidentiality agreements and recognize the confidentiality requirements of external partners and agencies.
- ✓ Teams should procure **appropriate consent forms** from youth, parents, and caregivers where needed to communicate regarding private and/or protected participant health information prior to the start of services.
- ✓ Consideration for impacting laws

With appropriate consents and agreements in place, team members can confer regarding the supportive and collaborative plans with youth and families. Within a treatment court framework team members “maintain the confidentiality of all program participants, while upholding the highest standards of ethical conduct- [the treatment court] creates a new model of collaboration and information exchange without redefining the ethical standards of each team member’s profession.”¹Most often, within a Tribal wellness court local Tribal law will dictate the services,

¹ Choo et al., Juvenile Drug Courts: Policy and Practice Scan, December 2016, National Criminal Justice Reference Service.
<https://www.ncjrs.gov/pdffiles1/ojjdp/grants/250442.pdf>

operations, and processes. In some instances, private service providers outside of the Tribal community may be bound local, state, or Federal privacy laws and/or ethics codes. Further, federal funding sources may impact rules and regulations as related to treatment processes to support youth. Therefore, Tribes should be aware and consider any compliance issues with local legal guidance to determine the applicable consent and confidentiality forms to be utilized to support administrative services and relationships within the JHWC.

Two Important Federal Regulations for Teams to Consider:

Confidentiality of Substance Use Disorder Patient Records- 42 CFR Part 2 “Part 2” **- Ensures that a patient receiving treatment for a substance use disorder in a Part 2 program does not face adverse consequences in relation to issues such as criminal proceedings such as those related to child custody, divorce, or employment. Part 2 protects the confidentiality of SUD patients by restricting the circumstances under which Part 2 programs or other lawful holders can disclose such records. Part 2 programs are federally assisted programs.

The Health Insurance Portability and Accountability Act-** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the Secretary of the U.S. Department of Health and Human Services (HHS) to develop regulations protecting the privacy and security of certain health information. To fulfill this requirement, HHS published what are commonly known as the HIPAA [Privacy Rule](#) and the HIPAA [Security Rule](#). The Privacy Rule, or *Standards for Privacy of Individually Identifiable Health Information*, establishes national standards for the protection of certain health information. The *Security Standards for the Protection of Electronic Protected Health Information* (the Security Rule) establish a national set of security standards for protecting certain health information that is held or transferred in electronic form. The Security Rule operationalizes the protections contained in the Privacy Rule by addressing the technical and non-technical safeguards that organizations called “covered entities” must put in place to secure individuals’ “electronic protected health information” (e-PHI). Within HHS, the Office for Civil Rights (OCR) has responsibility for enforcing the Privacy and Security Rules with voluntary compliance activities and civil money penalties. ²

² See, U.S. Department of Health and Human Services, “Health Information Privacy,” <https://www.hhs.gov>, for more information about HIPAA.

In respect of these regulations, team should develop and procure consents to disclose confidential information for all participants. As a matter of practice, teams should also develop agreements or policies related to limited disclosure of personal information for the purpose of providing accurate, timely and reasoned recommendations for youth participants of the JHWC.

Local guidance and legal review should be conducted for all forms and processes adopted by the wellness court team. Your local treatment provider may have consent forms that can be adapted based on local guidance and rules. Additionally, team members should consider that while information not included in the disclosure may be protected, certain scenarios may allow for permitted disclosure. These scenarios may be based on Local Tribal and State laws and include exceptions such as, medical emergency, notifications to law enforcement, child abuse laws, valid court orders, Tribal/State laws relating to cause of death, duties to protect others and to warn of imminent serious harm. As Tribes take precautions to safeguard participant information, a general rule of thumb on disclosure and sharing of information is *“the minimum necessary”* to communicate updates and needs related to the individual participants.

Particular care should be taken to include youth parents or legal caregivers in the process of completing consent forms. The following sample forms provide consent for protected health information. The team may develop separate consent forms to document participant consent for access to records other than protected health information.

Sample Form: Team Confidentiality Agreement

[TRIBAL COURT LOGO/SEAL]

TEAM CONFIDENTIALITY AGREEMENT*

I, _____ understand that I am a participating member of the [INSERT JUVENILE WELLNESS COURT NAME]. I understand that the [insert specific treatment provider or clinical services and treatment provider] case records of the [Tribe] Juvenile Healing to Wellness Court may be used for assessing the needs of the JHWC participants, formulating treatment plans, and monitoring participation in the [Tribe] Juvenile Healing to Wellness Court.

I agree to keep all information regarding [Tribe] Juvenile Healing to Wellness Court cases and discussion of the treatment team confidential. I further understand that release of this confidential information is a criminal offense under 42 C.F.R., Part 2, [and any additional pertinent Tribal code provisions related to confidentiality], and that this agreement will remain in effect for one year from the date of the agreement and will be renewed and will be renewed yearly for the team of my membership.

Signature Date

Witness Signature Date

Effective until the _____ day of _____ 20_____

Sample Form: Youth Participant Agreement/Waiver Confidentiality

This is a sample agreement only. All agreements, consents, and waivers should be locally reviewed to ensure compliance with applicable confidentiality and health laws.

TRIBAL JUVENILE HEALING TO WELLNESS COURT AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize the [insert tribe] Tribal Juvenile Healing to Wellness Court (JHWC) Team and representatives of the following agencies: *[Include provider names when available]*

- Any and all of my alcohol or drug treatment providers,
- Any and all of my mental health agencies or providers,
- Any and all of my medical care provider(s)
- Any and all of [insert tribe] JHWC Team personnel
- Service provider(s) for alcohol and drug testing
- Tribal Law Enforcement Department
- [Other/City/County/State] Police Department
- [Insert Local School] School for education and behavioral records

to communicate with and disclose to one another the following information:

- _____ my name and other personal identifying information.
- _____ my status as a patient in alcohol and/or drug treatment.
- _____ my status as a client of JHWC.
- _____ my status as a participant in the JHWC.
- _____ information pertinent to JHWC removal, custody, and reunification issues.
- _____ my JHWC treatment plan and summaries of my progress in reaching treatment plan goals.
- _____ initial and subsequent evaluations of my service need by my medical care provider.
- _____ summaries of alcohol/drug and mental health assessment results and history.
- _____ summary of alcohol/drug treatment and mental health services plan(s), progress and compliance.
- _____ attendance in alcohol/drug treatment and mental health services.
- _____ discharge plan(s) for alcohol/drug treatment and mental health services.

