



REFERRAL ORIENTATION INFORMATION

On behalf of the board of directors, management and staff team of the Dave Smith Youth Treatment Centre (DSYTC), I want to sincerely thank you for considering the DSYTC as a treatment referral option for your clients. We take great pride in developing and nurturing positive relationships with all community stakeholders, and we commit to doing all that we possibly can to earn your professional trust, respect and on-going partnership.

We recognize that understanding WHAT it is we do and HOW it is we do it is an important step in this collaboration. Therefore, we created this document to offer insight into common referral source issues and questions. As outlined in the following pages, our clinical programming is, and will continue to be, based on the latest research regarding adolescent substance use treatment. Related to this and consistent with our mission, our pledge is that we will only provide our mutual clients the most up-to-date and scientifically-validated treatment interventions. We also commit to offer all our services within an environment that is respectful to the rights of youth and families, and performed by empathic and competent staff whose skills and knowledge are constantly being enhanced.

It is important to recognize that our programs and services are funded by the provincial Ministry of Health (MoH), as well as the generous citizens of our community who care deeply about youth who require effective treatment and support in order to overcome their addiction and related problems.

For more information, please do not hesitate to visit our website, email us at info@davesmithcentre.org or call us at (613) 594-8333.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Beauchesne". The signature is fluid and cursive, with the first name "Mike" being more prominent than the last name.

Mike Beauchesne, M.Ed., MBA, CCC
Executive Director
Dave Smith Youth Treatment Centre
www.davesmithcentre.org
A Safe Place For A Fresh Start..

HISTORY

The DSYTC was established in 1993 as a result of the relentless efforts of a small group of people, led by the late Ottawa restaurateur and philanthropist, Dave Smith. The organization helped hundreds of youth and families each year as a Day Treatment program and in 2010 adjusted its mandate to deliver important live-in and aftercare treatment services.

ABOUT DSYTC

The Dave Smith Youth Treatment Centre (DSYTC) is a non-profit, live-in, and community-based charity that is dedicated to helping youth (13-21) and families across Ontario overcome substance use, mental health and related issues and to achieve a healthier lifestyle. With separate evidence-based programs tailored to the specific needs of young men and women, it is the only Centre of its kind in Eastern Ontario.

Our **MISSION** is to provide effective treatment for substance use and mental health challenges, help youth heal and grow, and offer families hope.

Our **VISION** is changing lives, together.

Our **VALUES** are:

COMPASSION

We care deeply about the well-being of everyone connected to the DSYTC. We journey together towards hope, health and happiness.

GROWTH

We strive to do better by investing in our people, expanding our facilities and enhancing our services.

BELONGING

We are a safe and welcoming community, committed to equity, diversity and inclusion.

COMMUNITY

We embrace collaboration and teamwork – inside and outside the DSYTC.

PROGRAMS & SERVICES

The DSYTC is committed to the provision of evidence-based programming. Specific DSYTC programs and services include: comprehensive **assessment**, **live-in treatment** (flexible length of stay), post-live-in **continuing care** as well as **family services** (education, counselling, support). Programming also includes **academics**, **pro-social recreation**, **psychiatric assessment and support**¹ and **primary care** via a Nurse Practitioner.

¹ **Psychiatric assessment** availability is limited and is determined on a case-by-case basis. Please also note that psychoeducational assessments are not provided.

Assessment

The DSYTC utilizes the Global Appraisal of Individual Needs (GAIN) family of assessment tools given their diagnostic, treatment planning and program evaluation benefits, as well as given they are validated for use with adolescents, generate invaluable reports and facilitate the use of evidence-based practice.

Shortly after live-in admission, youth clients complete the GAIN-I. This detailed assessment permits the comprehensive identification of substance use, mental health and other issues, and facilitates the creation of an individualized, thorough and accurate treatment plan which is generated in collaboration with the youth client.

