



OSPREY PLACE TREATMENT PROGRAM

This information package will introduce you to the Osprey Place Treatment Program. The program, funded by Ministry of Children and Family Development, is a twelve to sixteen week residential treatment program for male and female adjudicated youth with issues related to substance use.

Osprey Place Treatment Program is delivered jointly by the Phoenix Centre (*day component*) and the Elizabeth Fry Society (*family care home component*).

Phoenix Centre delivers the *day treatment component* of the program and employs youth counsellors to provide education, recreation, counselling and support to youth in both 1-1 and group settings. This program is abstinence-based. The day program is from 9:00am until 4:00pm Monday to Friday.

Elizabeth Fry Society (hereafter referred to as EFry) manages the *family care-home component* of the program. Caregivers provide individual family placements in different areas throughout Kamloops, and are each responsible for one or two youth, depending upon the home. When youth are accepted in the Osprey Place Program, the EFry Home Support worker also arranges travel and completes the initial *Intake Interview* on the day that the youth arrives. They provide information about the caregiver's home where they will be residing for the duration of their stay. During the Intake Interview the youth's belongings will be searched. The youth will be asked to sign a *Residential Orientation Contract* agreeing to abide by the program rules.

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OSPREY PLACE TREATMENT PROGRAM – OVERVIEW

Osprey Place is gender specific and has a male and female specific segments of Male – September to April and Female – May to August with continuous intake.

Beginning in January 2013, the Osprey Program opted for a non-smoking environment. In keeping with recent best practices in substance use we are promoting tobacco cessation along with other substances, and a healthy environment for clients and staff. Youth have the opportunity to graduate from the program as early as twelve weeks based on regular successful performance and progress. The program has a residential capacity for five youth. Two non-residential referrals from the local community can also be considered, for a maximum of seven youth in the program.

Youth can expect exposure to a wide range of activities during their time at Osprey Place. School is a requirement of the program and youth will participate in the planning of an individualized school program. Youth will attend school through the Twin Rivers Education Centre, Downtown Campus. Other aspects of the program include: morning check-in, group psycho-educational sessions, one to one counselling, daily recreation and leisure activities, guest speakers, volunteering, and exposure to AA & NA meetings. We have access to mental health and medical professionals in the community for consultation as required on a case-by-case basis. Youth are expected to be a contributing member of the group. Random drug testing may occur at any time throughout the youth's stay.

The Osprey Place program recognizes the importance of Integrated Case Management (ICM) and on-going planning for each youth in the program. Youth can expect to participate in at least two ICM meetings while at Osprey. These meetings are meant to be positive and informal. They are designed to have the youth begin to think about the support system he/she will require in maintaining a healthy lifestyle upon completion of the program. Typically a teleconference occurs to accommodate stakeholders from out-of-town. Special consideration is given to the youth's Probation Order to ensure a solid After-Care Plan is in place and in compliance with the Conditions of the Order. It is important that the youth receive support from all stakeholders and that all components of the plan are in place prior to the youth graduating from Osprey.

Youth successfully completing the program are honoured in a graduation ceremony. Family and support team members are welcome to attend graduation and youth are encouraged to be involved in the planning of their grad. Family as the young person knows it will be involved as much as possible as the treatment in the treatment program progresses.

REFERRALS

All youth considered by the program must be:

- Referred by a Probation Officer AND
- Have a current Court Order with a Condition **to attend and successfully complete a Residential Treatment Program** relating to substance abuse, OR a **FTAP condition AND a Counselling condition.**

A complete referral package consists of:

