



REFERRAL PACKAGE for Probation Officers

Daughters & Sisters is a unique six-month full-time addiction treatment program located in Surrey, BC for female youth aged 12 to 18. Referrals to the program are accepted from probation officers within the province of British Columbia. For a probation referral, the young woman must have a probation order that directs her to attend a full-time alcohol and drug treatment program. The probation order must be long enough to see her through six months of treatment.

Program participants reside in one of our PLEA Family Care Homes. Our program combines residential care with an intensive day program planned around each girl's needs, including detoxification, individual and group counseling, parent-teen mediation, ongoing assessment, teacher supervised education and social, cultural and recreational activities.

Our goals are to decrease substance use, criminal activity and high risk behaviour in a setting designed to meet each participant's social, emotional, physical, academic and recreational needs.

Referral Procedure

1. Contact **604 541 1133** to request a referral package or download a referral package at www.plea.ca
2. Fax the completed referral information to **604 541 2324**. A completed referral includes the following:
 - RAP referral form (5 pages)
 - Daughters & Sisters Program referral form (4 pages)
 - PDR and current probation order
 - Any other previous assessments
 - If the client is on methadone, a letter from a doctor confirming that he has stabilized on methadone.
3. A screening committee meets monthly and will review the information to determine the eligibility and placement priority of the referred youth.
4. PLEA will notify the referring agent of the expected placement date.

Please review the “What to Expect/What to Bring to Treatment” and “A Day at Daughters and Sisters” handouts with your resident before submitting the referral to ensure that the young person is fully informed of the program components and expectations.



FULL-TIME ATTENDANCE PROGRAM REFERRAL

The information collected on this form is collected under the authority of Freedom of Information and Protection of Privacy Act and will be used for the purposes of administering the Youth Criminal Justice Act and the Youth Justice Act. Collected information will be used and disclosed in compliance with the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of the information should be directed to the Youth Justice Program Support Branch, (250) 387-0978, PO Box 9717, Stn Prov Govt, Victoria, B.C. V8W 9S1.

LIAISON YPO DATE RECEIVED [] Approved [] Not Approved COMMENTS

This Referral is being directed to: _____ NAME OF PROGRAM

NAME OF YOUTH PHONE BC MEDICAL # BIRTHDATE (YYYY-MMM-DD) AGE ADDRESS CITY POSTAL CODE GENDER [] MALE [] FEMALE ETHNIC ORIGIN ABORIGINAL STATUS NUMBER (IF APPLICABLE) [] NO [] YES HOME COMMUNITY HEIGHT WEIGHT HAIR EYE COLOUR BUILD

YOUTH'S CONTACT INFORMATION

PARENT/GUARDIAN

NAME HOME PHONE WORK PHONE ADDRESS CITY POSTAL CODE

Is the youth a "Child in Care" (CIC) as defined by the Child, Family and Community Services Act?

[] No [] Yes If yes, please specify: _____

SOCIAL WORKER (IF CIC)

SOCIAL WORKER NAME WORK PHONE FAX

EMERGENCY CONTACT

NAME RELATIONSHIP PHONE

MEDICAL CONTACTS(S)

FAMILY PHYSICIAN NAME WORK PHONE DENTIST NAME WORK PHONE

REFERRING YOUTH PROBATION OFFICER

NAME WORK PHONE FAX OFFICE ADDRESS CITY POSTAL CODE

YOUTH'S BEHAVIOUR

Does the youth display any of the following behaviours?

	No	Yes	Unknown
Running away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostitution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse? (if yes, identify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggressiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally abusive to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL LEVEL OF SUPERVISION

Low Medium High

Risk Based Statement: _____

COURT BACKGROUND

How old was the youth on his/her first offence?

Under 13 years 13-15 years 16-18 years

The youth's court history includes (check all that apply)

Arson Assault Drug Offence Failure to Comply Property Sex Offence
 Weapons Other _____
PLEASE IDENTIFY

Details

	No	Yes	
Does the youth have any outstanding charges? (if yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	Court date _____
Is this youth currently in custody?	<input type="checkbox"/>	<input type="checkbox"/>	<small>YY/MM/DD</small>
is this youth currently on remand?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the youth every been in custody?	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____

Does the youth have any of the following outstanding?

	No	Yes	
Fines	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Compensation/Restitution	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Community Service Hours	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Letter of apology	<input type="checkbox"/>	<input type="checkbox"/>	Due Date _____
Essay	<input type="checkbox"/>	<input type="checkbox"/>	Due Date _____

Notes

FAMILY ENVIRONMENT

With whom does the youth presently reside?

- Natural Family (both parents) Group Home Blended Family Single Parent
 Foster Family Adoptive Family Other Family Independent Living/Youth Agreement

Comments:

With whom will the youth reside upon graduation of the program?

