Print Form

2nd Floor Women's Recovery Centre

4823-50th Street
P.O. Box 479
Cold Lake, AB
1.780.594.9903 (p) 1.877.594.5454(t-f)
1.780.594.9903 (f)

TREATMENT REFERRAL PACKAGE

~Program Information~ ~Referral Forms~

The 2nd Floor Women's Recovery Centre, operated by **the Lakeland Centre for FASD,** is a unique long term residential treatment program exclusively for women who are using substances and want to make a positive change in their lives. The 2nd Floor is a gender responsive program which recognizes that addictions in women are complex across the various roles that a woman plays in society.

Our mission at the 2nd Floor is to help women break the cycle of addiction and to reduce the number of babies born prenatally exposed to alcohol and other drugs (AOD) in Alberta. It is estimated that a baby a day is born in Alberta with FASD: FASD is a permanent condition, one that cannot be reversed and often goes without diagnosis.

The 2nd Floor is available to women as young as 15 years of age from anywhere in Alberta. A woman may make application anytime throughout her pregnancy, the earlier the better. Minimum treatment period is 28 days to a maximum duration of 7 months. Prior to Admission, each woman will be required to participate in a medically supervised detox of 5-7 days and complete an Admissions Medical with her attending physician.

At the 2nd Floor, each woman will have a private room with access to an Addictions Counsellor, Case Manager, Programmer, Registered Nurse, Doctor, other community consultants and service providers. We are unable to provide support or accommodations for client partners or children.

Upon Admission, each client will be seen by our Doctor to provide a medical baseline and prenatal exam. Each client will meet with the Program Staff team to develop an Individual

Recovery Program (IRP) which will include one-to-one and/or group sessions with the Addictions Counsellor, Case Manager, Programmer and other services as needed. Each IRP will include an Addiction Recovery Plan, Health Plan, Career/Life Management Plan, a Safety Plan and an After Care Plan. Strengths and needs will be identified, such as housing, finances, health, relapse prevention, parenting decisions, and a natural discharge date determined.

Each woman will be transitioned to her home community/community of choice, approximately one month prior to her delivery date, according to her After Care Plan; she will be provided information regarding types of services available in her community, as well as referred to a local PCAP office if available. Self-discharge is a choice of each woman, but it is not recommended.

The 2nd Floor employs two primary treatment philosophies: Harm Reduction and Relational Theory. The 2nd Floor approach to alcohol and pregnancy is that no alcohol is best when pregnant, planning to become pregnant or nursing. Harm Reduction recognizes that not all women are able to completely abstain from the use of alcohol and other drugs. Women will be provided with information regarding the impact of continued use of Alcohol and other drugs on their person, their fetus, and women will be encouraged to engage in proven preventative measures to prevent future births of children prenatally exposed to alcohol.

A unique aspect of the 2nd Floor is that a woman will not necessarily be discharged due to relapse: each situation will be evaluated on an individual basis. Relational Theory speaks to the various roles women play in society and how various experiences and relationships contribute to addiction. The development and support of healthy positive relationships fosters a new direction in women who have chosen to attend the 2nd Floor.

Please find attached the **2nd Floor Women's Recovery Centre** *Client Referral Package*. Please utilize this package only for referrals: it may be completed as a PDF or manually completed. We appreciate your cooperation and effort to assist women in their recovery process.

This package contains program information, referral process and application form, and admittance procedures. Please make copies of this Referral Package for future use.

INTERNAL USE ONLY

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Please ensure all areas of the referral forms are completed in full. Missing information will delay the process. We require:

- ✓ Referral Information Form (Referral Source or Self-Referral);
- ✓ Pre-Admission Form (signed by client and referring agency);
- ✓ Detox information/Admissions Medical form from supervising physician;
- ✓ Consent to Release of Information;
- ✓ *One* (1) piece of picture identification or a letter of identification from a professional or service agency before admission to 2nd Floor Women's Recovery Centre.

Thank you for considering 2nd Floor Women's Recovery Centre. If you have further inquiries regarding our intake procedure, please do not hesitate to call.

FEES

The 2nd Floor Women's Recovery Centre Fee Schedule is as follows:

- ➢ $40.00/day
- ➢ Payee will be invoiced by the LCFASD Accounts Manager at month's end;
- ➢ Self-Pay users will be required to pay the Fee Schedule at the beginning of the month;
  - * If a Self-Pay user self-discharges before month's end, fees are *non-refundable*;
  - * If a Self-Pay user is scheduled to be discharged before month's end, the Fee Schedule will be reduced accordingly;
- ➢ Fees may be paid in the following manner:
  - * Cash
  - * Certified Cheque
- ➢ If a Client self-discharges the funder will be invoiced $80 (2days) to hold the bed in the event of her return.

