



Health and Social Services

December 11th, 2008

MEMORANDUM

TO: All Referral Professionals

FROM: Dale Gordon
Supervisor, Treatment Services
Alcohol and Drug Services

NEW Inpatient Treatment Program Application Package

Attached is the application package for the Inpatient program, there is one package for both the women's and men's. Please read the following information;

- Completed applications are due into the intake counsellor two weeks prior to the start of the program. Usually there are more applications than available spaces. Completed applications can be faxed to (867) 667-8471. A completed application includes the Inpatient Program - Referral form and the Inpatient Program - Physician/Nurse Practitioners Referral form, this includes the TB test.
- Inform the Applicant that submitting the application package does not mean acceptance into the Inpatient program, after submitting the package an interview is required with the intake counsellor. Intake interviews are generally conducted 10 days to 2 weeks ahead of the Inpatient program start date. The intake counsellor will contact the Applicant by phone to arrange an interview time. This interview can be conducted in person in Whitehorse, or by phone if the Applicant is unable to travel to Whitehorse.
- Inform the Applicant, once they have applied they must be available and have a contact number for the intake counsellor to reach them at. If he/she does not have a phone or a reliable contact number, he/she must take the initiative to call the intake counsellor on a regular basis. Out of town Applicant's may use the government's toll free number to avoid long distance charges, 1-800-661-0408 ext. 6975.

If you require further information please contact the admin assistant at (867) 667-5777 or toll free at 1-800-661-0408 ext. 5777.

Thank you

Alcohol and Drug Services

Inpatient Program Application Package

November 2008



Health and Social Services

Assessment Guidelines for Referral Agencies

The **cut-off date** for submitting the application package into the intake counsellor is **two weeks prior to the start date** of the program being applied for;

- Late Applicants can be considered for future programs.
- Applicants need to be screened for readiness and suitability, submitting an application does not guarantee a spot in the program.
- The maximum number of resident in each program is nine.
- Spots are given on a first-come-first-serve basis and are subject to suitability.

Once the Inpatient – Program Referral form and the Inpatient – Program - Physician/Nurse Practitioner’s Referral form is received, the intake counsellor will contact you to arrange for the Applicant to be interviewed for the purpose of determining resident suitability (refer to contact person written at the bottom of these guidelines).

Applicant Tasks

The process of assessing appropriateness for treatment involves tasks. In that, there are a number of items the Applicant is required to complete in order to prepare themselves for entering the program. These tasks can be addressed with the support of the referral agent and the intake counsellor.

Reference Sheet for Intake Process

These are the suggested steps to help Applicants and referral agents through the intake process:

1. Arrange an appointment with Applicants doctor to discuss the following:
 - a) The Applicant is required to have a medical completed prior to entering the program, a copy of this must be dropped off, faxed or mailed to the intake counsellor.
 - b) TB test - doctors need to articulate symptoms (no communicable diseases).
 - c) Applicant should discuss any medications that they are currently on. Applicant must abstain from all psychoactive substances except for antidepressants, anti psychotics and anti seizure meds (if in doubt, contact the intake counsellor at ADS). If the Applicant requires a tapering regime to achieve this, they can contact the Detox Unit at (867) 667-8473, they must be completely clean at least 5 days prior to the program.
2. Complete the application and return to the intake counsellor by fax at (867) 667-8471.
3. When the application is reviewed, the intake counsellor will contact you to arrange an assessment interview. Applicants, who are not able to attend the intake assessment in person, can have other arrangements made, such as a telephone interview. These arrangements can be made through the intake counsellor.
4. After the intake counsellor completes the assessment interview, the referral agent will be contacted to discuss the Applicants status.
5. If the Applicant is experiencing acute withdrawal symptoms, such as seizures, or will have trouble ensuring 5 days clean time, contact the Detox Unit for possible support at (867) 667-8473.

