



## Alternative Peer Group (APG) Orientation Packet

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## **Mission, Vision, and Philosophy**

Welcome to Creating Connections Alternative Peer Group (APG). We welcome the opportunity to work with you as you take this very meaningful step towards defining your life. As you build a community of support, this group will provide you with tools to practice improved health and wellness.

The **CCNH APG** focuses on peer support for both you and your family members with an emphasis on self-awareness, having fun, and day-to-day recovery maintenance skills that assist in obtaining and maintaining a healthy life. The APG does not offer treatment, counseling, or medical services. Individuals who feel they need clinical counseling, medical detox, and/or psychological or psychiatric services would need to receive these services from other support systems. The APG staff are happy to provide a list of resources in the area if requested.

Alternative Peer Groups vary by age/developmental stage and are offered to young people between the ages of 12-25 years of age, who are in recovery, and who are looking to build a community of support for improved health and wellness.

## **SAMPLE Program Guide for Youth/Families –**

**(APG Facilitators should replace this with a schedule or sample activities your APG provides.)**

### Monday

- **Discord chat space** (5–6:30 p.m.) – Virtual space to chat, check-in, share what’s going on, and give and receive support.

### Wednesday:

- **Optional AA Meeting and social hour** (6:00–8:00 p.m.) – Staff attends 12 Step meeting in the local area and the youth are invited to join them at the meeting, followed by a social group with the staff and other APG participants.

### Thursday:

- **LGBTQ Youth in recovery** (4:30–6:30 p.m.) – Alternative peer group for lesbian, gay, bisexual, transgender, questioning youth, and allies in recovery.

### Friday:

- **Peer Led Support Group** (6:00–7:30 p.m.) – Staff leads youth in a check-in format support group.
- **Caregiver Led Support Group** (6:00–7:00 p.m.) - Caregivers who have been through this process with their youth lead a meeting for caregivers raising youth in recovery. This group is open to any adult providing support for a loved one, ages 12-25, in recovery.
- **Youth Activity – Hangout** (7:30–10:30 p.m.) – Staff plan events every weekend for the youth to come together and have fun in recovery. These events will include going to the movies, skating, hiking, swimming, and much more.

### APG Group Rules

I, \_\_\_\_\_, agree to the following group guidelines and requirements:

1. I agree to refrain from using drugs and alcohol immediately before attending or while participating in APG groups/activities, including CBD products, Kava, or Kratom.
2. If I do have a recurrence, I agree to participate in a meeting with APG staff and my caregiver(s). If I consistently use alcohol and/or drugs, my family will be given recommendations for a higher level of care.
3. I agree to not smoke cigarettes or vape while at any APG meeting locations, functions, and hangouts. If I do, my caregiver(s) will be notified by APG staff.
4. I agree to stay within the sight of APG staff while at functions unless given permission by staff to step away. If I leave the group without permission, I will receive a warning from the staff. If I leave the group twice, my caregiver(s) will be called to pick me up immediately.
5. I agree to not participate in any physical aggression, including fighting or encouraging fighting, during any APG meetings, functions, or events. If I do, I may be suspended from the group.
6. I agree to not date another group member of the APG program. If I do, I will be required to meet with an APG staff member to discuss how this impacts others in the APG and discuss ground rules for participation in events. If the relationship continues, both sets of caregivers will meet together with an APG staff member.
7. I agree to follow all staff instructions and group norms at all APG meetings, functions, groups, and hangouts.

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

## APG Participant Grievance Procedure

As a participant of the APG, you have the right to file a grievance related to the behavior of any employee or volunteer. You have the right to staff's help in writing it if you are unable to read or write, as well as request writing materials, postage, and access to a telephone for the purpose of filing a grievance. You may submit your complaint directly to the APG's Executive Director, (insert contact name and information).

**Organization's APG** shall:

- (a) Provide participants with a *Participant Grievance Form*;
- (b) Evaluate the grievance thoroughly and objectively, obtaining additional information, as needed;
- (c) Provide a written response to the participant within seven (7) days of receiving the grievance;
- (d) Take action to resolve all grievances promptly and fairly;
- (e) Document all grievances—including the final disposition—and keep the documentation in a central file; and
- (f) Share the grievance with Creating Connections Program Director, Bureau for Children's Behavioral Health, within seven (7) days.