- _____ date of discharge from alcohol/drug treatment and mental health services, and discharge status.
- _____ contact with any law enforcement agency during your participation with the JHWC.
- _____ information and data collected during and after your participation with JHWC to be used for research and evaluation purposes
- _____ other: _____

The purpose of the disclosures authorized in this consent is to enable the [insert tribe] JHWC and its members to evaluate my need for services from the JHWC and its members and provide and coordinate the JHWC and its members' services to me.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that records concerning mental health services I receive [are/may be] protected by state law.

I also understand that I may revoke this consent at any time in writing except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically 180 days following the date I stop participation in JHWC.

I understand that there is a potential for the information disclosed pursuant to this authorization to be subject to redisclosure by the recipient, and the information may no longer be protected by the federal confidentiality rules.

This release expires one year from date of discharge from JHWC.

Dated _____

 Signature of client

Dated _____

 Signature of parent(s)/guardian(s)

Dated _____

 Signature of parent(s)/guardian(s)

Sample Form: Juvenile Healing to Wellness Court Participant Intake/Orientation Form

Full Name: (First, Middle, Last)	Date of Birth:
Social Security Number:	
School:	Grade Level Attained:
Mailing Address:	Email Address:
Phone:	Parent/Guardian Phone:
Do you Prefer Text or Phone Call?	Do you Prefer Text or Phone Call?
Parent Name/Guardian Name:	Parent Name/Guardian Name:
Physical Address:	Physical Address:
Mailing Address:	Mailing Address:
Email Address	Email Address:

Home Information:

- **My parents are married, divorced or single (Please circle)**
- **I have _____ siblings.**
- **My siblings live with me at home/in another home (Please circle).**
 - **Siblings Name and Age:**
 - _____
 - _____

- _____
- _____
- _____

- **Please indicate a caregiver that will be involved in the Juvenile Healing to Wellness Court program _____.**

- **Please share any special family circumstances:**

Does the participant have insurance?

Medicaid/Care

Tribal or Other State Insurance

Private Insurance

Private Insurance Policy: _____

Phone: _____

Claims Information: _____

Sample Supervision Agreement:

- I understand that I am required to attend the Tribal Juvenile Healing to Wellness Court hearings as scheduled.
- I understand that I will be referred to a treatment provider and will be participating in a counseling and/or education program. I am subject to compliance with these orders.
- I understand that I am required to attend Juvenile Wellness Court activities such as talking circles or group activity sessions. I am subject to compliance with attendance through court order.
- I understand that I am expected to show progress and development in all Juvenile Healing to

Wellness Court related activities and I will do the best job I can.

- I understand that the Juvenile Healing to Wellness Court team will be monitoring my progress in school attendance, grades, and unexcused absences. School administered sanctions such as detention or expulsions will be reported to the Juvenile Healing to Wellness Court Team.
- I understand that I will be following a curfew. My curfew is subject to change at the discretion of the Judge or Tribal Juvenile Healing to Wellness Court staff.
- I understand that I am required to submit to drug and/or alcohol screening which may be administered through urinary analysis or oral swab screening. Drug testing will be conducted by an authorized member of the Juvenile Healing to Wellness Court Team.
- I understand that I am responsible to notify the Juvenile Wellness Court Team of changes that occur in my life. I want to work toward an alcohol and drug free lifestyle.
- I understand that I am to be respectful of fellow Juvenile Healing to Wellness Court participants, the Juvenile Healing to Wellness Court Team, and all Court staff members.
- I will not display gang signs, gang symbols, or symbols of violence on my clothing during any Juvenile Healing to Wellness Court activity or court hearings.

Violations or a lack of compliance with this agreement may result in a sanction being issued against me, which may include, but is not limited to- community service, drafting essays, issuing an apology, curfew modification, home restriction, or release from this program.

Sample Form for Exchange of Confidential Student Information
(Local School May Have a Required Form)

Sample School District

Student Name: _____

ID# _____

Birth Date: _____

Parent/Personal Representative/Adult Student's Name:

Parent/Personal Representative/Adult Student's Name:

The names of the parties that are authorized to exchange information:

I authorize

Name

Title

Organization

Address (Street)

City

State

Zip

To release Information to

To obtain Information from

Name

Title

Organization

Address (Street)

City

State

Zip

Information to be released:

- Official School Record
- Counseling Record
- Special Education Record
- Chemical Abuse/Dependency Report
- Transcripts
- Health Record
- Psychological Record
- Teacher, Counselor, Staff Observations
- Medical Report
- Social Work Report
- Other (specific): _____

The purpose of the request:

Effective Date of Authorization:

This authorization takes effect the day you sign it, and:

- Expires after the requested information is received.
- Continues until _____ (a date not more than 12 months after signature date)

By signing this authorization, I understand that the parties named above are permitted to exchange written and verbal information regarding my child. The parties may also accept a photocopy of this release form and give it the same full force and effect as the original. I further understand that I may revoke this authorization in writing at any time by providing a copy of my revocation to the parties named on the front page of this release. The information used or disclosed under this release might be disclosed by the school district as an education record, pursuant to FERPA, and might no longer be protected by HIPAA.

Parent/Personal Representative/Adult Student Signature

Date

Sample Form: Youth Healing to Wellness Court Agreement

In the Sample Tribe's Juvenile Healing to Wellness Court

IN THE MATTER OF: <p style="text-align: center;">“YOUTH”</p> <p style="text-align: center;">Youth Treatment Court Participant</p>	Cause No: <p style="text-align: center;">Juvenile Healing to Wellness Agreement</p>
--	--

This is the Juvenile Healing to Wellness Court agreement for _____, who is hereinafter referred to as “I.” I currently reside at: _____, and I was born on _____/_____/_____. I am entering the Juvenile Healing to Wellness Court (JHWC) as a result of _____. I agree to adhere to the obligations stated as follows and to waive my rights listed below.

**By initialing each of the following provisions,
I acknowledge that I read and fully understand it.**

1. _____ I knowingly and voluntarily enter Sample Tribe's JHWC and agree to speak directly to the Judge and Wellness Court Team in a respectful manner.

2. _____ The Judge will have personal knowledge of whether I am complying with this Contract. I hereby waive any right to disqualify, challenge, or request recusal of the Judge from my underlying case based upon knowledge the Judge gains from my participation in the JHWC or from the JHWC Team.

3. _____ I understand that JHWC sessions are neither recorded nor are transcripts available.

4. _____ This agreement is the only formal agreement I have with the JHWC. There are no other deals, bargains, promises or understandings, whether written or otherwise, which change or alter this agreement.

5. _____ I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically when I am

dismissed from or graduate from the JHWC. In the event that I revoke this consent before my dismissal from the JHWC. I understand that such revocation will result in my dismissal from the JHWC.

