

CENTRAL ADDICTION INTAKE REFERRAL PACKAGE

Sequoia House, Alder House, Peak House, Young Bears Lodge and the VCH Day Treatment Program

Please complete the following referral form for the any referrals to Sequoia/Alder House, Peak House, Young Bears Lodge, and Day Treatment 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, care facility admission consent form, or the funding verification form.
- **Care facility admission consent form:** To be completed with clients above the age of 19 going to Alder or Sequoia House. Please ensure that client understands the program and its expectations. Please refer to the program description pages included here or ask CAIT staff if you are unsure about the programs.
- **Funding verification form:** To be completed for clients above the age of 19 on income assistance or PWD and going to Alder or Sequoia House.

CENTRAL ADDICTION INTAKE REFERRAL PACKAGE

Sequoia House, Alder House, Peak House, Young Bears Lodge and the VCH Day Treatment Program

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 Youth Support Recovery Program (YSRP) or Treatment Facility? ☐ Yes ☐ No

Referring To:

☐ Alder House ☐ Sequoia House ☐ Peak House ☐ Day Treatment Program ☐ Young Bears Lodge

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:

CHECKLIST

Before submitting referral please ensure the following are included:

<input type="checkbox"/> Signatures	<input type="checkbox"/> Consent: Release of Information	<input type="checkbox"/> Early Exit Transition Plan
<input type="checkbox"/> Ministry Funding Form (if applicable, 19+ only)	<input type="checkbox"/> Care Admission Facility Consent (19+ clients only)	<input type="checkbox"/> Any Recent/Relevant Collateral Documentation

SEND REFERRAL TO:

Youth Central Addiction Intake Team (CAIT)

(10:00 AM to 8:00 PM, Saturday to Thursday; 10:00 AM to 5:00 PM Fridays)

Phone: Monday to Thursday 604-675-2455 Ext. 22501

Phone: Friday to Monday 604-675-2455 Ext. 22570

Fax: 604-681-1894

Email: CAIT.Youth@vch.ca

Available for General Inquiries and Questions

Client Name:	Referral Date:
Referral Reason & Presenting Situation (Including Substance Use History): <p style="color: #808080; font-size: 0.9em;">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.</p>	
What Would the Ideal Substance Use Treatment Look Like for This Client? <p style="color: #808080; font-size: 0.9em;">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.</p>	
List Any Spiritual or Religious Practises or Ceremonies that will Support Recovery in Chosen Program: <p style="color: #808080; font-size: 0.9em;">Tip: Please ask the client to describe what practises or ceremonies they would benefit from in their recovery.</p>	
History of Presenting Situation <p style="color: #808080; font-size: 0.9em;">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.</p>	
Physical and Medical History: <p style="color: #808080; font-size: 0.9em;">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.</p>	

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 YSRP or 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 STLR or 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:
Contact/Worker's Name:
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.

1. A lot of our program components are group based. Are you willing and able to engage with group work?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

4. **For Live-in Programs:** 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)

☐ Yes ☐ No

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:



This form is to be completed by the manager giving due consideration to Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCCFAA) and the Practice Guidelines for Seeking Consent to Care Facility Admission (Ministry of Health). Information is being collected under the authority of the HCCCFAA. A **manager** is defined by the HCCCFAA as an individual who is responsible for either or both of: (a) the operation of a care facility, or (b) admissions to a care facility.

INFORMATION OF ADULT TO BE ADMITTED		
Last Name of Adult to be Admitted	First Name of Adult to be Admitted	Second Name(s)
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	
Consent provided by (choose one) <input type="checkbox"/> the adult to be admitted <input type="checkbox"/> the substitute (adult determined to be incapable through assessment)		
PROPOSED ADMISSION		
It is proposed that the adult be admitted to the following facility:		
Name of Care Facility	Address of Care Facility	
CONSENT OF ADULT OR SUBSTITUTE DECISION MAKER		
Adult or substitute providing consent to mark the appropriate boxes: <input type="checkbox"/> I have been given information about this care facility, including the care that will be received, the services that will be available and the circumstances in which I (or the adult) may leave the care facility. <input type="checkbox"/> I have been given the opportunity to ask questions about admission to this facility, its benefits and risks, and the options if admission is not accepted. I understand: <input type="checkbox"/> The care options available and possible outcomes. <input type="checkbox"/> I have the right to give or refuse consent to admission to this care facility. <input type="checkbox"/> I can revoke consent to admission to this care facility at any time. <input type="checkbox"/> If care and accommodation is offered at this care facility and I accept, it will become my (or the adult's) home.		
Additional Comments:		
Consent to the above-named care facility was: <input type="checkbox"/> provided in writing <input type="checkbox"/> inferred from <input type="checkbox"/> provided orally conduct - describe:		
ADULT TO BE ADMITTED - WRITTEN CONSENT		
<input type="checkbox"/> I CONSENT to being admitted to the above-named care facility.	Signature of Adult to be Admitted	Print Name of Adult to be Admitted
		Date Signed (YYYY / MM / DD)
OR: SUBSTITUTE DECISION MAKER - WRITTEN CONSENT		
<input type="checkbox"/> On behalf of the above-name adult, I CONSENT to the adult being admitted to the above-named care facility.	Signature of Substitute Decision Maker	Relationship to Adult
	Print Substitute's Full Name	Date Signed (YYYY / MM / DD)
OR: MANAGER - CONSENT PROVIDED ORALLY OR INFERRED FROM CONDUCT		
<input type="checkbox"/> The above-named adult (or substitute decision maker on behalf of the adult) has CONSENTED to being admitted to the above-named care facility.	Signature of Manager	Date Signed (YYYY / MM / DD)
	Print Name of Manager	Organization/Health Authority
	Name of Substitute Decision Maker	Relationship to Adult