**The APG** shall not:

- (a) Retaliate against participants who try to exercise their rights or file a grievance; or
- (b) Restrict, discourage, or interfere with participant communication with an attorney for the purposes of filing a grievance.

I, \_\_\_\_\_, acknowledge that I have been informed of the Participant Grievance Procedure. I further acknowledge that the information was explained to me in a language that I could understand. If I asked questions, APG staff provided me with a satisfactory response.

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

Caregiver or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APG Consent for Services**

I understand that I can consent for substance use supports at or above age 12, and information will not be shared with my caregivers or anyone else (except if there is a concern for my safety or the safety of others) unless I authorize ORGANIZATION APG to share this information.

I, \_\_\_\_\_, consent to receive support for substance use disorders, and co-occurring mental health disorders (SUD/COD) with ORGANIZATION APG.

**Creating Connections APG  
Authorization to Obtain or Release Participant Information**

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

Date of Birth: \_\_\_\_\_

Organization or Individual's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**To obtain from/release information to:**

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

\_\_\_\_\_  
(INSERT APG NAME/ORGANIZATION  
CONTACT/ADDRESS, PHONE, FAX)

**Items that may be disclosed (check all that apply):**

- That I am receiving support from Organization APG
- Assessments, if applicable
- Attendance

- Educational information
- Drug test results, prognosis, crisis, and/or discharge planning
- All of the above
- Other \_\_\_\_\_
- Contact in the event of an emergency

Emergency contact name: \_\_\_\_\_

Emergency contact relationship to me (i.e., parent, friend, aunt):

\_\_\_\_\_

Emergency contact phone #:

\_\_\_\_\_

#### **HIPAA Release**

- I. I understand that the specific information to be disclosed may include history of Drug or Alcohol Abuse or Mental Health Treatment, information concerning communicable diseases such as Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS), laboratory tests results, treatment progress, and any other such related information.
- II. I understand that these records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. No authorization is given for future release of these records to any other third party.
- III. I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. This authorization will expire 360 days from the date of my signature or condition as follows.
- IV. I understand that in certain limited circumstances I may not participate in APG groups, functions, or activities if I do not sign a consent form.
- V. I further authorize that a photocopy of this authorization is acceptable as an original.

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Participant Signature

Date

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Caregiver/Guardian Signature

Date

**Authorization to Provide/Seek Medical Treatment**

I/We hereby authorize the adult representatives of the APG to provide, seek, and retain medical treatment during APG activities when such adult representatives believe, in good faith, that medical treatment is necessary for

\_\_\_\_\_.  
(Participant Name)

I/We also agree to be financially responsible for all expenses associated with the provision of medical treatment.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, indemnity agreement, and authorization to seek medical treatment and fully understand its terms, and recognize that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing that agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent of the law.

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Printed Name of Participant

Signature of Participant, if own legal guardian

Date



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Printed Name of Guardian

Signature of Guardian

Date

**Insurance Information:**

Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**Medical Concerns:**

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**Allergies:**

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**Current Medications:**

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**Is there anything else you want to share about your recovery that Facilitators should know (hopes for the future, etc.)?**

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### Waiver to Use Encrypted Email or Text Messaging

We take the protection of your confidential information very seriously and we comply with HIPAA regulations. Therefore, it is our policy that we will not transmit your records by “standard” email or texting, as these forms of electronic transmission are not considered safe from cyber theft. However, HIPAA regulations state that we are required to send your records using standard email or text, if requested, by the individual or their legal representative. You, as the caregiver/guardian/youth, can elect to receive your records via standard email or text by selecting that option below and signing this form.

Please note, if you elect to not receive your records or communicate with our staff by standard email or text, and then contact us via email or a text requesting any of your records or a response from our staff, we will take your request as authorization to reply using standard email or text as appropriate, unless your email or text explicitly states not to use standard email or texting.

\_\_\_\_\_ I elect to receive my records/my youth’s records via standard email or text.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Name Printed

## Drug Testing Release Form

**(Drug testing to be determined by each individual APG. CCNH is not suggesting that APGs should drug test, but are merely providing a sample of what this consent may look like.)**

I authorize the staff of ORGANIZATION APG to administer urine analysis drug testing at any point during my participation in the APG. I understand that drug testing will be done at the staff's discretion and will be performed by same-gender staff. I understand that the drug testing procedure includes the presence of a staff member in the restroom with me. I will be asked to empty my pockets and lift my waistband at the time of the drug test. The staff member will wait outside of the stall and at no point will there be touching or nudity with or in front of any staff member.