RELEASE OF INFORMATION:

6. _____ I understand that my alcohol/drug treatment records are confidential and protected from disclosure by (tribal/federal) law [review applicable statutes] and cannot be disclosed without my written consent unless otherwise provided for by law. Furthermore, I understand that I have provided written consent for the release of confidential drug/alcohol treatment records for use by the JHWC Team. I also understand that no JHWC Team member is authorized to re-disclose my treatment information to parties or agencies outside the JHWC Team unless I have executed a separate release of information and unless excepted by applicable statute or applicable policy. I hereby allow the JHWC Team to discuss my treatment plan and progress among themselves, as well as disclose information about my case in open court.
7. _____ I hereby authorize the release of all information, either in written reports or verbal testimony, regarding my treatment, law enforcement involvement and my legal status to all members of the JHWC Team for the limited purpose of determining my progress in meeting my treatment goals. I authorize the JHWC to staff my case prior to court appearances. My authorization to release treatment information including alcohol and other drug test results is with the understanding that such information will not be used for any prosecution of criminal charges against me. I further understand and agree, however, that such information can be considered by the Court in determining whether I should remain in the program.
8. _____ I will provide confidential personal information to the JHWC Team members to determine my suitability for this program and my progress (or lack thereof) in the program.
9. _____ I authorize the release of all treatment information to the Treatment Court Team. I will sign a release of information for my medical, mental health, and chemical dependency treatment related records, legal records, social service records, and educational records so my providers may provide written and/or oral reports to the JHWC Team.
10. _____ I agree to execute appropriate releases of health care information so that any and all of my health care and mental health care providers may provide written and/or oral reports of my treatment progress to the Team.

TREATMENT:

11. _____ I understand that as a participant in JHWC, I will have to complete my treatment plan, follow all of the rules of the Court program, attend all of the required meetings, and attend and provide verification of attendance, attend all therapy sessions, subject myself to random alcohol and other drug testing by any means available to Team members and follow any other treatment requirements set forth by the treatment provider, the Team and/or ordered by the JHWC Judge.

12. _____ I agree that I will start a treatment program at a treatment level to be determined by the treatment provider and the Team, and that I will begin attendance immediately. I understand that failure to attend, make progress in good faith, and successfully complete the required treatment program is grounds for sanctions from the Team, including dismissal from JHWC.
13. _____ I will attend community support groups, recreation activities, workshops, parenting courses, and other activities organized by Treatment Court staff. **I understand my graduation from the JHWC will be delayed if I have not completed ALL required courses and activities.**
14. _____ If my behaviors warrant, the Judge and JHWC Team may order additional treatment and/or out-of-home placement for me.

SUPERVISION: [Your team should review the roles/positions within your team]

15. _____ I will be supervised by the JHWC Coordinator and will complete individual face-to-face and telephonic meetings with Coordinator [OR insert applicable role/position]. If I am on probation, I will also be supervised by a Probation Officer [OR insert applicable role/position here].
16. _____ The JHWC Coordinator will inform law enforcement that I am a Treatment Court participant. Law enforcement will inform the JHWC Team about any contacts I have with law enforcement, but I must nonetheless notify the Treatment Court Coordinator and Probation Officer (if applicable) within 24 hours of any contact I have with law enforcement.
17. _____ I will not use or possess any prohibited substance. If I use or possess any prohibited substance, I will report this use or possession to the JHWC Coordinator and my Probation Officer (if applicable) within 24 hours.
18. _____ I will comply with any reasonable request made by law enforcement, Treatment Court Coordinator, my Probation Officer, or their designee. I agree to subject myself, my possessions, and any place or object in which I claim a right or interest, including but not limited to my residence or vehicle, to search without a warrant.
19. _____ I will not change residence without prior approval of the JHWC Coordinator and Probation Officer (if applicable). I will provide notice of any change in my contact information to my JHWC Coordinator and Probation Officer (if applicable) at least 24 hours in advance.
20. _____ If employed, I will inform my employer of my involvement in the JHWC and agree that any JHWC Team member may speak to my employer. I understand I cannot use work as an excuse for noncompliance with my court-ordered tasks. It is my responsibility to schedule work around my court and treatment requirements.

DRUG TESTING:

21. _____ I agree to remain free of alcohol, illicit drugs, and drugs not prescribed to me throughout the course of my participation in the JHWC. I further agree to use prescription medication only as directed by the prescribing physician but to advise that I am a participant in a substance abuse treatment program and would like to explore the use of non-narcotic medications. I understand that any usage of alcohol or drugs will not be tolerated, including amounts below what is considered “positive”.
22. _____ I understand that in addition to random alcohol and other drug tests by the treatment provider, I am subject to random alcohol and other drug testing whose frequency is to be determined by the JHWC Team, demanded by a member of the Team, and or as ordered by the Court. I agree to refrain from the use of poppy seeds, over-the-counter medications and herbal remedies containing ephedrine or pseudo-ephedrine, and all adulterants that might impede collection of an accurate urine specimen. I further understand that a missed, diluted or adulterated urine specimen will be considered “positive” for purposes of the JHWC.
23. _____ I will provide a proper sample (including but not limited to blood, hair, breath, saliva, perspiration, or urine) for testing for the presence of alcohol or drugs as requested by the JHWC Team. I will appear for testing as directed by the Treatment Court. I understand a Treatment Court designee will observe all random drug tests.
24. _____ If I miss a drug test, fail to provide a test sample, provide a sample of insufficient quantity, alter a test sample, tamper with an alcohol monitoring device, tamper with a drug test, or produce a diluted or adulterated drug test, the JHWC will consider the test to be positive test and sanction me accordingly.
25. _____ If I ingest excessive amounts of fluids my sample may test as diluted and the JHWC will treat a diluted urine test sample as a positive test and sanction me accordingly.

PARTICIPATION and COMPLIANCE:

26. _____ I agree to personally appear for all required hearings of JHWC. I understand my failure to appear, show respect for the Court and Judge, and or being impatient could result in a charge of contempt of court and or assessment of sanctions, including dismissal from JHWC.
27. _____ If the Court discovers that I meet one ineligibility criterion after admission into JHWC, I will be terminated from the program.
28. _____ I will appear personally and on time for scheduled JHWC sessions, appointments, and therapy sessions. Treatment Court will sanction or detain me for unexcused absences. I must

obtain prior approval from the JHWC to be absent or late for a JHWC function and from the JHWC Coordinator to be absent or late for a treatment session, even in case of illness.