1. Generic Full Time Attendance Program Referral form from MCFD intranet site or: (http://icw.mcf.gov.bc.ca/forms/CF0263FILL_OCT_06.pdf).
2. Osprey Place Alcohol and Drug Assessment (**NEW:** this form may be completed by an Alcohol and Drug Counsellor, or probation officer if you are comfortable with doing so).
3. Pre-Sentence Reports (or Social History, if no PSR plus Youth Forensic reports/summaries which will not be released).
4. Osprey Guidelines signed by youth and Probation Officer.
 - **The above documents are required prior to screening. The following documents can follow once the youth is accepted:**
5. **ALL** current Probation/Court Orders.
6. Emergency Exit Plan
7. Authorization to Release and Obtain Information form.
8. Field Trip, Excursion, and Event Authorization form.
9. Psychological/Psychiatric Reports (*please forward pertinent information about risk behaviours as well as Summary and Recommendations*).
10. School Information Request Form.
11. Medical Form (*this can be completed upon acceptance into the Program*), including TB test (TB tests take 48 hours to get results back, therefore you may wish to have this test done at a Health Unit Prior to and separate from the medical).
12. Two pieces of ID are now required, (Birth Certificate, BC Care Card and/or Passport) for travel in case of emergency as well as school registration.

INTAKE POLICY/SCREENING PROCESS:

The screening team is comprised of an Osprey Case Management Coordinator, representatives from Phoenix Centre and the Elizabeth Fry Society and a representative from Youth Forensic Psychiatric Services. Screening meetings occur generally as needed but are usually on a monthly basis.

Once a youth is accepted into the Osprey Program, the youth's Probation Officer will be notified by the Case Management Coordinator and advised of a tentative start date. All remaining forms and the Medical Form will then need to be completed and submitted prior to the youth's arrival. Once a definite start date has been identified, and EFry Home Support worker from the Elizabeth Fry Society will contact the referring Probation Officer to confirm transportation arrangements for the youth.

It is highly recommended that youth coming to the Osprey Program have had a period of non-use and are ideally detoxified prior to entering the program. Our program should be notified if the referring probation officer believes the youth may be detoxing so that staff are alerted to the client's needs. Youth may be asked to leave the program if they are not able to participate due to severe detoxification or related issues.

All referral package information and inquiries are to be direct to:

Carmelo Bartella, Osprey Case Management Co-ordinator,
Ministry of Children and Family Development,
125, 1165 Battle Street,
Kamloops, BC V2C 2N4

MCFD Phone: 250-371-3641 Fax: 250-371-3647

Email: carmelo.bartela@gov.bc.ca

Osprey Place Phone: 250-374-4899

TRANSPORTATION TO/FROM PROGRAM:

The Probation Officer or parent/guardian is responsible for arranging transportation of the youth to/from the program in consultation with program staff. There are no transportation costs incurred by the program and any expenses incurred on behalf of the youth will be billed back to the Probation Officer. At times, youth may be required to leave prior to their completion of the program. Thus an Emergency Exit Plan is required prior to the youth's arrival and confirmed in writing by the referring Probation Officer (see referral package).

PHOTO ID:

All youth are required to come to the program with two pieces of ID, one of which must be photo identification. This accommodates emergency travel should a situation arise (for example: family emergency, unexpected discharge). Staff will keep the ID for safekeeping.

CAREHOMES:



The youth will reside with a caregiver family in a single family dwelling within the community. The youth have his/her own bedroom and access to laundry facilities, telephone, and other amenities. The caregiver family will supply the youth with nutritious meals, bedding, an alarm clock, and basic hygiene products. Youth may bring personal items (such as pictures, mementos) to make their stay more comfortable. There is no access to computers or internet at the caregivers' homes.

RANDOM DRUG/ROOM SEARCHES:



This is an abstinence-based treatment program. Random drug screening and/or room searches may occur if drug use or possession of contraband substances is suspected. (Contraband substances include: alcohol, other drugs, drug paraphernalia, weapons, objects that could reasonably be perceived as weapons, stolen property, pornography, etc.). Probation officers will be immediately notified and a case consultation will occur.

ALLOWANCE/BUS PASS



Allowances are earned weekly through the Osprey Place points system, reflecting daily progress in performance, attitude and effort in all components of the program.



Youth will also receive one transit pass each month. If this pass is lost bus tickets will come out of the youth's allowance.

