

**CENTRAL ADDICTION INTAKE REFERRAL PACKAGE**

**Peak House**, Young Bears Lodge, the VCH Day Treatment Program, and the Foundations Program

Please complete the following referral form for any referrals to Peak House, Young Bears Lodge, the VCH Day Treatment Program, and the Foundations Program.

**See below (after referral form) for a description of each program.**

- **For day treatment program:** There is no need to complete the early exit plan or consent form.
- **Please attach recent and relevant collateral** with your referral when available (i.e. mental health assessments, school assessments, recent hospital discharge summaries).

<b>CHECKLIST</b>		
<b>Before submitting referral please ensure the following are included:</b>		
<input type="checkbox"/> Signatures	<input type="checkbox"/> Consent: Release of Information	<input type="checkbox"/> Early Exit Transition Plan
<b>SEND REFERRAL TO:</b>		
<p><b>Youth Central Addiction Intake Team (CAIT)</b> 10:00 AM to 8:00 PM - 7 days a week</p> <p>CAIT Phone: 604-209-3705 Fax: 604-255-1101 Email: CAIT.Youth@vch.ca</p> <p><b>Available for General Inquiries and Questions</b></p>		

**COVER SHEET**

Date:

Name of Person Making Referral:

Role:

Agency Name:

Agency Address:

Phone #:

Email:

Fax:

Will you continue to support your client through and after their stay at the Treatment Facility?

Yes  No

Referring To:

Peak House  Day Treatment Program  Young Bears Lodge  Foundations Program

**CLIENT INFORMATION**

Legal Name:

Preferred Names:

Date of Birth (DD/MM/YY):

Personal Health Number (PHN):

Age:

Gender Identity:

Street Address:

City:

Province:

Postal Code:

Phone #:

Okay to Leave Message?

Email:

Yes  No

Emergency Contact:

Name:

Phone:

Relationship:

Legal guardian (if applicable):

Name:

Relationship:

Phone:

Can we contact person(s) listed above if you are discharged early from a residential program?  Yes  No

**CULTURAL INFORMATION**

Do you identify as Indigenous?:

Indigenous  Non-Indigenous  Unknown  No response

Indigenous Identity Group (check all that apply):

First Nations  Metis  Inuit  Unknown  Outside of Canada  No response

Status:  Has status  Non-status  Pending status  No response

Status Number:

Band:

<b>Client Name:</b>	<b>Referral Date:</b>
<b>Referral Reason &amp; Presenting Situation (Including Substance Use &amp; History):</b> Tip: Include details of the presenting situation, substances being used and frequency of use, current functioning as described by the client, the referral source, family or others concerned. Please discuss this client's goals for treatment and why the particular program was chosen.	
<b>What Would the Ideal Substance Use Treatment Look Like for This Client?</b> Tip: Please ask the client to describe what components they would need to be successful in their recovery: ask about what has worked, what hasn't worked, what their needs are, what helps them thrive outside of clinical interventions.	
<b>List Any Spiritual or Religious Practises or Ceremonies that will Support Recovery in Chosen Program:</b> Tip: Please ask the client to describe what practises or ceremonies they would benefit from in their recovery.	
<b>History of Presenting Situation</b> Tip: Include a description of when the client began experiencing the presenting problem/situation, how it has developed/intensified in severity, and what impacts it has had on their functioning.	
<b>Physical and Medical History:</b> Tip: Include past and current physical, medical, and surgical history (as applicable), accidents (including brain injuries), seizures, and any relevant lab work, tests/scans. Include potential impact on client's functioning as well as level of support needed.	

**Medications:**

Tip: List current medications including OTC, relevant vitamins and herbs.

**Psychiatric History/Mental Health History:**

Tip: Include a description of past psychiatric diagnosis/mental health, including hospitalizations, and other past treatment and supports.

**Substance Use Treatment and Supports:**

Tip: Please list all treatment centers, dates, and length of stay that the client has tried in the last 3 years. Provide commentary on how the client did while in treatment: participation, success, what worked, what did not.

**Personal & Social History:**

Tip: Include personal history (family background and strengths if possible) and current psychosocial factors and functioning (e.g. activities of daily living, housing, finances/income, education/work, community supports, cultural identity and spirituality, gender identity and expression, and relationship status).

**Legal History:**

Tip: Include current and past legal issues, involvement with law enforcement, and any upcoming court dates. If client is on probation, include conditions of their probation as well as important contacts.

**Risks & Strengths:**

Tip: Include risks (e.g., harm to others, self-harm, suicidality, harm by others, child protection, violence in relationships) and severity (e.g., current ideation, intent, plan, approximate dates of previous attempts, and information regarding lethality of attempts). Please also note any strengths the client has that would help them succeed in recovery (e.g., supportive family, insight, humour).

**Assessment Summary and Treatment Recommendations**

Please provide a summary from your observations/assessments with client that indicates why your recommended placement is the most suitable for your client at this time. Please also note any specific or unique needs this person may have during treatment.

**Signature of Referring Person:**

**ADDITIONAL FORMS for CAIT INTAKE REFERRALS**

**CLIENT INFORMATION**

Please indicate below your consent for Treatment Facility and CAIT staff to share your personal information with the following individuals:

Name	Involvement (e.g., Lawyer, PO, Probation)	Telephone # (and extensions)	Limitations to the Information you consent to share

I, \_\_\_\_\_ (full name) consent to the release of information as specified above.