Ministry of
Social Development
and Poverty Reduction

CONFIRMATION OF INCOME

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The information will be used for eligibility purposes. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection, use, and disclosure of personal information can be directed to an Employment and Assistance Worker by phone at 1-866-866-0800.

Service Provider Name	Fax Number
Address	

Clients receiving assistance from the Ministry of Social Development and Poverty Reduction must inform the Ministry of their request to enter residential care/treatment prior to funding. The Ministry will process applications for funding once notified of the client's arrival on the date of admittance by the facility faxing the HR3319 to the Ministry of Social Development and Poverty Reduction.

Client Full Name		
Phone Number	Date of Birth	SIN Number

I hereby authorize the staff from the Ministry of Social Development and Poverty Reduction to release information from my file required to establish eligibility for funding. This includes any income received or pending, and any missing documents that might affect my eligibility.

Client Signature	Date Signed
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To be completed by ministry staff

Does the client have an open file? ☐ Yes ☐ No

Is the client receiving any other income? ☐ Yes ☐ No

Source of income

Amount of income

Is the client pending any other income? ☐ Yes ☐ No

Source of pending income

Notes

Ministry Staff Signature	Date Signed
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*Be advised information is accurate as declared to the Ministry as of the date signed.

VCH DAY TREATMENT PROGRAM

Welcome to the Day Treatment Program at BYRC! For the next 12 weeks, you will be with the program Wednesday to Saturday from 1pm – 4pm (with a break in the middle of those 3 hours). On Wednesdays, Thursdays, and Fridays, we will do therapeutic groups together- the topics are outlined in this workbook you will receive and include emotional regulation, healthy relationships, and attachment.

We will start off each week by completing a Weekly Intention Plan (WIP) to get us on track with some manageable goals to focus on throughout the week. On Saturdays, we will do an outing together to help you have fun in the community or practice some lifeskills- you will have a say in where we go and what we do. We will also have a healthy lunch and snacks provided for you daily. In addition to our groups, you will also get 1:1 counselling sessions, as well as family counselling sessions if you are interested. The program has 4 different cycles that each last 3 weeks. Each cycle has a different theme and ends with a circle with an Elder.

Everyone has different goals around substance use, and we hope to support you wherever you are at. We are a harm reduction based program, which means we want to help you reduce harm associated with your substance use. This can include us providing you with safe and clean supplies, helping you access meetings, or helping you remain abstinent from substances all together. We ask that you do your best to show up to group each day sober. If you do happen to come to group under the influence, we ask that you are honest with us- our main goal is to keep you safe and support you through your substance use journey. If we notice a pattern of you coming to group under the influence, we will have a conversation with you around what we can do to make a group a place where you feel safe being sober.

The Day Treatment Program is completely voluntary. This means that it is up to you to decide when you are ready to engage with us. No one is forced to enter day treatment. If you try out the program and decide it is not for you, that is totally fine. We can help you find something that works better for you.

We look forward to working with you and feel honoured to be a part of your journey!

SEQUOIA HOUSE - ages 19-24 with age exemptions for participants under 19

WHAT DOES THE PROGRAM INCLUDE?

- Individual service planning with a focus on substance use goals.
- A fully staffed 24/7 program with live in support workers, an awake overnight support worker, clinical counsellor, program facilitators.
- Breakfast, lunch, dinner, and snacks. The full kitchen shuts down at 8pm for cooking but food is always available to you.
- Access to a Nurse Practitioner for you to check in about your medical needs.
- Access to phone, computers, WIFI, laundry, and hygiene supplies. Participants are permitted to have cell phones.

WHAT ARE THE EXPECTATIONS?