GIFTS/MONEY:

All gifts and money from family **must** be directed through the EFRY Home Support Worker. Youth will not be allowed to carry large sums of money (maximum \$20. allowed on their person). This is because extra cash can often be a trigger for some youth and may result in relapses. Bank cards and extra cash will be held in trust by the EFry team or caregiver unless/until the case management team agrees otherwise. Youth are required to present receipts upon request for all purchases.

CLOTHING:

It is imperative that each youth come to the program with adequate clothing. The program is not responsible for clothing expenses. It is expected that all clothing issues are dealt with in a timely manner to assist the youth in participating in all educational/recreational aspects of the program. Any costs incurred will be billed to the parent/guardian. A list of recommended clothing items to pack can be found in the "What to Expect" section of the referral package.

MEDICAL NEEDS:



Parents/guardians are responsible for maintaining medical coverage for the youth while he/she is in the program and for paying for any prescription drugs. It is the responsibility of the parent/guardian to cover the cost of any dental or medical emergency that may arise while the youth is here.

It is important that the youth bring any prescribed medication with him/her and/or bring the funds necessary to have a prescription filled. The parent/guardian is responsible for these expenses and will be billed for any cost incurred by the program.

VISITS/PHONE CALLS:

Visits by family members can be arranged while the youth is at Osprey Place. Please direct all inquiries about visits to the EFry Home Support workers at 250-374-2119, who will consider the request and make necessary arrangements. The EFry Home Support worker will consult with the referring Probation Officer and Osprey staff before approving any visits.

Any home visits or overnight stays during the placement must also be discussed with the EFry Home Support worker. The youth must give the worker ample time to arrange and confirm visits with the Probation Officer, family, and any other parties involved.

An approved contact list is needed from your Probation Officer. The caregiver will dial the approved number for all calls made. There are limits put on the length of calls, times of day calls are made, and the number of calls per day.

SUGGESTED ITEMS TO PACK:

- **Personal Items:** pictures, mementos, journal, or other items that will make the youth's stay more comfortable.
- **Comfortable gym attire:** sweat pants, t-shirts, running shoes.
- **Clothing for outdoor recreation:** appropriate for weather conditions.
- **Bathing suit:** for recreation, leisure activities.
- **Appropriate clothes** – to wear every day to program: comfortable pants, t-shirts, sweatshirt, comfortable shoes, etc. Youth are strongly discouraged from lending and borrowing clothes from other youth as damage or theft could result. Clothing must not depict symbols of drugs, violence, or alcohol as these images can be triggers for other youth. Clothing must also be modest and respectful.
- **Medication:** Youth must come to program with sufficient supply of all prescribed medications to cover the duration of the program.
- **Allergy medication:** Any youth who has allergies which require medication must possess this medication on intake (i.e. Allergies to bees – epi-pen; asthma – Ventolin inhaler etc.).
- **Cigarettes:** Staff and Caregivers are not permitted to purchase cigarettes for youth and smoking is not permitted during program hours between 8:30 AM – 4:00 PM. Youth are encouraged to reduce or quit their use of tobacco with the assistance from staff.
- **Books to read or other hobby supplies.**
- **Favorite music:** If they wish to listen to music, youth should bring their own iPod/MP3 for **personal use outside of group hours.** Youth are responsible for safe storage of their equipment.

- **Skateboards:** Youth are welcome to bring their skateboards which they may use during their Free Time. However, all youth are required to have regulation-approved helmets and wear it at all times when skateboarding.



WHAT NOT TO BRING:

- Cell Phones, or iPads with internet capabilities.
- Any drug paraphernalia (this includes all related posters, t-shirts, or jewellery).