Client Signature: \_\_\_\_\_ Date (DD/MM/YY): \_\_\_\_\_

**PHARMANET CONSENT**

The Province of British Columbia has established the provincial computerized pharmacy network and database known as "PharmaNet" pursuant to Section 37 of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, R.S.B.C. 1996, c. 363.

I \_\_\_\_\_ PHN: \_\_\_\_\_

Authorize access to my personal health information contained within Pharmanet by medical practitioners, pharmacists, and other authorized persons for the purposes of providing therapeutic treatment or care to me in \_\_\_\_\_ [Facility Name, please print]

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name and Relationship to Client: \_\_\_\_\_

**EARLY EXIT TRANSITION PLAN**

**Client Name:**

**Referred by:**

Should I leave the selected Treatment Centre prior to program completion, **I agree to utilize the support of the staff or my care team or identified support people for resource information, and safe exit/transition planning and:**

- Return to my home or the home of the individual named below for immediate shelter and transition

Support:

and/or

- Contact the agency/worker named below for immediate shelter and transition support.

**Early Exit Contacts:**

1. Name:

Relationship:

Phone #:

Is this person aware of this plan?  Yes  No

2. Name:

Relationship:

Phone #:

Is this person aware of this plan?  Yes  No

3. Organization/Agency:

Worker's Name/Role:

Phone #:

Is this person aware of this plan?  Yes  No

Client Signature: \_\_\_\_\_

Date(DD/MM/YY): \_\_\_\_\_

**Details of your Early Exit Transition Plan:**

**ACKNOWLEDGEMENT OF PROGRAM GUIDELINES**

In hope of ensuring a good fit to our various programs, here are a few things that need to be considered prior to submitting this referral. Please read through the following with your client to ensure that they are aware of the basic conditions that they will have to meet in any of the programs supported by this referral package.

<p>1. A lot of our program components are group based. Are you willing and able to engage with group work?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>2. Our programs strive to create a safe space for all participants; as such, there is an expectation you will abide by the rules and guidelines of the program you are accepted into. Can you meet that expectation?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>3. Showing respect for all participants includes avoiding using aggressive language when expressing your feelings; and avoiding language that puts down another person’s race, gender, sexuality, culture etc. Can you respect that?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>4. <b>For Live-in Programs:</b> Living in community can be difficult. Can you live in the same space as others for an extended period of time? (referral agents: explore potential issues the client might face)</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

Given the above, are there any identified strategies your client is aware of that can help them navigate situations when they become frustrated or triggered?

Client Signature:

Referral Agent Signature:

Date:

Date:



## **Drug & Alcohol Treatment Centre for BC youth.**

**For more information**

[www.peakhouse.ca](http://www.peakhouse.ca)

604-253-6319

### **Who is our program for?**

Peak House is a voluntary, ten-week, live-in, treatment program for youth 13-18 years old, (up to age 22 in case by case decisions supported by licensing regulations) experiencing problems with drugs, including alcohol. We accept youth from across the province. We do not offer detox services; we ask that clients are not experiencing or at risk of experiencing withdraw symptoms.

Our program is a suitable treatment option for youth with the willingness to get back on track with their lives, but whose challenges overextend the resources of their family and local treatment professionals.

### **Program Description**

Our program is located in a large home in Vancouver. We have 6 single bedrooms and one double shared room. People tell us that Peak House feels like a home, warm and inviting. There is a large backyard, an amazing chef, and puppies visit us (when no one has allergies). The first two weeks of the program has been designed to provide a less intensive environment where youth and staff can assess readiness to participate fully in the highly structured, intensive, remaining eight-week treatment and aftercare phase.

With a strong emphasis on inclusivity and belonging, Peak House is committed to an anti-oppressive, welcoming and safe environment for youth. We are accountable to clients, and with one another, for inclusive practices regarding gender/gender expression, race, sexuality, culture, abilities or social class. We operate within the harm reduction spectrum with a trauma informed, client centered, and social justice framework.

There are no cell phones or social media access while at Peak House. This is an opportunity to reconnect with self and take time without technology distraction to build the life you deserve.

## **Program Components**

Peak House has a series of groups and activities intentionally designed to support youth in finding new ways of being, reconnecting to, or finding new interests and points of connection with others, and working to address the factors that contribute to problematic substance use.

We provide individual, group and family counselling, a school program, recreation, art, holistic health and wellness approaches, time in nature, life skills education, family support and community engagement. Our program is designed to support youth in successful and meaningful reengagement with self, their home communities, and the people who care for them.

Some of these groups and programs include:

- Individual and group clinical counselling
  - Nature and land based experience
  - Fitness exploration
  - Art and music
  - Community outings
  - Guest speakers
  - Nurse practitioner
- 
- Elder visits to do Indigenous connection
  - PADS (therapeutic dog) visits
  - Holistic wellness practices and education
  - Life-skills
  - Relapse prevention
  - Aftercare planning
  - School. Academic and arts-based education Our school program is run by a full-time resource teacher employed by the Vancouver Board of Education; the youth attend school four mornings a week for two hours.

You can find more details about our program by contacting our Intake & Assessment Counsellor

**604-253-6319**

or by visiting our website

**[www.peakhouse.ca](http://www.peakhouse.ca)**