“WORK TO GET PEOPLE IN, NOT OUT”

The job of assessing Applicants for readiness for the program is a tough one. Experience has taught us that often those who we think will not do well surprise us and those we think will do well may not make it through the program at all. Our job is to do the best we can and then let the treatment process take its course.

Any questions pertaining to this process can be directed to Tom Amson, intake counsellor at (867) 393-6975 or toll free at 1-800-661-0408 ext 6975 or by email at tom.amson@gov.yk.ca .

Programs are subject to change at the discretion of the supervisor of Treatment Services.

Inpatient Program Resident Responsibilities

At the start date of the program, Residents must have been sober and/or clean from alcohol and other drugs for a minimum of 5 days. Any Resident who thinks he or she will require detoxification services may call the intake counsellor at (867) 393-6975, or the Detox Unit at (867) 667-8473, to discuss this option. The use of alcohol or other drugs during the inpatient treatment program may result in client discharge.

Resident Guidelines

- The program runs for four weeks, seven days a week and our professional staff will guide your care for this time period.
- All program materials, including paper and pens, will be provided.
- Any medications, prescription or otherwise, not authorized for use will be confiscated and disposed of.
- Total abstinence, free from all mood altering substance, except for antidepressants, anti psychotics and anti seizure meds.
- Please wear comfortable, appropriate clothing: no alcohol or drug logos, no revealing blouses or shirts.
- Please do not wear perfumes, colognes, or other scented products (for the comfort and the safety of Residents and staff who are sensitive to fragrances).
- Lunch will be provided daily at 12:00 pm., dinner is served daily at 4:30 pm.
- **Do not schedule outside appointments, including court dates, during the four weeks of the program.**
- There is **no parking** available, please park on the street if you do bring a vehicle.
- The Sarah Steele Building is a non-smoking environment. Smoking is permitted outside, at the back of the building only, and ashtrays are provided in the smoking area.
- Belongings left in the building, will be held for 30 days, after 30 days, items will be donated to the Salvation Army or Maryhouse.
- A payphone is available for client use. Staff will pass on messages to resident. The following number may be given to family members who may need to reach you; **Treatment Services Main Office** (867) 667-5777 (8:00 am - 4:30 pm: Monday to Friday)

Graduation Ceremony

Residents are encouraged to invite their families and friends to attend the graduation ceremony in support of their successful completion of the treatment program. Graduation is held at 12:30 pm, on the final day of the program, in the basement of the United Church at 6th Ave. and Main St. in Whitehorse.

If you have any concerns or questions that were not answered in this handout, please do not hesitate to contact the intake counsellor at (867) 393-6975.

Congratulations on your decision to take this important step in your life. We are committed to doing everything we can to help you be successful in your journey towards r

Alcohol and Drug Services

Inpatient Program - Referral Form

This form is to be completed by a referral agent and applicant together. Please be as specific as possible as incomplete information will hinder admission.

Referring Individual Name: _____

Referring Agency Name and Address: _____

Phone Number: _____ Fax Number: _____

Will the Applicant be returning to you after treatment? Yes No

If no, who will be the after care counsellor? _____

Clean & Sober Date: _____

(yyyy/mm/dd)

Applicant Personal Information:

Name: _____ Date of Birth: _____ Age: _____

Physical Address: _____ Mailing Address: _____

Postal Code: _____

Yukon Health Care #: _____

Phone Numbers: _____ Can we leave a message at these numbers?

Home: _____ Yes No

Work: _____ Yes No

Contact (if you do not have a phone): _____ Yes No

Emergency contact:

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Are you of First Nation descent? Yes No

Yukon First Nation First Nation outside the Yukon

Which First Nation are you a citizen of? _____

Health Information:

Allergies: Yes No Please Specify: _____
Current Medications: Yes No Please Specify: _____
Medical Conditions: Yes No Please Specify: _____

Does the Applicant have any special dietary needs, disability etc? _____

Addiction History:

Please note, that the Inpatient Program requires a minimum of **5 DAYS** abstinence from alcohol and drugs.

