

Breathitt County High School

Policy for Procedures: Admissions Criteria

First Reading: 8-13-2018

Second Reading: 09-10-2018

Admission Criteria to Breathitt County Day Treatment

Written policy and procedures, and practice provide that the agency distributes a copy of admission policies to referring agencies and interested parties.

A. Admission Criteria

Youth of twelve (12) and above shall be eligible for admission consideration. Priority for admission shall be given to:

- 1. DJJ youth transitioning from a DJJ residential facility;**
- 2. DJJ youth transitioning from or into a contracted Private Child Care or therapeutic foster care;**
- 3. Youth adjudicated, probated, or committed on delinquent offenses;**
- 4. Youth at risk of out of home placement;**
- 5. Youth with severe behavioral issues in the school and in the community;**
- 6. Youth that is eligible for their second 45 day placement in Breathitt High School's short term placement;**
- 7. Youth exhibiting mental health concerns; and**
- 8. Any youth deemed by principal discretion.**



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
Breathitt County Day
Treatment
Standard Operating Procedures**

**REFERENCES:
1-BCDTP-3B-10; 3C-01—06;
3D-06, 10**

CHAPTER: Program Services /	AUTHORITY: KRS 15A.065
SUBJECT: Intake and Orientation	
POLICY NUMBER: DT 301	
TOTAL PAGES: 3	
DATE ISSUED: 08/01/18	EFFECTIVE DATE: 08/01/18
APPROVAL: Chris Banks, JFS	

I. POLICY

Youth shall undergo thorough screening and assessment at admission and receive a thorough orientation to the program's procedures, rules, programs and services in language that he or she understands. This shall be done by the Superintendent or designee.

II. DEFINITION

"Step Down" means transition of a youth from a higher security facility to a less restrictive placement, or a graduated series of less restrictive placements, prior to placement into the community, only applying to committed juveniles of DJJ.

III. PROCEDURES

- A. Admission criteria for BCDT facilities shall not discriminate on the basis of race, religion, national origin, gender, or disability.
- B. Admission criteria for Breathitt County Day Treatment programs shall be as set forth in DJJPP 201.

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C. The referring agent shall provide the program superintendent or designee appropriate information on each youth at the time of referral for admission into the program. If a youth is admitted without adequate information, it shall be forthcoming within 24 hours unless approved otherwise by the Superintendent or designee. This information shall be documented for inclusion in the youth's Individual Client Record and shall include, but not limited to:

1. Identifying Data: name; address; date of birth; sex; race or ethnic origin;
2. Name of referring agency or committing authority and date of information gathered;
3. Reason for referral, legal status and legal aspects of the case including jurisdiction, length and conditions of placement;
4. Probation, commitment or sentencing order;
5. Legal history and prior placements;
6. Social history;
7. Religious background and interests;
8. Recreational preferences and needs assessment;
9. Education/school history, including vocational interests and experience;
10. Psychological evaluation;
11. Special medical, dental or mental health problems or needs; and
12. Whom to notify in case of emergency.

D. At the time of admission, staff shall be informed of any special needs of the youth, to include physical or mental problems that may require medical attention in accordance with DJJPP 402. IV (E).

E. Admission of youth to the Day Treatment Center shall include the following:

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1. Assignment to a specific counselor for provision of case management and counseling duties;
2. Documenting receipt of both verbal and written explanation of rights, duties, and responsibilities including the right to file a grievance and civil rights complaint; and the location of the grievance forms;
3. Documenting receipt of both verbal and written explanation of the purpose of drug and alcohol screens, the consequences of positive test results, and the consequences of failure or refusal to cooperate by providing a specimen;
4. Documenting receipt of both verbal and written explanation of procedures concerning how outside investigative units may be contacted for the reporting of any act in which the health or welfare of a resident is perceived to have been harmed or threatened with harm by a facility staff person;
5. Documenting receipt of both verbal and written notice of the option for transiting of youth back to community and public school following completion of the BDTC program.
6. Provision of written orientation materials to the youth and family; and

F. Orientation will include written materials about the facility's programs, rules and regulations; and discussion of program goals, services, rules governing conduct, program rules, and possible disciplinary actions. Orientation shall also be used to observe the youth's behavior and to identify special problems. Completion of orientation shall be documented.

