



## OSPREY PLACE TREATMENT PROGRAM

This information package will introduce you to the Osprey Place Substance Use Treatment Program. The program is funded by the Ministry of Children and Family Development and is designed specifically for female adjudicated youth. It is an abstinence based program and is 4 to 6 months in duration

(the length of treatment will be determined based on individual need and in collaboration with the probation officer, Osprey staff, and the client).

**Osprey Place Treatment Program** is delivered in partnership between the Phoenix Centre (*day treatment 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 services to youth in both 1-1 and group settings. 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 throughout Kamloops. When youth are accepted into the Osprey Program, the EFry Home Support liaison worker will arrange travel and complete the initial *Intake* on the day that the youth arrives. They provide information about the caregiver's and the home where they will be residing for the duration of their stay. During the Intake Interview the youth's belongings will be searched, and the youth will be asked to sign a *Residential Orientation Contract* agreeing to abide by the EFry care home rules and expectations.

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## OSPREY PLACE TREATMENT PROGRAM – OVERVIEW

Osprey Place is a female specific program with a continuous intake system.

Beginning in January 2013, the Osprey Program opted for a non-smoking environment. In keeping with recent best practices in substance use treatment, 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 four months based on regular successful participation and progress. The program has a residential capacity for four youth. Non-residential referrals from the local community can also be considered, on a case by case basis

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, 2 hours a day, 4 days per week, 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 community 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 and participate in all aspects of programming. 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 consultation and 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 they will require in maintaining a healthy lifestyle upon reintegration into their home community after 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.

The youth's family and/or community support team will be involved in the treatment process as much as possible. Upon successful completion of the program youth are honoured in a graduation ceremony that support and family members are welcome attend.

## **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](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).
3. Pre-Sentence Reports (or Social History, if no PSR is available, plus Youth Forensic assessments, reports/summaries).
4. Osprey Guidelines signed by youth and Probation Officer.
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 high risk behaviours as well as Summary and Recommendations*).
10. School Information Request Form.
11. Medical Form
12. Identification 2 pieces of government issued ID are required for school registration and may be necessary for travel in case of emergency.

## **INTAKE POLICY/SCREENING PROCESS:**

The screening team is comprised of the Osprey Place Probation Liaison/Case Management Coordinator, Osprey program staff and the Elizabeth Fry Society. The committee may also consult with Youth Forensic Psychiatric Services, when appropriate. Screening meetings occur as soon as possible once all the necessary referral paper work has been received.

Once a youth is accepted into the Osprey Program, the referring Probation Officer will be notified by the Case Management Coordinator and advised of a tentative start date. All remaining forms and paperwork will then need to be completed and submitted prior to the youth's arrival. Once a definite start date has been determined, an E Fry Home Support liaison will contact the referring Probation Officer to confirm transportation arrangements for the youth.

It is highly recommended that youth coming to the Osprey Program are fully detoxed prior to intake. Our program should be notified if the referring probation officer believes the youth may still be using or experiencing withdrawal symptoms so staff are alerted to the client's needs upon admission. 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: 250-371-3600 Fax: 250-371-3647

Email: [carmelo.bartella@gov.bc.ca](mailto:carmelo.bartella@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).

## **IDENTIFICATION:**

All youth are required to come to the program with two pieces of ID. This is necessary for school registration and 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 will have their 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 attitude, effort and performance in all components of the program.



Youth will be transported to and from program by care givers. Youth may earn the privilege of independent bus travel to program in the mornings, which will be determined on a case by case basis.

## GIFTS/MONEY:

All gifts and money from family **must** be directed through the E FRY Home Support Worker. Youth will be permitted to carry a maximum of \$20. on them at any given time. Bank cards and extra cash will be held in trust by the E Fry team or caregiver.

## 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 they are 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 them 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. The client will be expected to use their prescribed medication as directed, and a refusal to do so may result in a discharge from 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 Osprey Team at 250-374-4899, who will consider the request and consult with the referring Probation Officer. If approved, the necessary arrangements will be made.

Any home visits or overnight stays during the placement must also be discussed with the Osprey Team in consultation with the referring Probation Officer. The youth/family must give ample time to arrange and confirm approval of visits.

