

Intensive Day Treatment – Program Overview

PHILOSOPHY STATEMENT:

Young people who are exhibiting behavior problems at home, in the community and at school are at risk of failing in one or more of these settings. They can be out of control at home and demonstrating at-risk behaviors yet have no court involvement since their behavior is not criminal. Or they may be involved in status offenses, petty crimes, or more serious criminal behavior and come to the attention of the court system. These behaviors can escalate to the point that some type of intervention or help is needed to prevent a youth from experiencing further failure and serious consequences, which could include an out-of-home placement. Intensive Day Treatment (IDT) strives to provide an environment where young people can get “back on track” and learn to solve problems in healthy ways. Young people need to be able to build healthy relationships with peers, authority figures and, most importantly, family members in order to be successful.

PURPOSE:

The purpose of IDT is to provide the social service, juvenile justice, and educational systems of Carlton, Lake, Douglas, and St. Louis counties with an intervention for young people at risk. The goal is to develop assets and teach young people problem-solving skills necessary to be successful at home, in the community, and at school.

EDUCATION:

IDT students attend school fulltime. Coursework is tailored to students’ individual needs and achievement levels. Equal emphasis is placed on individual as well as group instructions and activities. Classes include academic work, physical education, health, and arts and crafts. In addition, students who qualify may attend vocational classes at the Secondary Technical Center in Duluth. Woodland Hills’ educational program is noted for its high expectations of students. On average, students make significant improvements in core academics such as reading, writing, and arithmetic.

TREATMENT:

IDT utilizes peer empowerment and strength-based philosophies found in the roots of the Positive Peer Culture treatment modality. PPC has proven to be effective over the last 20 years at Woodland Hills. During daily activities students have the opportunity to identify and acknowledge negative values and behaviors that have caused them to fail. Through the peer group process and asset development, youth are able to learn to replace negative values and behaviors with positive ones. Young people also learn problem-solving techniques and develop interpersonal skills by participating in daily group meetings.

FAMILY INVOLVEMENT:

IDT encourages families to be involved in their child's treatment process and program activities. With family support, students are more successful in all aspects of the program. Client progress and program updates are analyzed each week. Along with weekly progress reports, individual family meetings are offered upon request.

WORK AND REREATION:

Each student in the IDT program has the opportunity to complete court-ordered community service hours and reduce court-ordered restitution by participating in their group's work and volunteer activities. Money earned by the group will be used for restitution, off-campus events, and activities.

Each student also may participate in a variety of recreational activities offered on Woodland Hills' campus and in the community. Bowling, fishing, canoeing, camping, softball, soccer, and group initiatives are examples of such activities. IDT students also have the opportunity to participate in the Amity Creek Challenge Course, a "challenge by choice" course which encourages young people to build self-esteem and teamwork skills.

Intensive Day Treatment – Expectations

I. BEHAVIORS:

- A. All students are expected to conduct themselves in a respectful, appropriate, cooperative manner. Behaviors prohibited by the program include:
 - 1. Physical contact between students.
 - 2. Assaultive behavior. Individuals demonstrating assaultive behaviors will face serious consequences including but not limited to additional court involvement.

II. STUDENT RESPONSIBILITIES:

- A. Students are required to participate in all daily group activities in a positive and appropriate manner to help build the group culture.
- B. Students are required to work at and complete assigned tasks to the best of their ability.
- C. Students are responsible for completing all school assignments on time.
- D. Students cleaning responsibilities will be assigned by staff on a daily basis. Students are required to complete these responsibilities in a thorough and satisfactory manner, keeping the facility in a neat and clean condition.
- E. All students are responsible for their own personal hygiene. Students are responsible for bringing gym / play clothes, which can be kept in a locker.
- F. All students will dress appropriately in accordance with IDT guidelines.
 - 1. No apparel promoting tobacco, drugs, alcohol or violence.
 - 2. Neat, clean clothes.
 - 3. No gang-related apparel.
- G. Students are responsible for maintaining possession of their own clothing and personal property. Students are not entitled to borrow or trade any personal property or clothing.
- H. All students will follow the daily schedule unless otherwise directed by staff.