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

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

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

Caregiver Name Printed: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

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

**APG Waiver of Liability, Assumption of Risk, Indemnity Agreement, and  
Authorization to Seek Medical Treatment**

**Waiver:** In consideration of being permitted to participate in any way in all APG activities, and functions, hereinafter called "The Activities," I, for myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue NH DHHS, APG employees, and/or agents. NH DHHS, APG employees, and/or agents are not to be liable for any or all claims including the negligence of the NH DHHS, APG officers, employees, and/or agents, resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, participation in the Activities. By signing below, the caregiver/guardian confirms that they are the participant's legal guardian and have the authority to sign a release of liability.

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Participant Signature Printed Date

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Caregiver/Guardian Signature Date

**Assumption of Risks:** Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury, joint or back injuries, and concussions, to 3) catastrophic injuries, including paralysis and death.

**I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in the Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD HARMLESS the NH DHHS, APG, and employees and/or agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, brought as a result of my involvement in the Activities and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Authorization to Provide/Seek Medical Treatment:** As a caregiver/guardian of a minor youth, I/we hereby authorize the adult representatives of APG to provide, seek, and retain medical treatment during the Activities when such adult representatives believe, in good faith, that medical treatment is necessary. I/we also agree to be financially responsible for all expenses associated with the provision of medical treatment for my/our youth.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, indemnity agreement, and authorization to seek medical treatment and fully understand its terms and recognize that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent of the law.

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Participant Signature Printed

Date

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Caregiver/Guardian Signature

Date

### APG Public Relations and Media Release

\_\_\_\_\_ (Participant's name), understand that APG is a non-profit organization, which depends upon financial support for sustainability. I give permission to use photographs, audio, or a similar likeness of myself in APG's activities to support the mission and vision of APG. I have been assured that permission is not required as a condition of involvement in APG. I understand that APG may use the above media in public relations programs and fundraising designed to create public awareness of its needs, including financial contributions and marketing services.

I consent to photographs, audiotapes, videos, and other likenesses being taken and used. All questions regarding this document have been answered to my satisfaction. I expect no monetary or valuable benefit from this agreement and expressly release from liability APG. I understand that I have the right to revoke this authorization by providing a written request to APG. This will not impact the materials that have already been created and/or distributed according to this authorization.

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Participant Signature Printed

Date

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Caregiver/Guardian Signature

Date

## **Social Media Policy**

The APG organizational policy strictly prohibits the use of personal social media accounts to communicate or interact with youth and young adults who are receiving services through the APG in any way.

### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The APG has put in place preventative measures to reduce the spread of COVID-19; however, the APG cannot guarantee that you or your youth will not become infected with COVID-19. Further, attending the APG could increase your risk and your youth's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my youth and I may be exposed to or infected by COVID-19 by attending APG activities and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 during APG activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to APG employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my youth or myself (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my youth may experience or incur in connection with my youth's attendance at the APG or participation in APG programming ("Claims"). On my behalf, and on behalf of my youth, I hereby release, covenant not to sue, discharge, and hold harmless APG, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the APG, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any APG program.

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Print and Signature of Parent/Caregiver

Date

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Print and Signature of Participant

Date



## **APG Notice of Non-Discrimination**

APG does not exclude, deny services to, or otherwise discriminate against any person on the basis of race, color, national origin, sexual preference, sexual identity, or disability in participation in, or receipt of the services and benefits of any of its programs or activities or in employment therein, whether carried out by APG directly or by someone contracted by APG. APG is only open to individuals in recovery between the age of 12 to 25, with few exceptions.

Inquiries about this policy, or complaints alleging violations of the above, should be directed to:

INSERT CONTACT NAME & NUMBER FOR APG

## New Hampshire APG Data Collection

We would like to ask you some questions as part of a data collection effort to understand how our peer support group affects participants. This data is being collected from all youth who participate in Alternative Peer Groups throughout New Hampshire. The data findings will be used to help us learn how to help young people make healthy life choices.