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REFERRAL PROCESS/APPLICATION FOR TREATMENT

Referrals will be accepted from the following sources:

- Self-referrals
- Community-based counsellors
- Parent Child Assistance Programs
- Alberta Health Services
  - Doctor/Addictions/Mental Health/Detox Services
- Women's & Homeless Shelters
- Child & Family Services Case Workers
- Other health-related agencies

EXCLUSION OF SERVICES

At this time, the 2nd Floor is unable to provide treatment services to women who require:

- Methadone Maintenance
- Psychoactive medications but *refuse* to take them
- Accommodations for spouse/partner and/or children

INTAKE PROCEDURES

- Completion/submission of the **Referral Package**;
  - Including the physician completed ***Admission Medical***;
- A telephone interview with the referral worker and client;
- Applications will be screened prior to approval;
- Attendance at & completion of a medically supervised detoxification program, due to the inherent risks of detoxing while pregnant, is required. Please advise if assistance from 2nd Floor staff is required.

PRE-TREATMENT CRITERIA

Prior to attending the 2nd Floor Women's Recovery Centre, clients must:

- Complete a ***medically supervised detox program***;
  - Pregnant clients MUST complete a 5 day detox, at minimum;
- Clients who are either taking prescription narcotics must either:
  - Detox from the prescribed medication altogether;

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    * Wean off the prescription narcotic and have Physician replace with non-narcotic medication prior to admission;
    * Upon admission, work with the 2nd floor team to detox or wean/replace the prescription medication with a non-narcotic medication;
        * Clients who opt to detox/wean/replace at the 2nd Floor and then refuse will not be able to remain in the program;

- Complete an ***Admissions Medical*** which is a comprehensive medical report identifying chronic health issues, sexually transmitted infections and treatments etc to ensure the 2nd Floor Consulting Physician is aware of the client's medical concerns & needs;
- Be determined to live a healthier way of life;
- Be able & demonstrate willingness to participate in treatment;
- Review & be willing to abide by the 2nd Floor Women's Recovery Centre's program guidelines;
- Take care of any personal/business matters including finances, medical appointments, child care, family, personal relationships and legal issues as the client will not be able to personally tend to these matters for a minimum of one month following admission to the 2nd Floor.

The Referral Agency can assist their client in preparing for admission to the 2nd Floor Women's Recovery Centre by:

- Reviewing the treatment process with client, familiarize client with alcohol/drug treatment programs, house policies, resident's rights/responsibilities and 2nd Floor expectations of the client;
- Assist the client in completing the Referral Package, providing required documentation and funding information;
- Providing information in regards to their client's After Care Plan as part of their Individual Recovery Plan.

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ADMISSION PROCESS

- Monday-Thursday are the usual admission days at the 2nd Floor Women's Recovery Centre;
    - There will be ***no*** admissions Friday-Sunday;
- Arrival time must be forwarded to intake office not later than 2pm on the Friday prior to admission;
    - Any transportation delays must be reported as soon as possible by the worker or client. If we do not receive information of delays, this may result in loss of bed space;
- If a client changes her mind regarding admission, please telephone us as soon as possible to advise of the cancellation;
    - If a client cancels her admission, her application will be kept on file, but they will need to reapply;
- If a client arrives **without having received acceptance notification**, this client **cannot** be admitted into the accommodations treatment program. The client will be required to make alternate arrangements and to contact their referral source;

DRUG & ALCOHOL TESTING

- Detox Program will be requested to forward the results of the client's Drug & Alcohol tests completed prior to discharge;
- On arrival a Drug Test & Alcohol Swab will be completed;
- Drug & Alcohol tests used at the 2nd Floor are Positive or Negative for use;
- If a client tests positive for drugs &/or alcohol, she will not be able to remain at the 2nd Floor.
    - If client arrived by bus, she would need to be prepared to spend the night in town as the bus leave only once per day
- Clients who demonstrate signs of intoxication or withdrawal will not be admitted to the 2nd Floor;
    - Clients in these circumstances will be requested to return to Detox until medically released.

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CLIENT NO SHOW

- Admission Days are Monday-Thursday. In the event that a client does not arrive, the referral source will be contacted the next day and advised that their client did not arrive for admission;
- Any no shows will be considered a cancellation: beds will be filled by those on the wait list;
- If a client calls to cancel, client will be asked to contact their referral source.