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:

**Please note: It is preferred that clients bring only one large suitcase (50lbs max. for airline limitations) one small suitcase ( carry on style), and a back pack or purse. They may also wish to bring a blanket and pillow.**

- **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, yoga wear.
- **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. We recognize and abide by school district dress code policy.
- **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 and art supplies for use in the care home.**
- **Favorite music:** If they wish to listen to music, youth should bring their own MP3 for ***personal use outside of group hours.*** Your device must not have internet capabilities. Youth are responsible for safe storage of their equipment.

**WHAT NOT TO BRING:**

- Cell Phones, iPads, or any other device 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
<b>11:45 - LUNCH</b>	<b>11:45 - LUNCH</b>	<b>11:45 - LUNCH</b>	<b>11:15 - LUNCH</b>	<b>11 – 12 - LUNCH</b>
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 1-1 counselling.	1:00 – 2:15 Activity <i>N/A Meetings onsite at Osprey last Friday of the month</i>
2:00-3:00 – Activity	2:00-3:00 Volunteer.	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 Activity	3:00 - 4:00 Activity	3:00 - 4:00 Activity	2:45-4:00 Activity

**PROBATION OFFICER CHECKLIST**

**NAME:** \_\_\_\_\_

**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)
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. Youth must have government issued identification
12. Medical Form
13. 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 have consistent support from qualified staff.
9. You will be able to continue your school work.
10. You will be in a safe environment.
11. You will earn a weekly allowance.
12. You will learn some life skills.
13. You will gain confidence.

### **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/or 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 MP3 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 EMERGENCY EXIT PLAN  
(Weekends, Evenings, Holidays)**

An Emergency Exit Plan is required in the event that \_\_\_\_\_ (*name*) is discharged from the program unexpectedly, with short notice, and is not welcome to return to the care home (i.e. theft from the care home, violence in the community). E Fry Home Support Staff are responsible for coordinating transportation of all youth in the Osprey program, emergency or otherwise.

- Please provide a name and contact information for the person responsible for travel planning and related expenses should the probation officer be unavailable at the time of discharge. ISSP workers will not be contacted directly unless it has been pre-arranged in writing.

ISSP worker can be contacted:       Yes       No

- We ask that all escorts be advised ahead of time that we may be contacting them, and that costs and travel arrangements are pre-authorized (i.e. in the case of an ISSP or Social Worker).

Escort advised:       Yes       No

- If the youth is in the care of MCFD, please ensure that the Social Worker puts an ALERT on the system advising of our Emergency Exit Plan should we need to use it.

**Weekday** contact name and phone number:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Phone Number*

**Weekend** contact name and phone number:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Phone Number*

- Please advise if the youth needs to be escorted from the program due to high risk/high needs, and who would be providing the escort.

Escort needed:       Yes       No

**Name of Escort:** \_\_\_\_\_

**Escort contact information:** \_\_\_\_\_

**Method of travel and payment for escort:**

Our primary objective is the safety of the youth, caregivers, staff and community, as well as compliance with Youth Justice Policy. Therefore, an immediate response in this situation is frequently required. Where at all possible, we will make every effort to have the youth remain in the program until the next working day.

Signed: \_\_\_\_\_

*Probation Officer*

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 (E Fry) 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:**

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| Medical Doctor and/or YFPS staff: | <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/E Fry 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

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.#** \_\_\_\_\_

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

**Comments on Condition:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical History:**

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

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

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/>
<hr/>

**Client Concerns and Motivation:**

What worries do you have about attending the Osprey Program? \_\_\_\_\_

\_\_\_\_\_

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 Secanol, 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 Di Clemente, 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**  
782 Seymour Street,  
Kamloops, BC V2C 2H3

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

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

**Staff Members:**

Local 300 Kim Govett [kim.govett@phoenixcentre.org](mailto:kim.govett@phoenixcentre.org)

301 Dawn Campbell [dawn.campbell@phoenixcentre.org](mailto:dawn.campbell@phoenixcentre.org)

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

**Phoenix Centre Website: [www.phoenixcentre.org](http://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

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202 LORETTA KING [loretta@kamloopsefry.com](mailto:loretta@kamloopsefry.com)

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*(Staff are employed by the Elizabeth Fry Society and provide the caregivers and home support services and are on-call afterhours. E Fry Home Support workers also assist with travel arrangements for the youth to and from the Osprey Program and their home communities.)*

**Case Management Coordinator/Kamloops Youth Probation**

**Direct Line: 250-371-3600 Fax: 250-371-3647**