A SAMPLE WEEK

(Subject to change)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 - Check In	9:00 - Check In			
9:30 - 11:30 School	9:30 - 11:30 School	9:30 - 11:30 School	10:00 - 11:30 School	9:45 - 11:00 YMCA
11:45 - LUNCH	11:45 - LUNCH	11:45 - LUNCH	11:15 - LUNCH	11 - 12 - LUNCH
12:30 Grocery Shop	12:30 Chores/Break	12:30 Chores/Break	12:30 Chores/Break	12 - 1 NA Meeting
1:00 - 2:00 Group	1:00 - 2:00 Yoga	1:00 - 2:00 Art	1:30 - 2:30 Martial Arts	1:00 - 2:15 Activity <i>N/A Meetings onsite at Osprey last Friday of the month</i>
2:00-3:00 - YMCA	2:00-3:00 - Group	2:00-3:00 - Group	2:00 - 3:00 Library	2:30 - 2:45 Chores/Break
3:00 - 4:00 1 on 1	3:00 - 4:00 YMCA	3:00 - 4:00 YMCA	3:00 - 4:00 YMCA	2:45-4:00 Activity

PROBATION OFFICER CHECKLIST

NAME: _____

CS # _____

OSPREY REFERRAL PACKAGE CHECKLIST *(for your reference, check each section when completed)*

1. Full Time Attendance Program generic referral.
2. Alcohol and Drug Assessment *(to be completed by an Alcohol and Drug Counsellor or Probation Officer)*.
3. Pre-sentence Report or Social History.
4. Osprey Guidelines (signed by Youth and PO)

*** Above documents are required prior to screening:**

*** Once youth is accepted the following documents can be completed and forwarded on to the Case Management Co-ordinator.**

5. Current Probation/Custody Order with Condition.
6. Emergency Exit Plan.
7. Authorization to Release and Obtain Information.
8. Field Trip, Excursion and Event Authorization.
9. Psychological/Psychiatric Report(s).
10. School Information Request Form and documents.
11. Medical Form _____ TB Test _____
12. Care Card Number _____

Screening Date: _____

Start Date: _____ Grad Date: _____

ICM #1 _____ ICM #2 _____

OSPREY PLACE GUIDELINES

BENEFITS: Things you can gain from doing this program.

1. You will have more clean time!!!!
2. You will try new activities.
3. You will do community service.
4. We will help you with personal goal setting.
5. There are recreational outings and day trips.
6. You will have regular physical exercise at the “Y” and/or the Canada Games Pool daily.
7. You have opportunities to build positive relationships.
8. You will be surrounded by people who care for you.
9. You will have consistent support from qualified staff.
10. You will be able to continue your school work.
11. You will be in a safe environment.
12. You will earn a weekly allowance.
13. You will learn some cooking skills and life skills.

PROGRAM GUIDELINES: Rules you need to obey while at the program.

1. Confidentiality about yourself and others attending the program.
2. There is to be absolutely no use of alcohol and other drugs.
3. You must show respect for self, staff, other group members and property.
4. There will be no violence (including physical, emotional, sexual, and bullying).
5. There will be no physical contact/fighting/rough-housing.
6. You must use appropriate language – no excessive swearing.
7. There is to be no romantic/sexual relationships between clients.
8. You will avoid glorification of crime and/or drug use.
9. You must participate in groups and 1-1 sessions.
10. You must display suitable behaviour in the community.
11. You will attend weekly 12 – Step meeting for introduction/exposure.
12. You are required to attend and participate in the Osprey school program.
13. You must leave Cell phones at home.
14. You may bring MP#, IPods, and appropriate music to listen to, but they are not permitted during program hours.

Please review with referred youth and return a signed copy indicating that the youth has an understanding of the program.

Probation Officer

Youth

Date: _____

OSPREY PLACE TREATMENT PROGRAM

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I, _____ authorize employees of the Osprey Place Treatment
(Youth's name)
Program and/or Elizabeth Fry Society (EFry) to obtain and/or release oral and/or written information about: *(List specific information, i.e. school records, family history, court history, treatment concerns relevant to placement, etc.)*

TO/FROM:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Kamloops Doctor at Walk-In Clinic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Worker: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Counsellor: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Probation Officer: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| School <i>(home community)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| School <i>(Kamloops TREC)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Osprey/EFry Home Support Staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: <i>(Name:)</i> _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand that every effort will be made to maintain the confidential nature of this information. I would like my Consent for Release of Information to be in effect for 90 days from discharge from the Osprey Place Treatment Program.