29. _____ I will dress appropriately for JHWC hearings, JHWC appointments, and activities. JHWC may sanction me for dressing inappropriately. I will not wear clothing that bears violent, racist, sexist, drug-or alcohol-related themes; clothing that promotes or advertises alcohol or drug use; clothing that displays gang symbols, profanity, or sexually suggestive phrases; or gang colors, gang clothing, sunglasses, bandanas, or hats.
30. _____ I will refrain from using profanity or glorifying use of drugs or alcohol. I will not make racist, sexist, sexual, violent, or offensive comments during court hearings or while appearing at JHWC. I will not engage in abusive, aggressive, or offensive behavior, or use insulting language or physical gestures. The JHWC can sanction me for this type of behavior.
31. _____ I will not bring food, drinks, cell phones, or electronic devices into court hearings.
32. _____ I will be honest and forthright in all my statements to the JHWC Team members, therapist, and law enforcement.
33. _____ I will complete each assignment on the date and time ordered. I will abide by every requirement ordered in my court order.
34. _____ I will abstain from the use of any mood-altering substances.
35. _____ I will not purchase or possess any “designer drugs” that can be purchased legally over the counter without a physician’s prescription. I will not use any said substance that states “not for human consumption” or any variation of not for human consumption.
36. _____ I will not use or possess alcohol, illicit drugs, and drugs not prescribed to me. I will not associate with persons who use or possess alcohol, illicit drugs, or drugs not prescribed to them.
37. _____ I will not use or possess medical marijuana or associate with anyone who does while participating in the JHWC program.
38. _____ I will not use or possess weapons unless specifically authorized by Treatment Court and my Probation Officer (if applicable). I will disclose to Treatment Court staff the presence of any weapons possessed by me or anyone in my residence.
39. _____ I will attend school daily, with no tardiness, unexcused absences, excessive excused absences, or suspensions. If not currently enrolled in school, I will obtain my GED or other suitable approved educational plan.

40. _____ I will not withdraw from school without approval of the JHWC Team.
41. _____ I will not smoke at any treatment court function regardless of my age.
42. _____ I understand and agree that JHWC is designed to be completed in a minimum of _____ months. However, I further understand because of my individual treatment needs, completing the JHWC program may take longer and require available additional services be provided to me.

INCENTIVES and SANCTIONS:

43. _____ I understand that the JHWC Judge, upon receiving information from the Team or law enforcement sources that I am not complying with this contract, have not been honest with Team members and/or the Court, or have violated any of the Rules of this program contained in the Participant's Handbook may impose sanctions which promote participation and progress or maintain the integrity of the Court and the respect due the Court and Judge. Sanctions may include, but are not limited to, the following:
[insert applicable sanctions- the following is a sample list of sanctions/consequences]
- a. Lecture or reprimand from the Judge
 - b. Increased JHWC appearances
 - c. Community service
 - d. Costs or partial costs of counseling sessions, services, tests, etc.
 - e. Curfew
 - f. Increased treatment intensity
 - g. Increased breath, sweat, blood, and urine testing for alcohol and other drugs
 - h. Time in confinement for disrespect to the Court or Judge and/or lying to the Court or Judge, and as a sanction
 - i. Geographical and or association limitations
 - j. Confinement
 - k. Dismissal from JHWC.
44. _____ I understand that if I diligently perform my obligations under this contract, the JHWC may approve the following incentives:
- a. Praise and congratulations from the Judge
 - b. Decreased JHWC appearance requirements
 - c. Release from community service or fines
 - d. Increased visitation
 - e. Financial incentives
 - f. Decreased treatment intensity
 - g. Decreased alcohol and other drug testing
 - h. Graduation from JHWC.

45. _____ Upon receipt of information from the JHWC Team that I am not complying with this contract, the Judge may impose sanctions.

REQUIREMENTS FOR PROMOTION and GRADUATION:

46. _____ I will submit a written request to the JHWC Team to promote to each phase in the program. I will submit a written request to the JHWC Team requesting permission to graduate from the program and present this request in person to the JHWC Team for final approval.

47. _____ I will comply with all terms and conditions of the JHWC and my probation and will not graduate from the program until I have paid all restitution, drug test fees, and all other court fines. I will successfully complete all community service hours and all Treatment Court required programs prior to graduation.

48. _____ I am responsible for fulfilling all the JHWC graduation requirements including but not limited to:

- a. 90 current, continuous, sober/free from substances days.
- b. Successful completion all scheduled group and individual treatment sessions.
- c. Successful completion all ordered assignments.
- d. Remain crime free.
- e. Pay all program fees.
- f. Obtain and/or demonstrate the ability to maintain employment; or
- g. Successfully participate and complete an academic or vocational training program approved by the Treatment Court Team.

DISMISSAL

49. _____ The decision of whether to dismiss/separate me from the JHWC program rests solely with the JHWC Judge, guided by input from the JHWC Team.

50. _____ If I am charged with an additional crime after being accepted into the JHWC, the JHWC may dismiss/separate me.

51. _____ If I am dismissed or separated from JHWC, the court that sentenced me in my underlying case may revoke my sentence and re-sentence me or initiate other proceedings in my underlying case.

52. I have also read, and reviewed the JHWC's Participant's Handbook, have had an opportunity to ask any questions I have about the Participant's Handbook, and agree to abide by the Rules listed therein.

STATEMENT AND ACKNOWLEDGEMENT OF PARTICIPANT

I, _____, have read this entire Contract, and I have read and initialed each paragraph of this contract. I have had adequate time to fully discuss this contract with my attorney. I understand the terms of this contract and what is expected of me. I freely and voluntarily agree to abide by the entire contract's terms and conditions, and I understand the consequences of my failure to do so. I represent that at the time of execution of this contract, I am not under the influence of drugs and/or alcohol.

DATED this _____ day of _____, 20__.

PARTICIPANT

FAMILY RESPONSIBILITY

Family involvement is critical to effective drug and alcohol treatment and juvenile court intervention. Since most of the young people in our program live with their families, it is critical that families agree to participate in their youth's treatment. Parental education groups and family therapy will be offered to all parents of our participants; these programs are considered part of their youth's treatment. Where applicable, parents also need to address their own drug and alcohol dependency or other critical issues that may perpetuate difficulties in the family as a whole.

We want to engage, empower, and help parents. Supporting your youth in drug and alcohol treatment requires considerable effort, time, and diligence. Parenting is a tough job that demands supervision, support, and consistent care. Being a part of Treatment Court can help parents with the difficult job of parenting.

By signing the Parent/Guardian agreement, you agree to participate fully in your youth's treatment and in parenting and other classes especially designed to give you the knowledge and skills necessary to help facilitate your youth's successful completion of Youth Treatment Court. We appreciate your desire and courage to help your youth become a healthy, productive person.