- Same as above Other _____

Describe release plan (residence, school, counselling, etc.)

Parent/Youth Relations

	No	Yes	Unknown
Neglect of youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Youth communication problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent overly protective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of excessive/strict discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents cover for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permissive parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem(s) involving step-parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconsistent use of discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical fights between youth and parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed this referral with the youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you discussed this referral with the youth's family?	<input type="checkbox"/>	<input type="checkbox"/>	
Has transportation to the program been arranged?	<input type="checkbox"/>	<input type="checkbox"/>	

Has the youth been diagnosed with any of the following?

	No	Yes	Unknown
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD (Attention Deficit Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RAD (Reactive Attachment Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FASD (Fetal Alcohol Spectrum Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCD (Obsessive Compulsive Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

Is the youth currently enrolled in school? Yes No

CURRENT OR LAST SCHOOL ATTENDED			
PHONE	FAX	LAST GRADE COMPLETED	YEAR

Have any formal education or learning difficulties assessments been completed on this youth? Yes No (if yes please attach)

Can the youth return to school after graduating from the program? Yes No

EMPLOYMENT HISTORY

Describe

HAVE YOU ATTACHED?

Pre-Sentence Report Yes No
 Court order Yes No

Goals of Referral Program (attach additional pages if you require more space)

REFERRING YPO SIGNATURE	DATE SIGNED (YYYY-MM-DD)
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DAUGHTERS & SISTERS REFERRAL PACKAGE
PLEASE COMPLETE THIS FORM IN ADDITION TO THE RAP REFERRAL FORM

1. MEDICAL INFORMATION

IS THIS YOUNG PERSON CURRENTLY ON ANY PRESCRIPTION MEDICATION? YES NO

IF YES: NAME OF MEDICATION _____ PURPOSE _____

HAS THE YOUTH SUFFERED FROM ANY OF THE FOLLOWING? (PLEASE CHECK OFF THOSE THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> ASTHMA/ALLERGIES/
HAYFEVER | <input type="checkbox"/> SKIN CONDITIONS |
| <input type="checkbox"/> NERVOUS TROUBLE OR
BREAKDOWN | <input type="checkbox"/> MOTION OR TRAVEL
SICKNESS |
| <input type="checkbox"/> HEAD INJURY OR
CONCUSSION | <input type="checkbox"/> HEART TROUBLE |
| <input type="checkbox"/> DIZZY OR FAINTING
SPELLS | <input type="checkbox"/> STOMACH, BOWEL, RECTAL
TROUBLE |
| <input type="checkbox"/> CONVULSIONS OR FITS | <input type="checkbox"/> LOWER BACK PAIN |
| <input type="checkbox"/> FREQUENT HEADACHES | <input type="checkbox"/> KIDNEY OR BLADDER
TROUBLE |
| <input type="checkbox"/> NOSE/THROAT TROUBLE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> EAR TROUBLE | <input type="checkbox"/> BROKEN BONES |
| <input type="checkbox"/> LUNG DISEASE OR
CHRONIC COUGH | <input type="checkbox"/> DRUG ALLERGIES |

DOES THIS YOUNG PERSON HAVE ANY HEALTH ISSUES THAT WE SHOULD BE AWARE OF THAT ARE NOT LISTED ABOVE? (e.g., Hepatitis, HIV, AIDS, etc.)

YES NO PLEASE SPECIFY _____

FAMILY DOCTOR: NAME _____ PHONE _____

HOW WILL THE COST FOR ANY NEEDED PRESCRIPTIONS OR DENTAL VISITS BE COVERED? (CIRCLE THOSE THAT APPLY)

GUARDIAN'S EXTENDED HEALTH

*MINISTRY FOR CHILDREN AND FAMILY
DEVELOPMENT*

INDIAN AFFAIRS

OTHER _____

IS THIS RESIDENT CURRENTLY ON METHADONE? YES NO
IF YES, HOW MUCH? _____ MG

DOES THE YOUNG PERSON HAVE PERMISSION TO CARRY METHADONE? YES NO

PRESCRIBING DOCTOR: NAME _____ PHONE _____

PLEASE ATTACH A DOCTOR'S NOTE STATING THAT THE RESIDENT HAS STABILIZED ON METHADONE

THE DAUGHTERS AND SISTERS PROGRAM REFERRAL FORM FOR PROBATION OFFICERS

2. ALCOHOL AND DRUG INFORMATION

DRUG OF CHOICE _____ IV DRUG USE? YES NO

HISTORY OF DRUG USE: (PLEASE NOTE THAT THE RESIDENT'S LAST USE WILL NOT EFFECT THEIR ADMISSION INTO THE PROGRAM)