Substance:	Method of Use: (smoke, drink, etc.)	Duration of Use: (Years/Months)	Last Known Use:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Other addictions such as gambling, overeating, bingo, etc.

Housing Situation:

Stable home	<input type="checkbox"/>	Relative Homelessness	<input type="checkbox"/>	Absolute Homelessness	<input type="checkbox"/>	
	Own Rent					
House	<input type="checkbox"/>	<input type="checkbox"/>	Staying with relatives	<input type="checkbox"/>	Sleeping outside	<input type="checkbox"/>
Condo/Duplex	<input type="checkbox"/>	<input type="checkbox"/>	Staying with friends	<input type="checkbox"/>	In shelter	<input type="checkbox"/>
Apartment	<input type="checkbox"/>	<input type="checkbox"/>	Couch surfing	<input type="checkbox"/>	Transition home	<input type="checkbox"/>
Cabin	<input type="checkbox"/>	<input type="checkbox"/>	Hotel/Motel	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>
Other: _____		Other: _____		Other: _____		

Where will the Applicant reside at the conclusion of the program? _____

Legal Issues:

Absenteeism during the program will not be allowed, due to the intensity of the program. Please ensure the Applicant's court dates etc., are scheduled **before** or **after** treatment.

Pending charges/court date(s), etc. _____

Psychological/Emotional Functioning:

- Has the Applicant ever seen a health care professional for psychological, emotional or mental health concerns? (Depression, stress, etc.):
 Yes (Specify): _____ No
- Is this Applicant currently taking antidepressants, anti psychotics and anti seizure meds? Yes No

Has the Applicant ever:

			Related to use		Notes
	Yes	No	Yes	No	
a) Experienced serious depression?					
b) Experienced serious anxiety or tension?					
c) Experienced thoughts of suicide?					
d) Attempted suicide?					
e) Have you thought about suicide in the last month?					
f) Experienced trouble controlling violent behavior?					
g) Experienced trauma (physical, emotional, sexual)?					
* A suicide risk assessment needs to be completed if the Applicant is currently having suicidal thoughts.					

Reasons for Referral to the Inpatient Program:

What are your goals once you have completed treatment?

1. Alcohol or Drug Use: _____
2. Physical/Lifestyle: _____
3. Emotional Health: _____
4. Spiritual: _____
5. Recovery/ Aftercare (optional): _____

Identified Resources/Support: _____

Signature of Referral Agent _____

Date _____

Signature of Applicant _____

Date _____

Alcohol and Drug Services

Inpatient Program - Physician/Nurse Practitioner's Referral Form

Applicant's Name: _____

Yukon Health Care #: _____

A. ANY HISTORY OF:	
yes	no
<input type="checkbox"/>	<input type="checkbox"/> 1. Central Nervous System Disorder: i.e. memory loss, poor concentration, peripheral neuropathy
<input type="checkbox"/>	<input type="checkbox"/> 2. Chronic bronchitis, asthma
<input type="checkbox"/>	<input type="checkbox"/> 3. Heart problems: Current blood pressure _____
<input type="checkbox"/>	<input type="checkbox"/> 4. Gastrointestinal problems
<input type="checkbox"/>	<input type="checkbox"/> 5. Liver problems: Hepatitis B & C
<input type="checkbox"/>	<input type="checkbox"/> 6. Pancreatitis
<input type="checkbox"/>	<input type="checkbox"/> 7. Kidney or urinary problems
<input type="checkbox"/>	<input type="checkbox"/> 8. Sexually transmitted disease
<input type="checkbox"/>	<input type="checkbox"/> 9. HIV/ADS
<input type="checkbox"/>	<input type="checkbox"/> 10. Diabetes/Hypoglycemia
<input type="checkbox"/>	<input type="checkbox"/> 11. Epilepsy/Withdrawal seizures
<input type="checkbox"/>	<input type="checkbox"/> 12. Chronic pain
<input type="checkbox"/>	<input type="checkbox"/> 13. Allergies: _____
<input type="checkbox"/>	<input type="checkbox"/> 14. Eating disorders
<input type="checkbox"/>	<input type="checkbox"/> 15. Sleep disorders
<input type="checkbox"/>	<input type="checkbox"/> 16. Withdrawal symptoms: seizures, etc.
<input type="checkbox"/>	<input type="checkbox"/> 17. Any other medical problems _____