Responding to this survey is voluntary. If you do not want to answer any of the questions, you do not have to; you can simply go on to the next question. If you decide not to participate in this survey, it will have no effect on your participation in any of our programs. However, your answers are very important to us. Please answer the questions based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. We will not write your name anywhere on this survey form to keep your answers private. Your anonymous responses will be shared with the University of New Hampshire and the Creating Connections NH Project staff.

Please sign below if you agree to participate in this data collection.

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

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

Thank you very much for being an important part of this data collection effort!

### Orientation Acknowledgement

I have read, discussed, signed, and received copies of all intake documents and necessary information in order to participate in the APG services.

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

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

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

Caregiver Name Printed: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

Caregiver Name Printed: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

## Telegram Group Chat

(Your APG should develop some language around how you will communicate with participants and include this here. We are not suggesting APGs use Telegram Group Chat, but rather disclose and seek consent in how information is conveyed.)

At APG, we believe in communication and confidentiality, which is why we have chosen this platform for APG communication along with direct emails. We use Telegram because it is secure and is an invite-only platform.

How to Join:

- 1) Download the Telegram App from the App Store or Google Play.
- 2) Once downloaded, create your account.
- 3) Go into your web browser, plug in the link below, and join the chat.

APG link:

You can also let staff know once you have downloaded Telegram. If a staff member has saved your number on their phone before you download the app, they will be notified when you join Telegram and can manually add you to the chat.

### Why is the group chat important?

We use Telegram to notify caregivers if there are any sudden changes in the weekend events or hangouts. Examples of changes would be a different pick-up address, a new pick-up time, or if we change the plan a bit. At APG, we do our best to make sure the youth know that they have a say in our functions and activities because, at the end of the day, this is their group. Sometimes this means scrapping a movie function and going skating. We will always keep the caregivers in the loop through the Telegram app and we promise that the examples above do not happen very often.

Caregivers can also use this group chat to organize carpools with each other or reach out if they are needing extra support, for example. It is a very useful tool, and we hope you enjoy using it!

## APG Transportation Waiver

**(To be determined by each individual APG. CCNH is not suggesting that APGs should transport youth, but are merely providing a sample of what this consent may look like.)**

I am the caregiver/legal guardian of \_\_\_\_\_ and am allowing APG staff to drive my child in the case there aren't enough teen/volunteer drivers present. (Please check the box below):

I give permission for an employee of APG to drive my child in their personal vehicle.

I, the undersigned, understand that my child may be at risk of injury or death by being transported in a staff vehicle. I agree not to hold APG and/or the staff liable for any sum which I might claim as a result of injury, or property damage arising out of or caused by, any accident or occurrence during the time said participant is being transported by an APG staff member.

It is understood and agreed that this permission to provide our own transportation is granted by APG staff at the activity and can be revoked at any time at their discretion.

Caregiver/Guardian Signature: \_\_\_\_\_

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

## APG 12 Steps

**(To be determined by each individual APG. CCNH is not suggesting that APGs should use a 12 Step program, but is providing a sample of what this may look like for those organizations choosing to include 12 Steps as part of their programming.)**

Our program is based on the 12 Steps. Below are the 12 Steps that youth will be required to complete:

1. We admitted that mind-changing chemicals had caused at least part of our lives to become unmanageable.
2. We found it necessary to "Stick with Winners" in order to grow.
3. We realized that a Higher Power, expressed through our love for each other, could help restore us to sanity.
4. We made a decision to turn our will and our lives over to the care of a Higher Power, as we understand it.
5. We made a searching and fearless moral inventory of ourselves.
6. We admitted to our Higher Power, to ourselves, and to another human being the exact nature of our wrongdoings.
7. We became willing to allow our Higher Power, through the love of the group, to help change our ways of life and humbly asked to help us change.
8. We made a list of all persons we had harmed and became willing to make amends to them all.
9. We made direct amends to such people, whenever possible, except when to do so would injure them, others, or ourselves.
10. We have continued to look at ourselves and when wrong, promptly admitted it.
11. We have sought through prayer and meditation to improve our conscious contact with our Higher Power, that we have chosen to call it, praying only for knowledge of its will for us and the courage to carry that out.
12. We, having had a spiritual awakening as a result of these Steps, tried to carry our love and understanding to others, and to practice these principles in our daily lives.