SUBSTANCE	FIRST USE	LAST USE	PATTERN OF USE i.e. amount, number of times per day
MARIJUANA			
ALCOHOL			
COCAINE			
HEROIN			
INHALANTS			
LSD			
MUSHROOMS			
PCP			
CRYSTAL METH			
ECSTACY			
METHADONE			
OTHER (PLEASE LIST)			

WITHDRAWAL SYMPTOMS:

SYMPTOMS	YES/NO	DESCRIBE
BLACKOUTS		
SEIZURES		
TREMORS		
HALLUCINATION		
LOSS OF CONTROL		
MOOD CHANGES		

BASED ON THE STAGES OF CHANGE MODEL (PROCHASKA AND DICLEMENTE, 1983), PLEASE IDENTIFY THE LEVEL OF MOTIVATION CURRENTLY DISPLAYED BY THE YOUTH. USE THE DEFINITIONS BELOW TO INDICATE LEVEL OF MOTIVATION AND REASON FOR CHOICE. BE AWARE THAT YOUTH MAY BE IN DIFFERENT STAGES OF CHANGE IN REGARDS TO EACH SUBSTANCE USED. IF SO, INDICATE THE SUBSTANCE AND CORRESPONDING LEVEL OF MOTIVATION IN THE SECOND TABLE BELOW.

PRECONTEMPLATIVE	YOUTH HAS NOT CONSIDERED MAKING CHANGES; YOUTH IS UNAWARE OF ANY PROBLEM.
CONTEMPLATIVE	YOUTH MAY BE STRUGGLING TO UNDERSTAND THE PROBLEM/CONSEQUENCES
DETERMINED	YOUTH WILL ACT ON THE DECISION TO MAKE SOME CHANGES AND TAKE FIRST STEPS TO CHANGE THEIR BEHAVIOUR
ACTION	YOUTH WILL ACT ON THE DECISION TO MAKE SOME CHANGES AND TAKE STEPS TO CHANGE THEIR BEHAVIOUR
MAINTENANCE	YOUTH IS WORKING VERY HARD TO KEEP UP THE POSITIVE CHANGES THAT THEY HAVE MADE

SUBSTANCE	STAGE OF CHANGE

HAS THIS YOUNG PERSON EVER USED ANY OF THE FOLLOWING SERVICES?

TYPE OF SERVICE	NAME OF SERVICE	DATE	LENGTH OF STAY	COMPLETED YES/NO	CONCERNS
DETOX					
RESIDENTIAL ADDICTIONS TREATMENT					
OUTPATIENT					
PSYCHIATRIC					

PLEASE LIST ALL FAMILY MEMBERS AND PROFESSIONALS THAT WILL BE INVOLVED IN THIS YOUNG PERSON'S TREATMENT AND DISCHARGE PLANNING.

NAME	AGENCY/RELATIONSHIP	PHONE	FAX

PLEASE RATE YOUR RESIDENT'S WILLINGNESS TO ATTEND OUR PROGRAM:

TOTALLY RESISTANT RESISTANT INDIFFERENT WILLING VERY WILLING

PLEASE NOTE THE FOLLOWING:

- Program participation may involve activities off the premises. It is understood that this program includes sports activities, where the risk of injury is always present. It is further understood that reasonable care and precautions for safety will be maintained at all times.

What to Expect at Daughters and Sisters

- The youth's belongings will be searched at intake and after each outing where they are unsupervised or without a professional. Random room searches, drug testing and/or police dog searches may also occur at any time.
- Youth begin the program in the detox phase for a maximum of ten days. During this time, youth will have a sound monitor in their room and their Family Caregiver will perform regular checks – including through the night – to ensure that the youth is safe.
- Youth will be in a stabilization period for their first ten days. Youth are only able to have brief visits with approved family members at their PLEA home during this stabilization period. After this time, if the youth is stable and participating well in the program, youth are able to visit with or phone individuals that have been approved by their Probation Officer, Guardian and Social Worker (when applicable).
- Youth may earn unsupervised time after 30 days in the program if they are following all of the program guidelines.
- Youth may be eligible for home visits after 45 days in the program if they are following all of the program guidelines.

What to Bring to Treatment

Youth are encouraged to bring those items that will make their stay more comfortable. Daughters and Sisters is not responsible for lost items and discourages borrowing amongst the youth.

All youth will have their own room and will be provided with bed sheets, comforter, pillow, a dresser, a closet, a lamp and an alarm clock. Youth will also be provided with the necessary items for school and hygiene products. Personal hygiene items such as razors, shaving crème, hair spray, and nail polish will be stored in a locked cabinet, where Family Caregivers can permit access when appropriate. Bank cards and ID will also be stored in a locked location, but youth may access when necessary.