WAITLIST MANAGEMENT

- Clients appropriate for our program will be put on a **WAIT LIST** until a bed becomes available. The client is encouraged to continue preparing for treatment by engaging in pre-treatment services;
- **Once a bed is available, the client will be contacted by phone and an acceptance letter will be sent to the referring agency as well as the client, if possible;**
- One week prior to admission, we will conduct a telephone interview with the client and receive an update on Pre-treatment services and/or client readiness;
- Travel arrangements to and from the Centre, the responsibility of the referral worker or client, are be confirmed with our Intake office;
    * The 2nd Floor may be able to facilitate transportation in certain circumstances. If transportation is an issue, contact the Residential Program Supervisor.

RE-ADMISSION

- Re-admission is defined as a request to return to the program after having chosen to self-discharge against the advise of the 2nd Floor or after having gone AWOL;
- Requests for re-admission will be processed on an individual basis. A file review and meeting with the Program Team will be required.

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PLEASE RETAIN A COPY OF APPLICATION FOR YOUR RECORDS

REFERRAL AGENCY INFORMATION

Name of Client: _____

DOB: _____ Estimated Due Date: _____

Name of AGENCY: _____

Address: _____

Email Address: _____

Name of REFERRAL WORKER: _____

Telephone: _____

Fax: _____

To prepare the client for Residential Treatment Programming, please list the *medically supervised* Detox Program this client will be attending, include agency, name of worker, type of service provided:

BENEFIT INFORMATION

Please provide the agency/service/group/etc. that will be providing treatment funding for this client:

Name: _____ File # _____

Contact: _____

Phone#: _____ Fax#:_____

Email: _____

Address: _____

Postal Code: _____

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AFTERCARE PLANNING

Will you be involved in this client's after care plan?

☐ YES OR ☐ NO

If yes, describe:

What aftercare & follow-up plans have been made between the client & worker?

☐ YES OR ☐ NO

If yes, describe:

Will any support or counselling be offered to the family while the client is in treatment for recovery/healing initiatives?

☐ YES OR ☐ NO

If yes, describe:

Additional Comments:

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PLEASE RETAIN A COPY OF APPLICATION FOR YOUR RECORDS

The 2nd Floor Women's Recovery Centre

Referral Information

Last Name: _____

First Name: _____

Birth Date: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Health Care #:_____ Benefits #: _____

Current Physician: _____ Telephone #: _____

In Case of Emergency Contact: _____

Relationship: _____

Emergency Contact Address: _____

Emergency Contact Telephone #: _____

Cultural Identification:

☐ Caucasian ☐ Black ☐ Asian ☐ Ukrainian ☐ French

☐ Other _____

Aboriginal Ancestry: ☐ YES ☐ NO

☐ Status ☐ Non-Status ☐ Métis ☐ Inuit

Name of Band: _____ 10 Digit Band #: _____

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PRESENT HEALTH CONDITIONS

Estimated Due Date: _____

Pregnancy History:

Please include live births, miscarriages & terminations

Previous Pregnancy	Date	Concerns/Complications

Heart Disease ☐ Yes ☐ No Diabetes ☐ Yes ☐ No Epilepsy ☐ Yes ☐ No

Communicable Disease ☐ Yes ☐ No (i.e. HIV, STDs, HEP A/B/C, TB)

Additional Information:

Allergies ☐ Yes ☐ No

If yes, please list (food, medication, environmental)

Is a special diet indicated? ☐ Yes ☐ No

Have you had extended medical treatment? ☐ Yes ☐ No

Any previous diagnosis or referrals for diagnosis ☐ Yes ☐ No

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If yes, please indicate diagnosis:

(*Please attach copy of diagnosis if important to treatment*)

Additional Medical Information:

MENTAL HEALTH

Do you have a history of mental health conditions? ☐ Yes ☐ No

Condition Presented:

Please provide details: (date of diagnosis/conditions, current status)

Do you have a history of suicidal ideations/attempts? ☐ Yes ☐ No

If yes, provide details; include dates, method, factor(s) leading to ideation/attempt:

Can you provide details of intervention/counselling services provided to you at that time?

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A Progress/Assessment Report from the Psychiatrist, Physician, or Mental Health Counsellor/Therapist may be required for any client referred who has mental health condition/diagnosis.

