

Exclusionary Criteria/Referral Forms

The following are examples of exclusionary criteria and referral forms for juvenile justice treatment programs. The exclusionary criteria are examples only and should be used to be a guide in the creation of a program's exclusionary criteria and referral form. UCJC is not suggesting the exclusionary criteria below should be/is applicable to all programs.

Youth Program [Example]

Youth's Name: _____ Date of Referral: _____
 Case Number: _____
 Parent or Guardian's Name(s) *and a contact number*: _____
 Probation Officer/Case Manager: _____
 Presenting Offense Episode: _____

PSRA Equivalency Score: High ___ Moderate ___ Low ___

List Prioritized Dynamic Risk Factors:

1. _____
2. _____
3. _____

Does the juvenile meet any of the following exclusionary criteria? <i>*If the juvenile meets any of the exclusionary criteria the case must be staffed with the probation supervisor and program director before being allowed into the program.</i>	Yes	No
1. Does the juvenile have a current order for sex specific counseling or is the juvenile currently participating in sex specific counseling?		
2. Is there any reason to believe the juvenile's IQ is lower than 80?		
3. Does the juvenile have a PSRA equivalency score of "low"?		
4. Is the juvenile participating in another treatment program that has philosophical or time conflicts with this program?		
5. Is the juvenile 13 or younger?		
6. Is there any reason to believe that the juvenile is actively suicidal or had serious thoughts of self-harm in the last 90 days?		

Family Program [Example]

It is the general practice for the *Family Program* to work with all referred children, youth, and families referred for intensive in-home services. However, four exclusionary criteria exist for all referrals:

1. If more than one parent and/or referred offender are actively substance/chemically dependent so as to require inpatient detoxification*;
2. If there is active suicide risk or attempts that require hospitalization*;
3. If there is active domestic violence (spousal abuse) within the home which creates an inherently unsafe environment for a *Family Program* interventionist to be in**; and
4. *Family Program* does not accept youth who are “low” risk according to a validated risk assessment Protective and Risk Assessment.

Additionally: *Family Program* does not provide clinical treatment. If there is a clinical issue (i.e. sexual offending, depression, anxiety etc.) the youth/family must be working with a therapist for the identified clinical issue.

*Once the issues related to items 1 and 2 have been stabilized the *Family Program* intervention is appropriate to provide in-home behavioral and parenting skills development.

**Item 3 will necessitate staffing the case with the referring worker and the *Family Program* Program Director prior to being considered for services. The family may qualify for services if the family is willing/able to implement an appropriate safety plan or it may be appropriate to then provide in-home services at that time or when the environment has been stabilized.