Parental responsibility includes:

- Recognizing that substance abuse is a family problem and educating yourself on its impact on your youth and family
- Reporting your youth's violations of the JHWC contract to the JHWC Team
- Recognizing that your own substance use can seriously harm your youth and impede your youth's ability to achieve and maintain sobriety
- Providing appropriate role models that discourage drug and alcohol abuse
- Recognizing signs of drug and alcohol use in your youth and responding with appropriate sanctions and holding firm to these sanctions
- Providing a substance-free home environment that promotes recovery
- Establishing and enforcing behavioral ground rules
- Conveying a sense of care, support, respect, and love
- Supporting Treatment Court decisions and sanctions and informing the Treatment Court Team of any problems meeting Treatment Court mandates.

PARENT/GUARDIAN AGREEMENT

As the parent/guardian of _____, I understand and agree to the following conditions:

1. _____ At least one parent and/or guardian shall attend **ALL** JHWC hearings with the youth unless waived in advance by the JHWC Coordinator.
2. _____ Parent(s)/guardian(s) shall assist in ensuring the youth to complete and comply with court-ordered and assigned tasks.
3. _____ Parent(s)/guardian(s) shall attend all appointments with service providers and probation as requested.
4. _____ Parent(s)/guardian(s) shall take all steps necessary to have the youth undergo a drug and alcohol or mental health assessment or evaluation as ordered by the Court; and parent(s)/guardian(s) will undergo a drug and alcohol, or mental health assessment or evaluation as ordered by the Court.
5. _____ Parent(s)/guardian(s) shall agree to cooperate and actively participate in court-ordered parenting classes, educational programs, family counseling (including family-based services), dispute resolution, and case management.
6. _____ Parent(s)/guardian(s) shall report each violation of the conditions of supervision imposed upon the youth by the Treatment Court immediately upon learning of the violation.
7. _____ Parent(s)/guardian(s) shall remove all alcohol and any illegal drugs from their residence, car, garage, and property.
8. _____ Parent(s)/guardian(s) shall provide a substance-free home environment that promotes recovery for the youth. This includes denying people access into the family home if they are determined to be under the influence of drugs and/or alcohol.
9. _____ Parent(s)/guardian(s) shall support the JHWC decisions and sanctions and to inform the JHWC Team of any problems meeting JHWC mandates.
10. _____ Parent(s)/guardian(s) shall establish and enforce behavioral ground rules and enforce all mandatory curfews as outlined for the youth during each phase of the JHWC program.

11. _____ Parent(s)/guardian(s) shall contact law enforcement if the youth is not home after the designated curfew.
12. _____ Parent(s)/guardian(s) shall submit to a search of their residence, the youth, or vehicle at the request of the JHWC.
13. _____ Parent(s)/guardian(s) shall not change residence without prior notification and approval from the JHWC.

Upon periodic review of the above-named youth's court case, if the court determines parent(s)/guardian(s) have failed actively to cooperate, participate, and adhere to the above stated conditions, the court may issue a summons for a "Show Cause Hearing" for the parent(s)/guardian(s) requiring them to attend a hearing at which they may rebut any evidence which may allege that they have violated the conditions of this contract. The court may exercise its power of contempt in addition to any other remedy provided by law to compel obedience to the court's orders by the parent(s), guardian(s), or other person exercising custodial control or supervision of the youth.

STATEMENT AND ACKNOWLEDGEMENT OF PARENT/GUARDIAN

I/We, _____ have read and understand this JHWC Contract and agree to assist my/our youth in fulfilling his/her obligations. I/We understand the terms of this contract and what is expected of me/us. I/We freely and voluntarily agree to abide by the terms and conditions of the contract, and I/We understand the consequences of any failure to do so.

DATED this _____ day of _____, 20____ .

Parent/Guardian signature

Parent/Guardian signature

STATEMENT OF APPROVAL

I, _____, Juvenile Healing to Wellness Judge [or Authorized Clerk of Court], have determined that the participant and his/her parent(s)/guardian(s) have been advised of all the terms and conditions of this contract. I believe the participant and the parent(s)/guardian(s) fully understand(s) her / his / their duties and responsibilities as set forth in the contract.

I hereby approve this contract this ____ day of _____, 20__.

Honorable

Juvenile Healing to Wellness Judge

Or Other Authorized Individual

Sample Form: Juvenile Treatment and Case Management Plan

This is sample case study and treatment plan example. The assessment tools utilized and the resource offerings within your local community will provide the foundation for the treatment plan that is designed for the youth in your Juvenile Healing to Wellness Court.

Case Study: Jane Doe is a 14-year-old Native American female currently in the Tribal Juvenile Justice System for the following violations of tribal statute: Minor in possession, Public Intoxication, Curfew violation and Creating and Maintaining a Public Nuisance. This is Jane's second detainment for charges of this nature. Jane currently resides with her older sister's family. Jane's parents are deceased. Jane is currently enrolled as a first-year student in the tribal high school and has been experiences attendance issues recently. The assessment results were discussed with Jane Doe, and she assisted in the development of this treatment plan. Jane is currently pending admission in the Tribal JHTWC program.

Assessment:

Need(s): Based on the administration of assessment tools the following were identified as the clinical responses to Jane's identified needs:

1. Substance Use Disorder (SUD) treatment- Level- intensive outpatient level, directed to participate in youth Moral Reconciliation Therapy (MRT) group
2. Individual grief counseling
3. Participation in Seeking Safety for young women group

Strengths: Based on interview with Jane she identified these as her strengths

1. Enjoys writing. Jane shared poems that she has written with this clinician. This should be encouraged through journal writing.
2. Enjoys taking care of her younger nieces and nephews.
3. Enjoys cooking for the family.
4. Enjoys reading.

Current Treatment Recommendations:

1. Participation in intensive outpatient with juvenile counselor.
2. Participation in group sessions as needed.
3. Participation in Tribal Juvenile Healing to Wellness Court.

Sample Form: Juvenile Treatment and Case Management Plan (Continued)

Jane Doe is a 14yo Native American female admitted to JHTWC. Tribal Behavioral Health Services submitted a treatment plan for Jane Doe with the following recommendations:

Current Treatment Recommendations:

1. Participation in intensive outpatient with juvenile counselor
2. Participation in group sessions as needed
3. Participation in Tribal JHTWC

These recommendations will be incorporated into this JHTWC case plan. Treatment also identified the following strengths:

1. Enjoys writing. Jane shared poems that she has written with this clinician. This should be encouraged through journal writing.
2. Enjoys taking care of her younger nieces and nephews.
3. Enjoys cooking for the family.
4. Enjoys reading.