Youth must bring any medications/prescriptions currently being administered. All medications, including vitamins and over-the-counter medication/herbal remedies, must be specifically approved and verified on intake by a medical professional if taken by a youth in the Daughters and Sisters Program. We are not able to accept any medications or supplements that are not properly labeled.

Suggested items to pack:

- ✓ Comfortable clothes appropriate for school
- ✓ Clothes to exercise in (sweat pants, shorts, running shoes, bathing suit)
- ✓ Books to read
- ✓ Appropriate music (Note that youth will not have access to a CD player or MP3 player. If they wish to listen to music at the Family Caregiver's home they should bring their own MP3 player. However, MP3 players are prohibited at the centre.)
- ✓ Long distance phone cards for non-local youth
- ✓ All medications currently being administered
- ✓ Cigarettes (Family Caregivers and staff are unable to purchase cigarettes for youth. If you smoke, please make sure you make your own arrangements to get cigarettes)
- **Please note that e-cigarettes, vaporizers, and smoking cessation products are not permitted while attending treatment**

Items not permitted:

- ✓ Cellular phones, smart phones and pagers
- ✓ Handheld devices with internet access (e.g., iPod Touch; PSP; Nintendo DS)
- ✓ Drugs or drug paraphernalia (including pipes, rolling papers, etc.)
- ✓ Inappropriate music (contains offensive messages or glorifies drug use)
- ✓ T-shirts, posters or other items that contain offensive messages or glorify drug use
- ✓ Creatine, protein powder or other supplements
- ✓ E-cigarettes, vaporizers, and other smoking cessation products (e.g., nicotine gum, patch, inhalers)

Program Components

Individual Counselling	Group Counselling
Evening Programming	Recreation
School	Life Skills Sessions
One-to-One Outings	12 Step Meetings

Day at Daughters and Sisters...

Although each day in treatment is a little different, this should give you an idea of what a day at Daughters and Sisters is like.

The Family Caregiver that you live with will bring you to the centre at 8:50am most days during the week. First, you do a check-in as a group to discuss any issues that may prevent you from having a good day. After check-in, you spend the morning in school at the centre. You will be working at your own pace and the teacher is available to help you. After school, you will break for lunch, and then in the afternoon you will have a group session that relates to a specific theme. Each week is a different theme, such as life skills, anger management, communication, self-awareness, relationship building or decision making. You will do different activities like scrap booking, resume writing, budgeting, and collage making to develop the theme of the week. We also have drug awareness sessions that teach you about the effects of various drugs on your body. You will also set weekly goals for yourself, do chores around the centre, and have recreation sessions with a personal trainer.

After your day at the centre ends, usually around 2 or 3 pm, you will return to your Family Caregiver's home. Aside from regular family activities you do with your caregiver, you will also spend time with your one-to-one worker, counsellor and relapse prevention worker doing recreational activities (swimming, working out at the gym, shopping), family or individual counselling, or working on treatment journals and workbooks. In the evening, you may also attend a 12 Step Meeting with your caregiver. On top of all of this, we have group outings such as going to the movies, water slides, aquarium, or laser tag.

Please feel free to ask your Probation Officer if you need more information, or you can call us at 604 541 1133.

A Week at Daughters and Sisters

Monday, October 1

Drop off: 8:50 AM

Pick up: 2:00 PM

9:00 Check-in
9:15 School
12:00 Lunch
12:30 Group - **Basic Communication Week I**
1:30 Team Building
2:00 Pick up

Tuesday, October 2

Drop-off: 8:50 AM

Pick-up: 2:30 PM

9:00 Check-in
9:15 School
12:00 Lunch
12:30 Chores
12:45 Theme – **Basic Communication Week I**
1:45 Drug Awareness – **Ecstasy, PCP & LSD**
2:30 Pick up

Wednesday, October 3

Drop-off: 8:50 AM

Pick-up: 3:00 PM

9:00 Check-in
9:15 School
12:00 Lunch
12:30 Group– **Basic Communication Week I**
1:30 Recreation - **Circuit Training**
3:00 Pick up

Thursday Oct 4

Drop off: 8:50am

Pick up: 2:00pm

9:00 Check in

9:15 School
12:00 Lunch

12:30 Theme-Basic **Communication Week1**
1:30 Goals and Check out
2:00 Pick up

Friday Oct 5

1"1 activities with staff

Saturday Oct 6

6:00 – 10:00 Evening Programming

Sunday October 7

See you Monday!

When youth are not at the centre, they are participating in individual 1:1 activities with their assigned Youth Support Worker. These activities will be based on each youth's needs and interests.

Youth also meet with the Program Counsellor and Relapse Prevention Worker outside of day programming.

In addition, Family Caregivers take all youth to two 12-step meetings per week in the evening.