

IMPLEMENTATION PLAN

Kaiser Permanente Teen Choices & Challenges Program

Return to:

*The Permanente Medical Group, Inc.
Teen Choices and Challenges
1950 Franklin Street, 13th Floor
Oakland, CA 94612*

Or by fax:

(510) 873-5079

School/Agency: _____

Completed by (name and title): _____ Date: _____

Staff and Equipment

1. Who will have primary responsibility for implementing and managing this program?
Name: _____ Phone # _____
2. Do you have a computer and printer currently available for use by this program?
___ Yes ___ No. If no, when will one be available and ready for use? _____
3. Where will the computer be located? _____
4. Who will provide the technical support for the program? _____

Getting Teens Involved

5. Who will be responsible for promoting teen usage of the TCC program at your school/agency?

Scheduling and Confidentiality

6. How will appointments for the computer and counselor be scheduled? _____

7. Who will put the teens on the computer and take them off? _____
8. How will confidentiality be protected? _____

Counseling

9. Who will be doing the post-assessment counseling? _____

10. If a problem or an issue (e.g. suicide risk, violence at home) is identified through the assessment that the counselor feels unable to handle, is there someone who will be there to assist? ___ Yes ___ No. If yes, who? If no, what other resource(s) will be available? _____

11. Does your school/agency have protocols in place for handling the issues or problems that may be identified by the assessment? ___ Yes ___ No. If yes, please provide us with copies or summaries of these.

If no, please work with your staff to develop protocols for the following, and include a copy or summary of them with this form:

- suicide attempt
- current suicide risk
- sexual abuse (reportable, current)
- domestic violence or other risk of violence
- depression
- serious stress
- drug abuse
- STD symptoms or risk
- Pregnancy
- issues related to sexual orientation

12. If issues are identified which require CPS reporting, who will do the reporting?

Referral/Resource List

13. Prior to implementing the program in your school/agency, you will need to put together a resource list of teen services. Staff doing the post-assessment counseling will use this listing AND it will need to be input into your computer prior to teens using the Teen Choices & Challenge software. (Each teen who completes the assessment, receives a copy of a resource list along with their personal profile.)

If you have any questions, or need assistance completing this form, please contact your Kaiser Permanente contact person. We will be happy to assist you. As soon as we receive your completed forms and you have everything you need in place, we will schedule your staff for training and provide you with a copy of the software.