III. FAMILY INVOLVEMENT:

- A. Family group meetings will be on Tuesday evenings. Only family members may visit unless approved by the group leader at least 3-4 days in advance. Staff reserves the right to refuse admittance to any visitor.
- B. Phone calls, emergencies withstanding, will be made with staff approval and only to / from family members, unless otherwise permitted.

IV. MISCELLANEOUS EXPECTATIONS:

- A. All medication, both prescription and non-prescription will be controlled by staff upon entry into the program. Dispensing of medication will be done by staff.



- B. Staff may inspect student's possessions for contraband if there are reasonable grounds to believe contraband is present.
1. "Contraband" is those items designated by the program as unauthorized or unapproved on the physical premises of the facility. (E.G. knives, drugs, alcohol, matches, lighters, tobacco products, etc.)
 2. On-site drug testing will be conducted at staff discretion with parental permission.

V. FAILURE TO SATISFACTORILY PERFORM ANY RESPONSIBILITIES AND / OR FOLLOW PROGRAM RULES WILL RESULT IN APPROPRIATE CONSEQUENCES UP TO AND INCLUDING ADDITIONAL COURT INVOLVEMENT.

Student's Signature

Date

Parent or Guardian's Signature

Date

Group Leader's Signature

Date



Intensive Day Treatment – Referring Worker Information

To be filled out by IDT Secretary:

Student's Name

Date of Birth

Group

Admission Date

*To be filled out by referring agent, please complete **ALL** information:*

PROBATION OFFICER INFORMATION:

Name

Office Phone #

Office Street Address

Cell phone #

City State / Zip

Fax #

E-mail Address

SOCIAL WORKER INFORMATION:

Name

Office Phone #

Office Street Address

Cell phone #

City State / Zip

Fax #

E-Mail Address

REFERRING JUDGE / REFEREE INFORMATION:

Name

Office Phone #

Office Street Address

Cell phone #

City State / Zip

Fax #

E-mail Address



Intensive Day Treatment – Parent Information

Student's Name

Date of Birth

PARENT(S) OR LEGAL GUARDIAN INFORMATION:

Name (Custodial Parent / Legal Guardian)

Relationship

Home Street Address

Home phone #

City

State / Zip

Cell phone #

Work Street Address

Work phone #

City

State / Zip

Cell phone #

Name

Relationship

Home Street Address

Home phone #

City

State / Zip

Cell phone #

Work Street Address

Work phone #

City

State / Zip

Cell phone #

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name

Relationship

Home Street Address

Home phone #

City

State / Zip

Cell / Work phone #

Non custodial parent's visitation schedule?



SOCIOECONOMIC INFORMATION

Due to funding guidelines, we are occasionally asked to report in general the following information. All data collected will remain confidential and client names are not used in the reporting process. We apologize for any intrusion and thank you for assisting us.

1. Number of people in youth's family/household: _____

2. Youth lives with:

Both parents _____ Mother only _____ Father
 only _____
 Mother & stepfather _____ Father & stepmother _____
 Grandparent _____
 Foster parent _____ Other _____

3. What will the total family/household income for all members be at the end of the year? Please check the income range below that corresponds with the number of people living in your household.

For example, if there are three people living in your home and the total income for all members is \$25,000, you would go to the line that starts with number in household: 3, move right and circle the income box ranging "between \$15,900-26,500."