I understand that circumstances whereby the Release of Information will fall under the guidelines outlined in the Child, Family and Community Services Act, The Freedom of Information and Protection of Privacy Act, The Health Act Communicable Disease Regulation. Compliance with Court Orders, Search Warrants or Subpoena would override this Release of Information agreement.

I understand that this consent can be withdrawn at any time by presenting a written request to the Osprey Place Treatment Program.

(Date)

(Signature of Youth)

(Signature of Parent/Guardian)

OSPREY PLACE TREATMENT PROGRAM
FIELD TRIP, EXCURSION AND EVENT
AUTHORIZATION FORM

I hereby authorize, as parent or guardian, that _____
(Youth's name)
enrolled at Osprey Place Treatment Program, is permitted to undertake field trips, group excursions, and sports events during his/her stay at the Program, in accordance with current Ministry policy.

MEDICAL ALERT

Please specify if youth has a health condition or physical limitation that may require medical attention.
Please check:

Bee Stings _____ (epi-pen **must** be supplied)
Allergies _____ Type _____
(Allergy medication **must** be supplied)
Other: _____ Type _____

Comments: _____

MEDICAL CONSENT

I consent to any emergency treatment that may be required during the trip.

Client Signature: _____ Health Care #: _____

Parent/Guardian Signature: _____ Date: _____

OSPREY PLACE TREATMENT PROGRAM
SCHOOL INFORMATION REQUEST

All youth attending Osprey Program are expected to attend school. Please complete the following information out as accurately and completely as possible. Staff from the Kamloops School District, Twin Rivers Education Centre, can only request the student's actual school file immediately prior to the youth attending the Osprey Program. Unfortunately this sometimes takes several days/weeks to arrive. The following information will ensure that the youth can begin school with the least amount of disruption to the studies they may be already working on. Please note that you must request the PR card from the last school a youth attended PRIOR to entering custody as custody centers **do not** have copies.

Youth's Name: _____

Date of Birth: _____

Current School: _____

School Contact: _____ Title: _____

School Phone Number: _____ Fax: _____

Attachments: These forms noted below MUST be included in the final referral package along with the information on this form. Field P.O.'s can either request these forms themselves or request through the parent/guardian.

School Permanent Record Card (*photocopy only*)

Most recent Report Card (*photocopy only*)

Current Courses/Timetable (*if youth currently in school, including custody centers*)



Signed: _____
(*Probation Officer*)

Date: _____

OSPREY PLACE TREATMENT PROGRAM
MEDICAL FORM

YOUTH INFORMATION

NAME: _____ **DATE OF BIRTH:** _____

HEALTH CARE # _____ **I.D.#** _____

General Health	Normal	Normal
Eyes	Rt _____	Teeth _____
	Lf _____	Skin Tone _____
Ears	Rt _____	Blood Pressure _____
	Lf _____	Temperature _____
Nose	_____	Reflexes _____
Throat	_____	Height _____
Mouth	_____	Weight _____

Comments on Condition:

Medical History:

Has this youth been diagnosed with or under treatment for any of the following medical conditions?

Conditions:	No	Yes	Prescribed Medication
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies and/or Hayfever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lung Disease or Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Trouble/irregularities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dizziness or Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	_____
STD's	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Allergies/Intolerance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

TUBERCULOSIS TEST Yes No **Date Completed** _____
Result _____

I, _____ have given _____
a general medical examination and find him/her to be fit and ready to attend a residential/treatment
program.

By: _____ Date: _____
(Signature of Medical Practitioner)

OSPREY PLACE TREATMENT PROGRAM
ALCOHOL AND DRUG ASSESSMENT FORM

(NEW: May be completed either by an Alcohol and Drug Counsellor or Probation Officer, but must include Stages of Change – See below).

Assessment Date: _____

Name of Youth: _____

Name of Interviewing A&D Worker/Probation Officer: _____

Phone: _____ Fax: _____

How many sessions has the youth had with the assessor?

