



## **OSPREY PLACE TREATMENT PROGRAM**

This information package will introduce you to the Osprey Place – Full Time Attendance Program in Kamloops, BC. We are funded by the Ministry of Children and Family Development and offer a Substance Use Treatment Program 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 Day One Society (*day treatment component*), that employs youth counsellors to provide education, recreation, counselling and support services to the youth between 9am and 4pm, Monday to Friday.

**Elizabeth Fry Society** (*after hours and family care home component*), provides individual family placements to the youth while attending the Osprey Program and support to the care givers after hours and on the weekends. When youth are accepted into the program, the EFry Home Support liaison will complete an initial *Intake*, 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.

## **OSPREY PLACE TREATMENT PROGRAM – OVERVIEW**

Osprey Place is a female specific program with a continuous intake. Since January 2013, we have maintained a non-smoking environment. In keeping with recent best practices in substance use treatment, we are promoting tobacco cessation while creating a healthy and smoke free environment for clients and staff.

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 on a part-time basis, up to 5 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 attendance at 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 contributing members 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. 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 and returning to their home community.

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.

## **REFERRALS**

All youth considered for 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** , 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 (this form may be completed by an Alcohol and Drug Counsellor, social worker or probation officer).
3. Pre-Sentence Reports (or Social History/ Youth Forensic assessments, reports/summaries, *please forward pertinent information about high risk behaviours and recommendations*).
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. School Information Request Form.
10. 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 Case Management Coordinator, Osprey program staff and the Elizabeth Fry Society. The committee may also consult with Youth Forensic Psychiatric Services, when appropriate. Once all the necessary paperwork is received and reviewed, we will work in collaboration with the referring probation officer to determine a tentative start date and develop an individual plan for the youth.

It is required that youth coming to the Osprey Program are fully detoxed prior to intake. Youth may be asked to leave the program if they are not able to participate due to severe withdrawal symptoms or related issues. If the youth requires a medically supervised detox, please inform the Osprey staff.

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

Sara Dopson, Osprey Case Management Co-ordinator,  
Ministry of Children and Family Development,  
Office Phone: 778-362-7119      Fax: 250-371-3647  
Email: [sara.dopson@gov.bc.ca](mailto:sara.dopson@gov.bc.ca)

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

## **IDENTIFICATION:**

All youth are required to come to the program with some form of government issued identification. 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 in a family care home within the community. They 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, 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 SCREENING/ROOM SEARCHES:**



This is an abstinence-based treatment program. Random drug screening and/or room searches may occur if substance use is suspected or possession of any items deemed to be unsafe, (ie. alcohol, other drugs, drug paraphernalia, weapons, objects that could reasonably be perceived as weapons, stolen property, pornography, etc.). Probation officers will be notified and a case consultation will occur.

## **ALLOWANCE/BUS TRAVEL**



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 are permitted to carry a maximum of \$20 at any given time. Bank cards and extra cash will be held by care givers or staff for safe keeping.



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.

## **CLOTHING:**

It is important that youth are prepared for each day so they can participate in all educational/recreational aspects of the program. This may include yoga wear, bathing suit, gym gear, change of clothes/shoes and appropriate attire for outside weather conditions. 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 medications. It is the responsibility of the parent/guardian to cover the cost of any dental or medical emergency that may arise, however Osprey staff will facilitate getting youth to any necessary appointments during program time. 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 and/or Social Worker. The youth/family must give ample time to arrange and confirm approval of visits.

An approved contact list is needed. 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, 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 9:00 AM – 4:00 PM. Youth are encouraged to reduce or quit their use of tobacco with 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)*

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>9:00am</b>	Check In	Check In	Check In	Check In	Check In
<b>9:30-11:30</b>	School	School	School	School	School
<b>11:45</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<b>12:30</b>	Chores/Break	Chores/Break	Chores/Break	Chores/Break	NA Meeting
<b>1:00</b>	Grocery Shop	Volunteering	Art	Group	Activity <i>N/A Meetings onsite at Osprey last Friday of the month</i>
<b>2:30</b>	R.A.P.P./ 1-1	Activity	Group	YOGA	Chores/Break
	Activity		1-1		OUTINGS/ FIELD TRIPS
<b>4:00pm</b>	Pick up	Pick up	Pick up	Pick up`	Pick up

## **Referral Agent CHECKLIST**

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

1. Full Time Attendance Program generic referral.
2. Alcohol and Drug Assessment (*to be completed by an A&D Counsellor, PO or SW*).
3. Pre-sentence Report or Social/Behavioral 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. School Information Request Form and documents.
10. Youth must have government issued identification
11. Care Card Number \_\_\_\_\_

## OSPREY PLACE GUIDELINES

### **BENEFITS: Things you can gain from doing this program.**

1. You will learn about your substance use and work on your recovery!
2. You will try new activities.
3. You will participate in community service.
4. We will help you with personal goal setting.
5. There are recreational outings and day trips.
6. You will get regular physical exercise.
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 follow while at the program.**

1. Confidentiality about yourself and others attending the program.
2. Absolutely no use of alcohol and/or other drugs.
3. You must show respect for self, staff, other group members, property and community.
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. Avoid glorification of crime and/or drug use.
8. Participation in all program activities is required.
9. You must leave Cell phones at home.
10. You may bring MP3 and appropriate music to listen to, but it is only permitted during certain program activities.

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).

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 Sd73)</i>     | <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)*  
is permitted to undertake field trips, group excursions, and sports events during her stay at the Osprey 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 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.

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**  
**ALCOHOL AND DRUG ASSESSMENT FORM**

Assessment Date: \_\_\_\_\_

Name of Youth: \_\_\_\_\_

Name of Interviewing A&D Worker/PO/SW: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

*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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 8:30am to 4:00 pm**

**Staff Members:**

**Local: 300 Kim Govett (Program Supervisor) [Kim.Govett@dayonesociety.ca](mailto:Kim.Govett@dayonesociety.ca)**  
**301 Hailey Roy [Hailey.Roy@dayonesociety.ca](mailto:Hailey.Roy@dayonesociety.ca)**  
**302 Kristin Rhynolds (Counsellor) [Kristin.Rhynolds@dayonesociety.ca](mailto:Kristin.Rhynolds@dayonesociety.ca)**

*(Staff are employed by Day One Society)*

**Website: [www.dayonesociety.ca](http://www.dayonesociety.ca)**

**Kamloops and District Elizabeth Fry Society  
827 Seymour Street,  
Kamloops, BC V2C 2H6**

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

**Hours: Monday to Friday 8:30 am to 4:00 pm**

**Staff Members:**

**Local: 202 Viktoriya Ipatieva (Program Coordinator) [viktoriya@kamloopsefry.com](mailto:viktoriya@kamloopsefry.com)**  
**203 Joni Reed (Youth Support Worker)**  
**212 Austin Thomas (Youth Support Worker) [skvsupport@kamloopsefry.com](mailto:skvsupport@kamloopsefry.com)**  
**213 Seyi Adigun (Youth Support Worker) [skvsupport2@kamloopsefry.com](mailto:skvsupport2@kamloopsefry.com)**

*(Staff are employed by the Elizabeth Fry Society and provide the caregiver and home support services and are on-call afterhours.)*

**Case Management Coordinator - Kamloops Youth Probation  
Office Direct 778-362-7119  
[Sara.Dopson@gov.bc.ca](mailto:Sara.Dopson@gov.bc.ca)**