The following are examples of sources of income which should be included in the totals:

Employment/wages/tips Self-employment Rental property income
 Unemployment compensation Social security/disability Pensions and severance
 Retirement Public assistance/AFDC Child support/alimony

No. of People in Household	Total Income			
	Less than	Between	Between	More Than
1	\$12,350	\$12,350-20,600	\$20,601-32,950	\$32,950
2	\$14,100	\$14,100-23,550	\$23,551-37,700	\$37,700
3	\$15,900	\$15,900-26,500	\$26,501-42,400	\$42,400
4	\$17,650	\$17,650-29,450	\$29,451-47,100	\$47,100
5	\$19,050	\$19,050-31,800	\$31,801-50,850	\$50,850
6	\$20,450	\$20,450-34,150	\$34,151-54,650	\$54,650
7	\$21,900	\$21,900-36,500	\$36,501-58,400	\$58,400
8	\$23,300	\$23,300-38,850	\$38,851-62,150	\$62,150



Intensive Day Treatment – Activities Consent

I understand that the IDT program, on occasion, will offer activities that require out of town travel. Also, Independent School District #709 will participate in field trips for educational purposes.

I hereby give my permission for my son / daughter / ward _____
_____ to participate in these activities that require travel
outside the city limits.

Further, I give full consent for my son / daughter / ward to participate in all program and classroom activities.

Parent or Guardian's Signature

Date



Intensive Day Treatment – Program Evaluation Consent

In order to offer the most effective programs to Woodland Hills' students, the agency continuously collects information from students and / or their parents during and after discharge from Woodland Hills' programs.

All information collected will remain confidential and only be used in aggregate form.

Information that may be collected includes:

- Administrative data: Research staff will evaluate information collected about students during their stay at Woodland Hills.
- Client Satisfaction: Staff will administer a satisfaction survey to students prior to discharge to evaluate their satisfaction with the program.
- Juvenile record data: Research staff will collect data from appropriate government agencies about offenses.
- Academic records: Research staff may use education data from schools attended prior to and after Woodland Hills. These will be collected through Independent School District #709.
- Employment information: After discharge, research staff will solicit information about students; current employment form student, parents, probation officers or social workers.

I hereby give my consent to allow my son / daughter / ward _____ to be part of the Woodland Hills Evaluation. This includes conduction a satisfaction survey with my son / daughter / ward prior to discharge, evaluating administrative data, and accessing academic records, juvenile record data and employment information.

Student's Name

Date of Birth

Parent or Guardian's Signature

Date

Student's Signature

Date



Intensive Day Treatment – Drug Testing Consent

I, _____ give permission for the IDT program to run random drug testing on my son / daughter / ward _____ to acknowledge the student is drug free while in the IDT program, I understand that these tests are done at random or when my child is exhibiting signs and behaviors of drug usage.

Parent or Guardian's Signature

Date



Intensive Day Treatment – Media Consent

I hereby consent to my son / daughter / ward _____ being photographed, and that the picture can be used in any Woodland Hills publication or any other publications so designated by Woodland Hills. I further consent to my son / daughter / ward appearing on television, radio, or before any person or group of persons which may be selected by Woodland Hills. I understand that all attempts will be made to show my child in a productive and positive manner and that last names will be withheld.

I understand that he / she reserves the right to refuse.

_____ I do not want my son / daughter / ward being photographed.

Parent or Guardian's Signature

Date

Student's Signature

Date



Intensive Day Treatment – Medical Authorization

I, _____, hereby give my consent to Woodland Hills to provide medical services for my son / daughter / ward _____, date of birth ____/____/____, while he / she is in IDT. I give Woodland Hills complete discretion and authority to determine what sort of medical assistance or treatment is appropriate, and circumstances under which medical attention should be sought. It is understood that the parent or guardian will also be notified if any medical treatment is needed.

I will see that my child / ward has received or will receive the necessary immunizations prior to placement.

I authorize Woodland Hills' medical staff to disclose and obtain, oral and written, medical and / or psychological information, to provide medical care. I understand that, when applicable, protected health information (substance abuse, behavioral health, and HIV related information) will be released.

Parent or Guardian's Signature

Date

____/____/____

Parent or Guardian's Date of Birth

____/____/____

Parent or Guardian's Social Security #

MEDICAL INSURANCE INFORMATION

Please check type of Health Insurance: (Include a photocopy of both sides of insurance card.)