During the JHTWC staffing to discuss Jane's admission, the JHTWC team recommended the following based on the above:

1. Jane will be provided a Journal and given a journal topic from treatment and JHTWC coordinator/case manager.
2. Jane will participate in Tribal Traditional Cooking Classes/Local County Extension office offers a cooking class for beginners. Possible incentive to support Jane working toward her self-identified goals.
3. Jane will read 30 minutes per day to her younger nieces & nephews. This will be documented by her sister's signature on reading log sheet. Possible incentive are gift cards to a local or online bookstore.
4. Jane will participate in Juvenile MRT conducted by Juvenile Probation Officer.
5. Jane will participate in the American Indian Life Skills Class conducted by the Wellness Court Case Manager.

Communication and Case Management Planning: Sample Templates

Sample Form: Sample Case Staffing Report

Bi-Weekly Report- Month/Date/Year					
Juvenile Healing to Wellness Court					
Client Name	DOB	Program Start Date	Current Phase/Week	Project Date of Phase Change	Projected Graduation Date
Jane Doe	1/1/2004	1/1/2020	Phase 1/Week 3	2 weeks	8 months
Wellness Court Coordinator					
Next Court Date					
Current Curfew	Weeknights: Weekends:		Days Free of Substances		
Parent/Caregiver					

Prior Week Court Requirements
Notes

Youth Report-Update on Goals/Activities
Notes

Caregiver Report- Update on Behavior/Concerns
Notes

Court Coordinator/Probation Office Report
Notes

Date Tested	Type of Test	Field Test Results	Lab Results	Collected By

Treatment Provider Report
Notes

Community/Cultural Activities
Notes

Education			
Current Grade	School/GED	Homeroom Teacher	In-Person/Virtual
Current Course Schedule			
Class	Current GPA	Absences	Tardies
Progress Notes Related to Education (Tutor/Teacher Notes if any)			
Detention/Suspension- Notes If Any			

Community Service			
Assigned Site	Hours Assigned	Hours Completed	Remaining Balance
Site Supervisor Notes:			

Report Completed and Submitted By:

** This template is a sample only and has been modeled after the South Dakota Juvenile Drug Court Bi-Weekly Progress Report. Juvenile Wellness Court Reports should include information relevant to local service offerings for youth wellness court participants. Samples can be modified as needed by local sites.*

Sample Form: Sample Case Staffing Report

Wellness Court Progress/Compliance Report ⁵⁹			
Today's Date:		Case Number:	
Participant Name:		DOB:	
Current Phase:	Phase:	Week:	
Date Moved to Current Phase:			
Proximal Goal(s):			
Coordinator Comments:			
Treatment Provider #1 Comments [Insert Name of Treatment Agency]			
Treatment Provider #2 Comments [Insert Name of Treatment Agency]			
VRNA Comments			
Social Worker Comments			
Attendance: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Effort in Change/Recovery: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Days of Sobriety:		Recovery Sponsor(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Relapses Since Intake: ____		Family Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supportive Group Attendance:	Number of Meetings Since Last Update:	Drug/Alcohol Screen Results:	
Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	Weeks Employed:	
Sanction:		Sanction Received:	

See Tribal Healing to Wellness Courts, Case Management (2018)

<http://www.wellnesscourts.org/files/HTWC%20Case%20Management.pdf> for more sample progress reports and forms.

Sample Form: Sample Case Staffing Report

Participant Name:	Case Number:
Entry Date:	Initial Filing/Citation/Delinquency Charge:
Term in Program:	Report Date:

Number of services performed or completed since last court date:

	# Of group sessions attended
	# Of individual sessions attended
	# Of support groups attended
	# Of individual session absences
	# Of group session absences
	# Of non-appearances for drug testing
	# Of refusals for drug/alcohol testing
	# Of negative drug tests

Dates of Tests Completed:

____/____/____
 ____/____/____
 ____/____/____

Score	Choose appropriate score for each goal: 1= Achieved, 2= Partially Achieved, 3= Not Achieved, 4 = Not Achieved (Amended), 5= Not Achieved (Discontinued), 6= Deleted (Unrealistic/Irrelevant)
	Goal 1: Comments:
	Goal 2: Comments:
	Goal 3: Comments:
	Goal 4: Comments:

Sample Form: Court Treatment and Status Report

Treatment Provider:	
Treatment/Service Provider:	
Other Service Provider:	

Client: _____

Date of Report:	Weeks in Program:
Next Court Date:	Days Drug and Alcohol Free:
Tx Groups Per Week	Court Appearances:
Absences Excused _____	Unexcused _____ JPO:
Attitude Toward Program	
<ul style="list-style-type: none"> <input type="radio"/> Defensive/Resistant <input type="radio"/> Passive/Present <input type="radio"/> Non-Participant <input type="radio"/> Cooperative/Meets Basics <input type="radio"/> Sincere/Enthusiastic 	Comments:
Participation	
<ul style="list-style-type: none"> <input type="radio"/> Needs Work/Team Attention <input type="radio"/> Meets Requirements <input type="radio"/> Superior Effort 	Comments:
Relapse Potential	
<ul style="list-style-type: none"> <input type="radio"/> No Indicators <input type="radio"/> Questionable <input type="radio"/> At Risk 	Comments:
Adolescent Recovery Program	Phase _____ Level _____
Assignments being completed to a satisfactory level [] Yes [] No	Comments:
Overall Client Progress:	
<ul style="list-style-type: none"> <input type="radio"/> Regressed <input type="radio"/> Stable <input type="radio"/> Positive Progress 	Comments:

School Progress	
Progress toward school/educational goals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Home Behavior: Review Parent/Caregiver Report	
Home Behavior is in accordance with team recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Court Ordered Sanctions Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
JHWC Coordinator Recommendations:	
Court Notes:	

Sample Form: Sample Youth Weekly Planning Sheet

Participant Weekly Planning Guide- This sheet is provided weekly to youth participants and families as a reminder of the required or suggested activities for the week.

Name:			
Week of ____/____/____ to ____/____/____			
My goals for this week:			
1.			
2.			
3.			
Date/Day	Time	Activity/Goal	Initial when goal/activity is completed
<i>Tuesday</i>	<i>4:00</i>	<i>Example: Attend Youth Circle</i>	

Sample Form: Youth Goal Setting- Adapted from the Lockport, New York Young Adult Court
[https://ndcrc.org/wp-content/uploads/2022/01/Lockport NY Young Adult Court Personal Goals for 6 Months.pdf](https://ndcrc.org/wp-content/uploads/2022/01/Lockport_NY_Young_Adult_Court_Personal_Goals_for_6_Months.pdf)

In the Lockport, New York Young Adult Goal Setting Process young adults are advised of the following:
“The following information is confidential. You will be the only person to have answers to the questions below. Be truthful and complete your answers as possible. When you are finished, place the sheet in the envelop provided, seal the envelope, print your name and date on the back of the envelope and return it to the Wellness Coordinator. This envelope will be returned to you, unopened, in six months for you to check on your progress. No one, but yourself will have access to your answers.”