- Sequoia house is a pre-treatment resource for youth who are post-detox and are interested in attending residential treatment. Participants are expected to have a goal of abstinence from all substances while in the program.
- The length of stay is between 30-60 days.
- If you are over 19, there is a per diem cost of \$45 per day through Income Assistance. Participants will continue to receive the comfort portion of Income Assistance. Participants will not be denied access to the program if they do not qualify for Income Assistance.
- Participants are expected to participate in daily programming. Programming will focus on preparing participants for residential treatment with emphasis on tools from SMART recovery, creative expression, psycho-educational groups, life skills development, and mindfulness.
- Smoking is permitted, but only in the designated smoking area. Last smoke is at 9:50pm.
- Curfew is 10pm & bed time is 11pm (including weekends.)
- Youth will be accompanied by program staff to attend all meetings/appointments. Participants are permitted to leave the site with supportive people (i.e. counsellors, family members, case managers, transition workers).
- Only approved medications from our medical team can be taken as directed, Medication is dispensed by staff and kept in our medication cabinet.
- Bag/pocket checks will be done every time a youth leaves/returns to the program and room checks are done weekly.

WHAT ARE YOUR RIGHTS?

- The right to services under conditions that support your personal dignity.
- The right to an individualized service plan based on your specific needs, that will be reviewed and changed as your needs change.
- The right to an environment that affords reasonable protection from harm, appropriate privacy and freedom from verbal or physical abuse.
- The right to all services without discrimination due to race, creed, gender, orientation or disability.
- The right to be informed of the limitations of confidentiality.
- The right to assert grievances with respect to infringement of these rights and to have such grievances considered in fair, timely and impartial manner.



Drug & Alcohol Treatment Centre for BC youth.

For more information

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, experiencing problems with drugs, including alcohol. We accept youth from across the province. We do not offer detox services; we ask that clients abstain from substance use for a minimum of seven days prior to entering the program.

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 counselling
- Nature exploration
- 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
- 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

ALDER HOUSE - ages 19-24 with age exemptions for participants under 19

WHAT DOES THE PROGRAM INCLUDE?

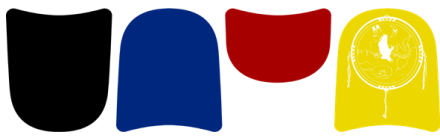
- Individual service planning with a focus on substance use goals.
- A fully staffed 24/7 program with live in support workers, an awake overnight support worker, clinical counsellor, program facilitators.
- Breakfast, lunch, dinner, and snacks. The full kitchen shuts down at 8pm for cooking but food is always available to you.
- Access to a Nurse Practitioner for you to check in about your medical needs.
- Access to phone, computers, WIFI, laundry, and hygiene supplies. Participants are permitted to have cell phones.

WHAT ARE THE EXPECTATIONS?

- Alder house is a post-treatment resource for youth who have completed a residential treatment program and are integrating back into community. Participants are expected to have a goal of abstinence from all substances while in the program.
- The length of stay is between 30-90 days.
- If you are over 19, there is a per diem cost of \$45 per day through Income Assistance. Participants will continue to receive the comfort portion of Income Assistance. Participants will not be denied access to the program if they do not qualify for Income Assistance.
- Participants will be supported to connect with school, work or a training program during the day and are expected to participate in programming during the evening.
- In house programming will be available for youth who are on waitlists for school, work or training programs and staff will support participants to connect with community programming while they reside in the house.
- Programming will focus on preparing participants for independent living with an emphasis on tools from SMART Recovery, creative expression, life skill development and mindfulness.
- Smoking is permitted, but only in the designated smoking area in the backyard.
- Curfew is 10pm (including weekends).
- Bag/pocket checks will be done every time a youth leaves/returns to the program and room checks are done weekly.

WHAT ARE YOUR RIGHTS?

- The right to services under conditions that support your personal dignity.
- The right to an individualized service plan based on your specific needs, that will be reviewed and changed as your needs change.
- The right to an environment that affords reasonable protection from harm, appropriate privacy and freedom from verbal or physical abuse.
- The right to all services without discrimination due to race, creed, gender, orientation or disability.
- The right to be informed of the limitations of confidentiality.
- The right to assert grievances with respect to infringement of these rights and to have such grievances considered in fair, timely and impartial manner.



Urban Native Youth Association

Young Bears Lodge

For more information:

Website: www.unya.bc.ca Email: ybl.intake@unya.bc.ca Call: 604-322-7577

What is Young Bears Lodge?