Medical Assistance

MA #: _____

Other Insurance

Name: _____

Insurance Company Information:

Identification #

Group #

Prescription Coverage: ____ Yes ____ No

Phone #: (____)____-____

Policy Holder Information:

Name

____/____/____
Date of Birth

Place of Employment

____/____/____
Social Security #



Intensive Day Treatment – Health History

Date

Student's Name

Date of Birth

Is the student under a doctor's care? ____ Yes ____ No If yes, for what condition? _____

NAME OF PHYSICIAN OR CLINIC:

Name

Office Phone #

Office Street Address

Fax #

City

State / Zip

MEDICATIONS: (list any medications your child uses regularly)

Medication Name:

Dosage:

Prescribed By:

1. _____
2. _____
3. _____
4. _____

ALLERGIES: (list any of your child's allergies.)

<input type="checkbox"/> Drugs:	<input type="checkbox"/> Latex
<input type="checkbox"/> Food:	<input type="checkbox"/> Bee sting
<input type="checkbox"/> Other:	

CHILDHOOD HEALTH CONDITIONS / HOSPITALIZATIONS:

<input type="checkbox"/> Meningitis	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Mumps
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Measles	<input type="checkbox"/> German measles	<input type="checkbox"/> Asthma
<input type="checkbox"/> Strep infections	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Frequent ear infections

Reasons and dates for conditions / hospitalizations:

Reason

Dates

Reason

Dates

Reason

Dates



Does your child wear glasses / contacts? ____ Yes ____ No
Last eye exam: _____ by Doctor: _____
Last dental exam: _____ by Doctor: _____
Are your child's immunizations up to date: ____ Yes ____ No
If no, explain: _____

HAS YOUR CHILD HAD OR BEEN TREATED FOR ANY OF THE FOLLOWING:

<input type="checkbox"/> Anemia	<input type="checkbox"/> Chronic Diarrhea
<input type="checkbox"/> Headaches / Migraines	<input type="checkbox"/> Recent weight change
<input type="checkbox"/> Seizures / convulsions	<input type="checkbox"/> Skin changes / rash
<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Duodenal / gastric or peptic ulcer	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Cancer / tumor	<input type="checkbox"/> Sores / bleeding in mouth
<input type="checkbox"/> Kidney infection	<input type="checkbox"/> Heart murmur / heart disease
<input type="checkbox"/> Hernia	<input type="checkbox"/> Chest pain
<input type="checkbox"/> Blood in stool	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Back trouble	<input type="checkbox"/> Fainting / dizziness
<input type="checkbox"/> Lung disease	<input type="checkbox"/> Liver disease / hepatitis
<input type="checkbox"/> Depression	<input type="checkbox"/> Sexually transmitted disease
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Night sweats
<input type="checkbox"/> Broken bones	<input type="checkbox"/> Other:
<input type="checkbox"/> Chemical dependency	<input type="checkbox"/> Other:

Please explain any checked conditions from above: _____

HAS ANYONE IN YOUR IMMEDIATE FAMILY HAD ANY OF THE FOLLOWING: (If yes, please state relationship to your child.)

<input type="checkbox"/> Diabetes:
<input type="checkbox"/> Heart attack before age 50:
<input type="checkbox"/> High cholesterol or Triglycerides:
<input type="checkbox"/> Tuberculosis:
<input type="checkbox"/> Allergy or asthma:
<input type="checkbox"/> Behavioral or emotional disorder:
<input type="checkbox"/> Hepatitis:
<input type="checkbox"/> Heart trouble:
<input type="checkbox"/> High blood pressure or stroke:
<input type="checkbox"/> Kidney disease:
<input type="checkbox"/> Cancer:
<input type="checkbox"/> Nervous disease:
<input type="checkbox"/> Chemical dependency or alcoholism:
<input type="checkbox"/> Other: