

The Mental Health Association in Tompkins County

Youth Services Program

Center Ithaca - 171 E. State Street, Suite 275

Mailbox #144, Ithaca, NY 14850

Phone: (607) 273-9250

Email: mlittle@mhaedu.org

Youth Wellness Recovery Action Plan[®] (WRAP[®]) Enrollment

Registration Information

Date: _____

Parent/Guardian(s) Name(s): _____

Youth Participant's Name: _____ Date of Birth: _____

Youth's Contact (optional, for communication about group updates and changes):

Cell #: _____ Email: _____

Home Address: _____

Parent/caregiver Contact Information:

Home Phone #: _____

Cell #: _____

Work #: _____

(Use work # between hours of __:__ and __:__)

Email: _____

In Case of Emergency—Alternate Contact:

Name: _____

Relationship to Youth: _____

Phone #: _____

Alternate Phone # _____

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Youth Services Confidentiality Statement

Youth Services programming is designed to be a safe space for participants to talk about life experiences and concerns they are dealing with in confidence and without fear of judgment.

- Conversations held in teen group are not to be discussed with others outside of the group to protect the privacy of participants
- All information disclosed to Mental Health Association staff will remain confidential*

*The exception to confidentiality with staff is information regarding physical or sexual abuse or neglect of a minor or information that someone is in imminent danger, which staff are mandated by law to report.

I, _____ have read and understand the above
Youth Name (print)

information regarding confidentiality.

Youth Participant Signature: _____ Date: _____

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Participant and Parent/Guardian Acknowledgement

By signing below, you acknowledge that you understand the scope of the MHATC's Wellness Recovery Action Plan® (WRAP®) group:

- WRAP® follows a peer support model and is led by a trained, certified WRAP® facilitator. WRAP® is not a replacement for other forms of treatment, and is not group therapy.
- The WRAP® program will be held over ten 2-hour sessions, each session covering different valuable material, and attending **every session** is important to the participant's experience in the group and to the group dynamic
 - Fall 2021 sessions will be held Tuesday evenings from 4:15pm-5:45pm from September 28th-December 7th, with no session the week of Thanksgiving
 - If a participant misses a session they may set a time with a facilitator to go over missed material
- All meetings will take place in **Suite 212** on the second floor (one level up from the mezzanine). In the unlikely event that we suspend in-person services due to COVID-19, the group will continue over Zoom.
- A participant's WRAP® plan belongs completely to them—the participant is the only one who determines what is in their plan. The participant may wish to share parts of their plan, particularly their Crisis Plan, with family members or other supporters, but they have the right to keep their WRAP® plan completely private for their own personal use.
- All discussions in WRAP® group remain confidential under MHATC's Confidentiality Policy and participants are not to discuss the experiences of other group members outside of the group. The only exceptions to confidentiality are circumstances in which there is an immediate safety risk—facilitators are NYS Mandated Reporters of Child Abuse and Maltreatment, and are obligated to inform families/necessary services of immediate risks to a participant's safety.
- Facilitators understand that all participants have unique needs and behaviors that participants are working through, however, if a participant poses a safety risk for themselves or others, or are consistently disruptive/disrespectful to the group, their parent/caregiver will be contacted and asked to pick up their child.

COVID-19 Safety Protocols:

- Upon arriving to group, participants will be given a surgical mask that they must wear over their mouth and nose while in the MHATC space **at all times**. If participants have a cloth face covering they like, they may wear it **over** the provided surgical mask, but not instead of the surgical mask.
- Before entering the group room, participants will sanitize their hands, check their temperatures with our forehead-scan thermometer, complete a COVID-19 screener form, and sign in.

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- Participants are exempt from COVID-19 screening if we have a copy of proof of vaccination on file, but must still wear a mask
- Participants are **not** to attend group if they:
 - Had contact with anyone with a confirmed COVID-19 case in the last 14 days
 - Had a fever greater than 100 degrees, had difficulty breathing or a cough that is unrelated to known, existing health conditions in the last 14 days
 - Currently have a fever greater than 100 degrees, or have difficulty breathing/a cough that is unrelated to known, existing health conditions
- If a participant is unable to attend group because of the above protocol, they must take a COVID-19 test and receive negative results, or wait two weeks after any COVID-19 exposure or symptoms before returning.
- Participants who are unable to attend group because of COVID-19 exposure or symptoms may join the group by calling and participating with our phone on speakerphone in the group room until they can return in person.
- Participants who receive a positive COVID-19 test result are to notify group facilitators **immediately**, and facilitators are obligated to notify the Tompkins County Health Department for contact tracing. Facilitators will notify other group members of any potential exposure without naming the participant who tested positive.
- If a group member or facilitator receives a positive COVID-19 test result and had exposure other group members, the group will be notified immediately and will be held over Zoom until all exposed participants and facilitators have either received a negative COVID-19 test result or have gone 14 days without developing symptoms.
- There is **no food or drink** allowed at group meetings. If participants need to take a drink of water or remove their mask for medical reasons (ex/ an inhaler), they must do so in the hallway outside the suite.
- COVID-19 procedures are **mandatory** and participants will not be permitted to attend if they do not follow the above protocol.

Youth Groups Ground Rules

- **Keep the Space Safe**
 - Confidentiality--do not share what happens or what is said in group with others outside of group
 - No weapons of any kind
 - No recreational drugs/alcohol (neither possession or consumed before group)
 - Behave safely with equipment, outside structure, etc.
 - Stay with the group or ask a facilitator to accompany you if you need space
 - No racial/sexist slurs
 - No touching other without permission
 - No inappropriate sexual comments or advances

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- **Respect Each Other**
 - Listen, no side conversations during check in times
 - Headphones and cell phones are put away during group except on breaks
 - “Don't yuk my yum”-respect what brings other people joy
 - Do not insult each other

- **Respect the Space**
 - Clean up after yourself
 - Be gentle with furniture and supplies
 - Keep voices at a reasonable volume
 - Be respectful in the Center Ithaca space when arriving and leaving

By signing, you acknowledge that you have read, understood, and consent to the services and expectations of our program.

Parent/ Guardian’s Signature

Date

Participant’s Signature

Date

Director of Youth Services’ Signature

Date

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Consent for Emergency Medical Intervention

In case of any non-life-threatening emergency, including but not limited to possible broken bone, allergic reactions, severe cuts, etc., with your consent a MHATC staff member will take your child to the Emergency Room at Cayuga Medical Center, Urgent Care or Convenient Care for medical assistance. If needed, MHATC may call an ambulance to transport your child.

As the parent/caregiver of _____, I give my permission for a Mental Health Association staff member to take my child to the Emergency Department at Cayuga Medical Center or the nearest Urgent Care/Convenient Care location for treatment.

Parent/caregiver Signature: _____ Date: _____

For Doctor's Use-Confidential:

My child currently takes the following medications:

Medication:

Dosage:

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Session Drop-Off and Pick-Up

Parents/Guardians,

Please select one of the options below, review your selection with your child, and each sign:

_____ I give my child permission to travel to WRAP® group and leave group independently.

_____ I do NOT give my child permission to travel independently, and will personally be signing my child in and out of group. If I am unavailable to transport my child, the following people have my permission to transport them:

Parent/ Guardian's Signature

Date

Participant's Signature

Date

Director of Youth Services' Signature

Date