FAMILY OUTREACH CENTER

YOUTH SCREEN

@ North Rockford Middle School
March 23rd & 24th, 2017

What is Youth Screen?

1. Each student participating will complete a brief questionnaire about their health, feelings, and behaviors.
2. Next, each student will meet individually with one of our program staff to talk about their screening results.
3. If a student is identified as having any concerns or needs, our staff may contact the student's parent/guardian to discuss the screening results and recommend further evaluation.
   - For a more detailed description of the Youth Screen Program, see next page.

We help connect families to outside services for those who are interested.

- Please complete and return the attached parent consent form(s) to let us know if your child will be participating or not.

Youth Screen Parent Consent Letter

Dear Parents/Guardians,

As parents you are well aware that the physical and mental health of young people plays a key role in their ability to succeed in school, have rewarding relationships with family members and friends, and lead productive and happy lives. The Youth Screen program is committed to working with you to ensure that they reach their full potential outside of the classroom. To that end, we are offering parents of **7th graders at North Rockford Middle School** the opportunity to have their teens participate in the Youth Screen Program on March 23rd and 24th. Youth Screen is a program designed to identify risk factors associated with depression, anxiety, and alcohol and substance abuse. Youth screen is not a diagnostic tool. The program is free, completely voluntary, and confidential.

The teen years are a time of tremendous change. Youth Screen can help parents better understand the changes their teens are experiencing. No matter what the results of your child's screening are, the program will provide you with important information. For most parents, this screening will reassure you that your teen is just experiencing typical "growing pains." For other parents, Youth Screen can help you pinpoint a problem in its early stages; giving you the ability to secure needed help for your teen and reduce the chance that a more significant problem will develop in the future.

I hope you will take advantage of this confidential screening for your teen. Please read the information below, and then sign and return the **Parent Consent Form** on the next page to indicate whether you want your teen to participate.

How Does Youth Screen Work?
The Youth Screen Program is run by Family Outreach Center, contracted through Network 180. It will take place at the school, during school hours in a private setting at the school. Your teen will not be screened without your permission. All screening results will be kept confidential, stored separately from academic records at the Family Outreach Center office, and not shared with your teen's teachers. There are three steps to the screening procedure:

Step One: Teens complete a 10-minute questionnaire about vision, hearing and dental problems, symptoms of depression and anxiety, suicidal thinking and behavior, and use of drugs and alcohol.

Step Two: Teens whose answers reveal a potential problem and teens who ask for help then meet with a trained mental health professional in private to determine if further evaluation would be helpful. Teens whose answers show they probably do not need help meet briefly with other program staff to answer any questions they may have about the program and to give them the opportunity to ask for help with any other concerns the screening did not cover. This is also an opportunity for teens to provide valuable feedback about the program to program staff.

Step Three: You will be contacted by program staff **only if** your teen meets with a mental health professional **and** the professional recommends further evaluation for your teen. If this is the case, program staff will share the overall results with you and discuss ways you can get help for your teen. You will not be contacted if your teen is not found to need additional mental health services. If a vision, hearing or dental need is identified during the screening process, program staff will inform you by a letter sent to your home.

Family Outreach Center provides this screening at no cost, but does not provide further evaluation or treatment services. It is up to you to decide if you want to obtain any additional services for your teen.
Please do not hesitate to call Kim Norton at 616-988-1479 if you have any questions.

Sincerely,

Kim Norton, LMSW – Youth Screen Program Coordinator/Supervisor
Family Outreach Center
255 Colrain St SW, Wyoming, MI 49548

Youth Screen Parent Consent Form

*Please have your child return this form to **the school guidance office** by the following deadlines:*

*North Rockford Deadline: **on or before March 17th.***

I have read and understand the description of the Youth Screen Program offered at North Rockford Middle School:

____ **Yes**, I would like my child to participate in the Youth Screen Program ** (Please also see the back of this form regarding the option of sharing the screening information with the school) **

____ **No**, I do not want my child to participate in the Youth Screen Program

Parent/Legal Guardian's Name (Print): _____

Student's Name (Print): _____ Grade: _____

Parent/Legal Guardian's Signature: _____

Date: _____

If your child will be participating, please provide the following information so we can contact you if necessary:

Address: _____ Home Tel. #: _____

_____ Cell Phone #: _____

Best times to reach you:

1) _____ Tel.#: _____

2) _____ Tel.#: _____

FAMILY OUTREACH CENTER, INC.
255 Colrain SW Ste. 2
Wyoming, MI 49548
TELEPHONE: (616) 988-1479
FAX: (616) 988-1493

AUTHORIZATION FOR RELEASE OF INFORMATION FROM THE RECORD OF:

Name:_____ Date of Birth:_____
Last First Middle

I hereby authorize: Youth Screen Staff Clincian _____
Name of Individual Position

FAMILY OUTREACH CENTER **255 Colrain St SW STE 2, Wyoming, MI 49548**
Agency/Organization Complete Address

To [X] Exchange [ ] Release specific information from my record to:

Name of Individual: School Counselor/Social Worker; Principal

North Rockford Middle School 397 E Division Street Northeast, Rockford, MI 49341
Agency/Organization Complete Address

The information to be released is limited to the following records specified by description and date, and may include information about drug/alcohol usage, if applicable.

The information to be released is to be used ***ONLY*** for the following authorized purpose:

Results of youth screen specifically for follow up recommendations.

This authorization is effective only for the following period of time (not to exceed one year).

From: January 1st, 2017 To: June 16th 2017

My authorization is withdrawn if any of the following occur:

Event: End of school year or Case closure

Condition: Verbal or Written request

I understand that I may withdraw this release at any time by notifying the agency holding my records.

Signature: _____ Date: _____
Client or Legal Guardian/Parent of Minor

Release obtained by: _____ Date: _____
Signature of Witness

Further release of information disclosed by the above authorization is prohibited by the Michigan Mental Health Code and the Federal regulations governing disclosure of Substance Abuse records. This means that the released information may not be copied, shared, or released except as consistent with the authorization purpose stated above. This release is in compliance with Title 42 of the Code of Federal Regulations, Part II which also prohibits re-disclosure.