Teams may want to confer on whether these goals should be confidential or shared with the team so the team can support the youth with their intentions and aspirations. This template is a sample tool. Please discuss the use of this template with your team and with any counseling staff that can provide insight into the goal-setting process.

YOUR PERSONAL GOALS

Name:

Date:

Drug and Alcohol use

In the next six months will I use alcohol or illegal drugs?
I hope to have not used substances for at least (what length of time)?
For me, the most difficult things to stay away from will be
I can guarantee that I will not have used the following drugs:
My personal goal for drug use is:

My Family

Drugs have negatively affected what relationships in my life?
I hope that in the next six months I can improve the relationships between myself and:
What do I need to do to help improve these relationships?
My personal goal for family relationships is?
An extended family member that I appreciate in my life is:

School/Employment

In the next six months I hope to be enrolled in vocational training/learn more about a future career-
One goal I have for myself at school is to:
My personal goals with respect to my education in the next six months are:
A teacher that I admire is:
Something I can join at school is:

If I am old enough to work, I am interested in looking for a job where I:

Other Goals for the Next Six Months:

--

Sample Form: Sample Parent Report

Date: ____/____/____ Next Report Due On: ____/____/____

Parent/Caregiver Name:

Participant Name:

Progress Since Last Report:

Read the question below and insert a rating: _____

Since the last progress report, I have noticed by child's behavior _____

5= Significantly Improve

4= Somewhat Improve

3= No change in behavior

2= Somewhat worsen

1= Significantly worsen

Explain the rating you have given, if behavior has improved, please share the positive steps your child has taken since the last report. If behavior has worsened, please indicate the challenges that have been faced since the last report, example (disrespect, lack of obedience, non-compliance with court plan, etc.):

What is a goal you have for your child before the next report?

How can you support your child in meeting that goal?

Is there anything that we can do to support you to assist your child with addressing their alcohol/drug use?

Additional Resources
Program Logic Models and
Participant Community Activity Log



[Applicant/Program Name] Logic Model

The italicized text in each logic model section describes the information to include and should be replaced with your responses. Enter the applicant or program name in the header, replacing the brackets.

Date	<i>MM/DD/YY</i>
Desired Result	<i>State precisely what the program or initiative hopes to achieve. The result statement should reflect the purpose of the federal award and the Office of Juvenile Justice and Delinquency Prevention's vision to support a nation where children are free from crime and violence and encounter a just and beneficial juvenile justice system.</i>
Goals	Goal 1: <i>Goals define how you know you have achieved your desired outcomes or the future condition your program or initiative hopes to achieve. The goals should align with your stated desired result and demonstrate how you intend to meet the purpose of the federal award. You may include an unlimited number of goals.</i>

Inputs →	Activities →	Outputs →	Outcomes		
			Short-term	Intermediate	Long-term
<ul style="list-style-type: none"> <i>Inputs describe the resources needed to implement a program's activities successfully.</i> 	<ul style="list-style-type: none"> <i>Activities describe the actions needed to achieve a program's goals and objectives.</i> 	<ul style="list-style-type: none"> <i>Outputs identify what happens from a program's intended activity. Outputs are generally represented as a number, such as the number of people trained.</i> 	<ul style="list-style-type: none"> <i>Outcomes describe the results of an activity, program, or initiative.</i> <i>Short-term outcomes reflect the immediate result of an activity, such as a change in knowledge, or change in practice.</i> 	<ul style="list-style-type: none"> <i>Intermediate outcomes reflect the result that occurs after achieving the short-term outcome, such as a change in behavior or implementation of a new system.</i> 	<ul style="list-style-type: none"> <i>Long-term outcomes demonstrate the ultimate change in a population or system the activity, program, or initiative hopes to achieve, such as decreased youth recidivism or decreased child victimization.</i>

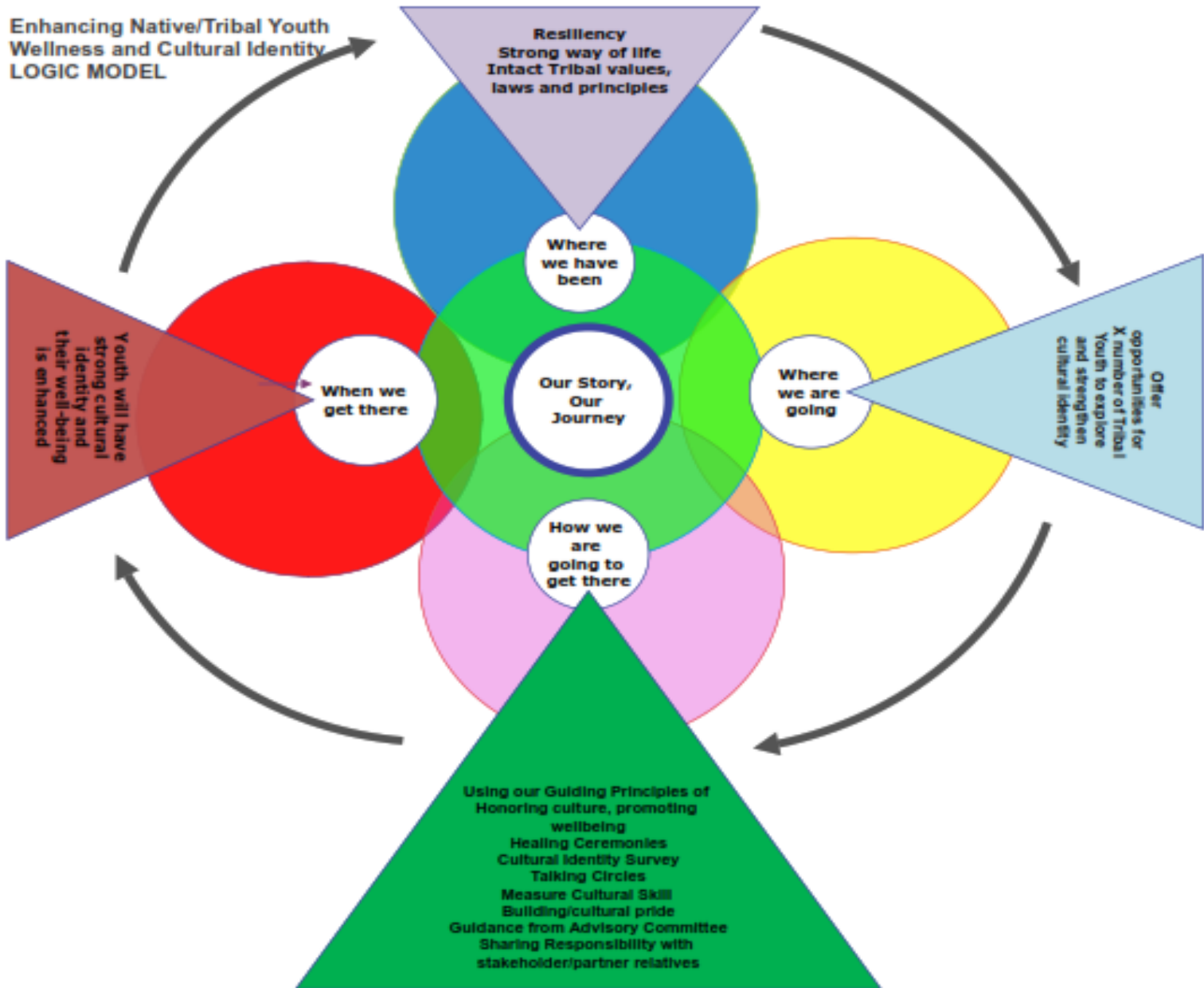
Sample Logic Model- Traditional Logic Model format, inclusion of inputs, activities, outputs. These work toward the outcomes which are described in short-term, intermediate, and long-term timeframes. This logic model template is available at <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/Logic-Model-Template-508.pdf>