YBL is a Tier 4, Indigenous-specific, culturally based youth residential addictions treatment program with a 5 bed capacity. This culturally-based program is designed for Indigenous youth aged 13 – 18 years, and offers a continuous intake. YBL provides time-limited treatment in a structured substance-free, live-in environment that blends cultural, therapeutic groups and individual programs to support youth to address their relationship with substances through a harm-reduction and trauma-informed service model. Over the course up to 20 weeks (5 months) residential programming is offered in four cycles which are based on cultural teachings, ceremonies and protocols. In-between those 5 month cycles of residential care we are now introducing a month long transitional day program that will assist youth with their entrance and/or exit to Young Bears lodge. The day program will always run during the months of June and December and will be delivered at our UNYA head office location - 1618 East Hastings, Vancouver. During the months of June and December, when day programming is in session, there is no residential treatment being offered.

Treatment and Healing:

The YBL program is a healing lodge for Indigenous youth who experience problematic substance use and/or addiction. We provide a supportive, accepting, respectful environment—that fuses cultural, clinical knowledge and healing practices—in order to foster the emotional, mental, physical and spiritual wellbeing of our program participants. Although we work in a harm reduction frame work at Young Bears Lodge, youth need to be able to abstain from using drugs and alcohol while participating in our live-in residential program.

Individual Care Plans:

At Young Bears Lodge we create individualized care plans with our youth that create space for them to be the experts in their wellness during their time at the Lodge. These strength based care plans change throughout programming and the youth is always the one who is creating their definition of “success.” Because we work within a harm reduction model, as opposed to enforcing a structure aimed towards abstinence, we support youth to observe & change their relationship to drugs & alcohol.

What's included in our Residential Programming:

- Fully supervised 24/7 staffing including: a Clinical Counsellor & Cultural Counsellor on site
- Access to Primary Health care services at UNYA's Native Youth Health & Wellness Centre including: Nurse Practitioner, Elder, 1 to 1 counsellor, Mid wives, and Psychiatry supports
- Access to YBL phone, weekly computer time at library, hygiene products, laundry, on-site gym facilities, & designated smoking area
- Planned visits & day or weekend passes
- Meals and snacks available at all times & the ability to accommodate any dietary needs
- Support for youth on ORT's after stabilization
- 5 private bedrooms located in a large residential home in Vancouver, with access to large backyard

What's included in our Day Program:

- A cultural & clinical day program offered at our UNYA head office
- Mix of cultural outings, ceremonies & teaching with clinical workshops on site
- Lunch, snacks & bus tickets

This is a wonderful opportunity to offer a small sample of what type of support is available through Young Bears Lodge without youth having to commit to a live in treatment program, or to continue their support after completing their stay at YBL. The day program will be an opportunity for youth to participate in therapeutic cultural and clinical day programming that will help youth address their substance use. Many youth may not be ready or willing to leave their homes to seek help. A Day Program such as this will give those youth who are interested a chance to build relationships and engage with the YBL staff without leaving their family support systems. The day program will run Monday through Friday from 11am-4:30pm and will be operated and run by YBL staff at head office.

Core Values:

UNYA and YBL practice the following core values within programming at YBL. We believe:

- Youth have the right to be heard and involved in decisions that affect their lives.
- Youth have the right to be loved and accepted unconditionally.
- Youth have the right to privacy and confidentiality regarding their lives (with exception of instances in which they may cause harm to themselves, or others)
- Every individual has the right to their own religious, cultural, and /or family beliefs.
- A youth's family beliefs and traditions are to be respected and upheld.
- Youth have a right to their individuality; therefore, we will not compare them to others.
- Youth have a right to belong to a community where they are valued and supported.
- All youth have skills, knowledge, and strengths and are capable of making meaningful contributions to their friends, families and communities and influence their world.
- Any words that can be construed as negative, derogatory or demeaning to youth should not be used in written or verbal forms regardless of the professional community's stated perception of them.
- In distinguishing between the individual and their behaviours, which will be expressed in all written and verbal communication.
- Youth have a right to be free from all forms of abuse and violence.

Programming at a glance:

Each week a program schedule is created that is organically designed in collaboration with our youth participants & based on their individual care plans.

Weekly regular activities:

- One to One Clinical Counselling & Access to Elders & Teachings
- House Meetings & AA/ or Recovery Groups
- Traditional Bundle Making, Land based Teachings, Clinical Workshops & Cultural Workshops

Monthly Regular Activities:

- Program Cycle Graduations & Family Nights
- Sweat lodge ceremony

Other Activities offered:

- Animal Therapy: Horse Program
- Cooking/ Cultural Gatherings/ Hiking/ Workshops on the land
- Medicine Harvesting/ Regalia Making/ Community Gatherings
- Volunteer work: UBC Gardens, RAPS, elementary school buddies
- Sports & Recreation/ Kayaking/ canoeing & Life skill developments