MEDICATIONS

Current Medications	Purpose	Date Prescribed	Concerns/Complications

Past Medications (pertinent to pregnancy & treatment):

CURRENT SUBSTANCE USE

Substance	Frequency of use	Quantity of use	Duration of use	Situation/Triggers of use

SUBSTANCE USE HISTORY

Substance	Age of first use	Date of last use	Frequency of use	Quantity of use

PRIOR ALCOHOL & DRUG ABUSE TREATMENT

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IN-PATIENT TREATMENT PROGRAMS

Please list treatment programs Client has attended beginning with the most recent. If more space is required, please copy this page.

Recommendations or Reports may be requested from the Facility to assist in the development of your Individual Recovery Plan.

Admission Date: _____

Duration: _____

Name of Facility: _____

City:_____

Length of Treatment: _____

Type of Treatment: _____

Presenting Problem: _____

Was treatment completed? _____

If no, state reason: _____

Duration of Abstinence following Treatment:

Admission Date: _____

Duration: _____

Name of Facility: _____

City:_____

Length of Treatment: _____

Type of Treatment: _____

Presenting Problem: _____

Was treatment completed? _____

If no, state reason: _____

Duration of Abstinence following Treatment:

CLIENT'S CURRENT SITUATION

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Living Arrangements: ☐ Immediate Family ☐ With Parents

☐ Alone ☐ With Extended Family ☐ With Children ☐ With Friends

☐ Other: (Shelter, Detox, Transition House, Homeless, Recovery Home)

_____

Are the people the client is living with using alcohol and/or drugs?

☐ Yes ☐ No

Is the client expected to return to this home/residence?

☐ Yes ☐ No

If no, identify new living arrangements

_____

MARITAL STATUS

☐ Single ☐ Married ☐ Common-Law ☐ Divorced ☐ Separated

Separation Date: _____ Other: _____

LEGAL ISSUES

Does the client have outstanding charges: ☐ Yes ☐ No

Indicate upcoming Court Date, if applicable: _____

☐ Family Court ☐ Criminal Court

If yes, please provide a good copy of the Order.

Is Treatment a Condition of the order? ☐ Yes ☐ No

Details:

Is the client currently on: ☐ Bail ☐ Parole ☐ Probation

☐ Other: _____

Details:

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If the client is on probation, please provide name, agency, and contact information:

Does the client have legal representation? ☐ Yes ☐ No
If yes, please provide the name, agency/firm, and contact information:

Does the client have any past legal issues that may be pertinent or they would like the 2nd Floor Women's Recovery Centre to be aware of?
If yes, please provide details:

CLIENT EDUCATION

Highest Level of Education Completed: _____

Trade/Technical Courses/Other Achievements:

English Language spoken by the client: ☐ Yes ☐ No Written: ☐ Yes ☐ No

Other Language spoken by the client: ☐ Yes ☐ No

Please list languages: _____

Literacy Skills - Do you require assistance for reading and writing?

☐ Yes ☐ No

Other Educational Related Information:

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CLIENT'S SOURCE OF INCOME

☐ E.I.: ☐ AISH: ☐ SFI: ☐ Employment:

☐ Other: _____

EMPLOYMENT

☐ Employed ☐ Unemployed ☐ Retired ☐ Job Training
☐ Student

Date of most recent employment: _____

Position: _____

Where: _____

Length of Employment: _____

CLIENT'S CHILDREN (*please use additional sheet of paper if necessary*)

1. Child's Name: _____

Date of Birth: _____

Gender: _____

Child Resides With: _____

2. Child's Name: _____

Date of Birth: _____

Gender: _____

Child Resides With: _____

3. Child's Name: _____

Date of Birth: _____

Gender: _____

Child Resides With: _____

Is Child & Family Services involved with the client's immediate family? ☐ Yes ☐ No

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Are there any other service agencies involved with the client's immediate family? ☐ Yes ☐ No

Are there conditions we need to be aware of? ☐ Yes ☐ No

If yes, Please provide details:

ADDITIONAL RELATED INFORMATION

Are there any Vision/Dental needs? ☐ Yes ☐ No

If yes, please describe:

List skills, hobbies, interests, strengths, accomplishments the client is proud of:

Are there any issues or concerns that the client has regarding treatment at the 2nd Floor Women's Recovery Centre?

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We, the undersigned, agree that the information provided on this Referral Form is true and accurate to the best of our ability.

Signature of Worker: _____

Date: _____

Signature of Client: _____

Date: _____

Please send completed Referral Package to:

dfader@lcfasd.com

OR

Fax to confidential line @ 1.780.594.9903

OR

Mail to P.O. Box 479 Cold Lake, AB T9M 1P1

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Received Date ____/____/____ Reviewed Date ____/_____/_____