Example of a Logic Model to Increase Cultural Pride and Identity

What are the changes we want to see?	What are the issues that impact making the changes?	What are the activities/resources/inputs we will employ to meet each goal?	What will be the outputs for each specific activity?	What will you do to measure the outcomes and outputs of the program?	What is our hope for the future?
<p style="text-align: center;"><u>Our Story Wellbeing</u></p> <p>1) Historically our <i>Tribe</i> had a strong Cultural foundation that contributed to the well-being of the entire <i>Tribe</i>.</p>	<p style="text-align: center;"><u>Our story of resilience</u></p> <p>1) Historical impacts contributed to the lack of access to Cultural traditions and ceremonies and denies our youth their Cultural identity</p> <p>2) Connecting with <i>Tribe</i> youth to actively support their development of a strong Cultural identity</p>	<p style="text-align: center;"><u>What we can do today, Supporting our relatives</u></p> <p>1) Cultural skill building/Cultural pride*</p> <p>2) Establish Community Advisory Committee (CAC)</p> <p>3) Talking Circles as process for guiding principles, Cultural identity survey, and designing process for Cultural identity</p> <p>4) Develop a communication plan: parents, tribal leadership, youth, community</p>	<p style="text-align: center;"><u>There is healing in our culture</u></p> <p>1) CAC Guide <i>Tribal Name of Program</i>, formalize guiding principles</p> <p>2) CAC assist in design of Cultural identity survey</p> <p>3) CAC assist in design of a process for Cultural identity (ex: naming, coming of age, healing, gender roles)</p> <p>4) Administer surveys, engage youth in ceremonies, interviews</p> <p>5) Materials used for communication to stakeholders</p> <p>6) Performance Measure: Cultural Skill building/cultural pride</p>	<p style="text-align: center;"><u>Honoring our youth today</u></p> <p>1) 30 Youth receive their <i>Tribe</i> name, participate in coming of age ceremony and a healing ceremony, gender roles</p> <p>2) Youth understand and are able to use ceremonial elements for prayer</p> <p>3) Number of program youth served during the reporting period with the noted behavioral change*</p> <p>4) Total number of youth receiving services for the target behavior during the reporting period*</p> <p>5) Percent (A/B)*</p>	<p style="text-align: center;"><u>Honoring our youth tomorrow</u></p> <p>1) Increase in Cultural skill-building and Cultural pride</p> <p>2) The youth Cultural identity enhances their wellbeing</p> <p>3) Growth in Cultural Identity as a result of participating in ceremony and healing activities, evidenced by 30 completed pre/post Cultural Identity surveys</p>
<p>What are the changes we want to see?</p>	<p style="text-align: center;"><u>Our Hope</u></p> <p>1) Promote <i>Tribe</i> youth Cultural identity by creating opportunities and access to tribal Cultural values, traditions and ceremonies.</p>				
<p><u>Healing is our future:</u> Create Cultural Identity scale Create pathway to Cultural traditions and ceremonies resulting in strong Cultural identity.</p>	<p>What are the Cultural values and principles that will guide our work?</p> <p style="text-align: center;"><u>Strong Hearts:</u></p> <p>1) Wellbeing of youth will remain focus of program.</p> <p>2) Establishing an approach of being a good relative and mutual regard with the youth and among all partners.</p> <p>3) Honoring of Culture will be the foundation of the program.</p> <p>4) Cultural Identity supports the wellbeing of our tribe.</p>				
<p>The Foundation for Our Work: <i>Vision:</i> Restoration of our families and our communities. <i>Mission:</i> The revitalization and reconnection of <i>Tribe</i> Youth to their Culture. <i>Tribe</i> Youth have a strong foundational Cultural identity.</p>					

*Denotes OJJDP Performance Measure.

Sample Logic Model: A logic model that highlights “Cultural Pride.” Note the model moves from left to right and indicates activities that support measurable change.



Sample Visual Logic Model, Developed 2020, Ethleen Iron Cloud-Two Dogs

Developed by the Tribal Youth Resource Center (2022)

Sample Monthly Community/Volunteer Service Referral and Client Sign in Sheet.

Directions: Volunteer should sign, date, and indicate the amount of time spent at the assigned site/location. A site supervisor shall initial and confirm the time/date listed by the participant and include a phone contact number. Initials must be signed in pen. Completed sheets should be submitted to the program coordinator. Additional sheets may be requested.

_____ (Volunteer/Program Participant) has been assigned to the following location(s)
 _____ to provide community service/outreach. The volunteer will provide the
 following duties listed below:

Restrictions or Allergies (as applicable to location, note N/A if no restrictions):

- Age/Activity Restrictions: _____
- Allergies (if any): _____

Site/Location	Date	Time Spent at Location (hr./min) and Activity	Location Supervisor Initials and Phone Number
INSERT MORE ROWS AS NEEDED			

I confirm that the time(s) indicated on this form are a correct reflection of the hours I have completed as part of my assigned volunteer activities.

Volunteer Signature: _____ Date: _____
 Program Coordinator Initial: _____ Date Received: _____