Youth must be willing to attempt an abstinence based program.

Current Service Providers:

(Please list any service providers currently involved with the Youth (A&D Counsellors, Mental Health Counsellors, Psychiatrists, etc.)

Agency/Contact Name	Address	Telephone Number
---------------------	---------	------------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please note any special needs or circumstances that might affect this person's participation in treatment (i.e. mental health, literacy level, disability, medications, etc.)

<hr/>
<hr/>
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Client Concerns and Motivation:

What worries do you have about attending the Osprey Program? _____

<hr/>

How important is substance misuse treatment for you?

1	2	3	4	5	6	7	8	9	10
Not important									Very Important

How confident are you that you can do treatment?

1 2 3 4 5 6 7 8 9 10
Not Confident Very Confident

What are your reasons for attending Osprey? _____

How are alcohol and other drugs affecting your life (positively and negatively)? _____

What hopes do you have for yourself following the Osprey Program? _____

What counselling have you attended in the past? Individual ____ Group ____ Family ____

Please comment on your experience:

What do you think people at Osprey will appreciate about you (strengths and talents)?

Have you tried to reduce/quit? Yes No

When? _____

What worked? _____

What didn't? _____

If yes, longest time of success: _____

Substance	Method of Use				Age of First Use	How many times in last 30 days have you used.	Stage of Change		Comments
	Oral	Snort	Smoke	IV			Youth	Assessor	
Alcohol									
Marijuana									
Methamphetamines									
Cocaine; Crack (<i>Circle</i>)									
Hallucinogens LSD, Acid, PCP, Mushrooms, Angel Dust, Ecstasy (<i>Circle</i>)									
Heroin									
Other Opiates/Analgesics Morphine, Dilaudid, Demerol, Codeine, Robitussin, Fentanyl (<i>Circle</i>)									
Barbiturates Seconol, Amytal, Phenobarbital (<i>Circle</i>)									
Sedatives/Benzodiazepines Valium, Xanax, Ativan, Quaaludes, Halcion (<i>Circle</i>)									
Inhalants: Glue, Gas, Paint (<i>Circle</i>)									
Other:									

STAGES OF CHANGE

Based on the Stage of Change Model (Prochaska and DiClemente, 1984)

(P) Pre-contemplative: Youth has not considered making changes; youth is unaware of any problem.

(C) Contemplative: Youth may be struggling to understand the problem/consequences of the effects of their use.

(D) Determined: Youth has decided to make changes.

(A) Action: Youth will act on the decision to make some changes and take steps to change their behaviour.

(M) Maintenance: Youth is working very hard to keep up the positive changes that they have made.

**OSPREY PLACE
543 Battle Street,
Kamloops, BC V2C 2M1**

Phone: 250-374-4899 Fax: 250-374-4833

Hours: Monday to Friday 8:30 am to 4:30 pm

Staff Members: Patrick patrick.mcdonald@phoenixcentre.org
Kim kim.govett@phoenixcentre.org
Dawn dawn.campbell@phoenixcentre.org

(Staff are employed by the Phoenix Centre, Kamloops Society for Alcohol and Drug Services)

Phoenix Centre Website: www.phoenixcentre.org

**EFRY SOCIETY
827 Seymour Street,
Kamloops, BC V2C 2H6**

Phone: 250-374-2119 Fax: 250-374-5768

Hours: Monday to Friday 8:30 am to 4:30 pm

Local

201 SUZANNE AKERS sky2@kamloopsefry.com
202 LORETTA KING sky3@kamloopsefry.com
203 TODD GRANT sky@kamloopsefry.com

(Staff are employed by the Elizabeth Fry Society and provide the caregivers home and support for the youth in the Osprey Place Program. EFry Home Support workers also coordinate travel arrangements for the youth to and from the Osprey Program and their home communities.)

Case Management Coordinator/Youth Probation

Direct Line: 250-371-3642 Fax: 250-371-3647