G. An Orientation Treatment Plan shall be written within one week of admission. The plan shall be signed by the youth, counselor and parent/guardian.

IV. MONITORING MECHANISM

This activity shall be monitored by the Superintendent, and the Quality Assurance Branch.

INTRODUCTION

The Breathitt County Day Treatment Center

The Breathitt County Day Treatment Center (BCDTC) is a community-based treatment facility with an educational component for youth who have been identified by the court, school officials, community workers, and parents as having demonstrated behavior patterns (i.e. beyond parental control; delinquency; truancy; drug and/or alcohol problems; or other behaviors that could be harmful to self or others) that indicate the need for their involvement in a multi-leveled treatment program. BCDTC offers individual academic instruction including practical living/vocational studies that are aligned with the Kentucky Program of Studies Core Content and Academic Expectations. Breathitt County Day Treatment will be one of two of the only Day Treatment Centers in Kentucky that offers a vocational study for students interested in communications and soon to be Fiber/Optics. BCDTC provides a variety of counseling activities including individual, group, and family counseling. The program also offers recreational activities and a General Educational Development (GED) preparatory program for youth that qualify. In addition, the Center coordinates the program closely with other agencies so when the need arises, youth can be provided with referrals to employment, vocational rehab services, mental health services, emergency shelters, health services programs, etc.

The Breathitt County Day Treatment Center is an agency of the Kentucky Justice & Public Safety Cabinet, Department of Juvenile Justice, in collaboration with the Kentucky Educational Collaborative for State Agency Children (KCSAC); in conjunction with the Breathitt County Board of Education (BCBOE) through an Interagency Agreement and Memorandum of Agreement. In addition to attending regular classes, each youth will be assigned to a Treatment Group. Group counseling is an essential part of the Day Treatment program and participation in-group is very important in a youth successfully completing the program. The mission of the Day Treatment Center is to provide a comprehensive/collaborative treatment and educational program for at-risk, neglected and delinquent youth. We strive to provide services that are designed to promote individual achievement, success when returning to clients' home school, rehabilitation, stabilization within families, and opportunities for growth and development that will maximize their potential, thus enhancing successful transition within the community at-large.

Anticipated Entry Date _____

Breathitt County Day Treatment Center
Assessment/ Form

Date of Assessment/Intake: _____ **Referred By:** _____

Name: _____ **DOB:** _____ **Gender:** M or F

Ethnicity: _____ **National Origin:** _____ **Ht** _____ **Wt** _____

Hair Color: _____ **Eye Color:** _____

Identifying marks, tattoos, scars: _____

SSN: _____ **Religion:** _____ **DJJ/DCBS #:** _____

Parent/Guardian: _____ **Relation to Youth:** _____

Address: _____ **Daytime Phone:** _____

City/Zip: _____ **Alternate Phone/Name:** _____

DJJ Worker: _____ **DCBS Worker:** _____

County: _____ **Status: Public:** _____ **Committed:** _____

Judge: _____ **Status:** _____ **Probated:** _____

CDW: _____

Most Recent Charge: _____

Pending Charges: _____

Previous Charges and Dates: _____

Hospitalizations: _____

Medical/Dental Concerns: _____

Disabilities: _____

Medication: _____

Dosage: _____ **Immunization Exp:** _____

EDUCATION:

Last School Attended: _____

Last Grade Completed: _____ **Currently in Grade:** _____

Special Education/IEP/504: Yes: _____ **No:** _____

Expelled/Suspended: _____

Assessment/Intake Form

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Previous Out-of-Home Placement: _____

Reaction to Placement: _____

Drugs and Alcohol: _____ **Last Usage:** _____

Previous Counseling: _____

History of Abuse: _____

History of Violence/Victimization: _____

Who is currently in the Home? _____

Custody/Legal Visitation: _____

Youth's Employment: _____

I, _____, verify that the information I have given in this interview is accurate and true. I also verify that the CCDTC program has been explained to me and I have received the Orientation Packet explaining rules, services, and disciplinary procedures.

Signature Date

I, **Chris Banks or designee**, verify that I recorded the information given to me by, _____ in this interview or obtained from 886-A and verified by family.

Signature Date

886 indicates information has been reviewed and verified