B. TB SCREENING:
<p>What date did the applicant have a TB mantoux or chest X-ray?</p> <p>_____</p>
<p>Does the Applicant display any symptoms of infections TB?</p> <p>_____</p>
<p>Does the Applicant present any health risks to others?</p>
<p>C. Are there any special problems (physical or psychological) that should be considered in the treatment of this applicant (for example, difficulty with stairs or long corridors, anxiety attacks, etc.)?</p> <p>_____</p> <p>_____</p>

D) Please explain any "yes" responses:

E) Current Medications: (including prn. meds and OTC)

Drug Name:	Prescribed by:	Anticipated length of use:

F) Past and Present Mental Health Problems: (such as depression, psychosis including hospitalizations)

G) History of Suicide Attempts:

H) Are you the Applicant's regular physician/nurse practitioner? Yes No

Physician/Nurse Practitioner's signature: _____ Date: _____

Print Physician/Nurse Practitioner's name: _____

Phone: _____ Fax: _____

Mailing Address: _____ Postal Code: _____

Please review the following guidelines with the Applicant:

- In order to be admitted into the program you must remain alcohol and drug free for at least five days prior to your admission date, and be well enough to participate in the program. If you arrive under the influence of alcohol or other drugs, or in withdrawal requiring clinical intervention, you will be referred to an appropriate detoxification setting before treatment.
- Alcohol and Drug Services is not responsible for your transportation or any other personal costs you may incur (e.g. approved medications) while in treatment.
- Please bring required medications. Medications must be in the original prescription bottle with the original prescribed information and may not be mixed in with other medications.
- We ask that you not schedule any legal, dental, medical or personal business appointments during your program.

I understand and agree to accept the inpatient treatment program as prescribed by Alcohol and Drug Services.

I give permission to the Alcohol and Drug Services to disclose my name in order to obtain further information that is necessary to determine my suitability for treatment and/or to confirm that I will be reporting for residential treatment as scheduled.

I hereby authorize my physician to release to the staff of Alcohol and Drug Services, medical information which is required to assess my suitability for acceptance and admittance into the inpatient treatment program.

Applicant's signature

Date

Note: The cost of this medical questionnaire is the responsibility of the Applicant.

This form must be complete and accompany the Inpatient Program - Referral Form.

Alcohol and Drug Services

Men's Inpatient Treatment Program

What does the 28 - Day Inpatient Treatment Program provide;

- Free accommodations
- Daily home made meals and frequent snack/treats
- Caring and open counsellors who appreciate the courage it takes to attend treatment
- A safe place where you can receive genuine support from people with similar stories
- Client confidentiality is respected

Men's 2009 - Inpatient Program Dates

- January 04th - January 30th
- March 29th - April 24th
- June 14th - July 10th
- August 23rd - September 18th
- November 15th - December 11th

For more information, please call Alcohol and Drug Services at

(867) 667 - 5777 or toll free at 1-800-661-0408 ext 5777

Alcohol and Drug Services

Yukon

Health and Social Services

Women's Inpatient Treatment Program

What does the 28 - Day Inpatient Treatment Program provide;

- Free accommodations
- Daily home made meals and frequent snack/treats
- Caring and open counsellors who appreciate the courage it takes to attend treatment
- A safe place where you can receive genuine support from people with similar stories
- Client confidentiality is respected

Women's 2009 - Inpatient Program Dates

- February 15th - March 13th
 - May 10th - June 05th
- July 19th - August 14th
- October 04th - October 30th

For more information, please call Alcohol and Drug Services at

(867) 667 - 5777 or toll free at 1-800-661-0408 ext 5777

Yukon

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