Live-In

The DSYTC operates two, 24-hour live-in addiction treatment facilities for youth. Carp Campus is a 10-bed facility for youth who identify as females or gender-diverse and Carleton Place Campus is a 14-bed facility for youth who identify as male or gender-diverse². Through these separate campuses, we offer comprehensive and evidence-based programming to address the unique needs of each individual we serve. Modalities include individual therapy, group counselling, academic programming, therapeutic recreation and psychiatric support. *NOTE: In early 2024, the Centre will amalgamate into a modern, single-site facility in Carp, with two live-in 'wings' of 15 beds each (30 beds total)*

Within a *harm reduction* context, client safety is our top priority. Therefore, our live-in treatment facilities operate as 100% substance-free environments (including tobacco products). *NOTE: Nicotine Replacement Therapies (NRTs) and smoking cessation programming is available. For pregnant youth and those under 18 years of age, NRTs may not be provided without specific medical consent.*

Continuing Care

In order to reduce the risks that lead to relapse and to facilitate support and community linkage (such as a re-linkage to the original referral source), Assertive Continuing Care (ACC) counsellors engage youth and families immediately after the live-in phase has ended (usually within 24-48 hours). ACC is available to all DSYTC live-in participants (regardless of whether or not program completion was obtained) and extends for up to 12-weeks after live-in discharge (flexible).

Family Services

It is important to emphasize that family matters at the DSYTC. When youth come to our Centre, they are not alone in their journey as caregiver involvement is a critically important part of our treatment process. This involvement includes regular telephone and email contact as well as family counselling.

² **Trans and gender-diverse** youth are supported in programming and specific treatment location placement is determined in consultation between the youth and DSYTC staff.

Academic Programming

Given the relationship between academic achievement and longer-term success in areas of self-confidence and self-efficacy, academic programming is an invaluable part of the DSYTC offering. More specifically, live-in clients receive individualized academic attention and are able to earn high school credits through our partnership with the *M.F. McHugh Education Centre* (Section 23). Support for college, university or other academic programming is also available for those youth who have graduated high school.

Pro-Social Recreation

Healthy and therapeutic recreation is a vitally important and enjoyable aspect of DSYTC programming. Experiencing fun, healthy and pro-social activities in a non-using environment has many benefits, including a reduction in boredom and other drug use triggers. Pro-social activities and the positive reinforcement they provide can and do replace the perceived benefits obtained by the use of alcohol and other drugs – thus supporting youth in achieving their particular drug use goals. Specific recreational outings and activities within live-in treatment include: walks/hikes, sports and games, museums, drama, art, music, sporting events and a variety of other leisure activities.

Psychiatric Assessment & Support

In addition to substance use, the vast majority of DSYTC clients also suffer from multiple mental health conditions. Recognizing this and consistent with established best practices, the DSYTC aims to provide an integrated treatment approach which appropriately identifies and addresses concurrent mental health issues. As such, psychiatric consultation, assessment and treatment (e.g., pharmacotherapy) is available to live-in and continuing care clients (determined on a case-by-case basis).

Primary Care

In partnership with nurse practitioners from two Community Health Centres (North Lanark and Pinecrest Queensway), a variety of primary care and related medical support services are provided to clients.

CLINICAL PHILOSOPHY & APPROACH

Alcohol and drug addiction is not a character flaw or moral failing as a result of a personal choice, but rather is a **health condition** which is a function of biological, emotional, psychological and environmental variables. Addiction is a condition that includes brain chemistry changes, often resulting in altered motivation, impaired emotion and behaviour control, poor problem recognition and interpersonal relationship breakdowns. Substance use during adolescence in particular may impair vital brain maturation processes that take place during those critical developmental years.

We have adopted a **10 Key Elements of Effectiveness** model in which each of the ten elements is satisfied by the use of evidence-based interventions or approaches. DSYTC programming content was compiled with the aid of exhaustive research and expert consultation, and the chosen clinical approaches reflect up-to-date **evidence-based practices**, which are consistent with the goal of the DSYTC becoming a Centre of Excellence.

10 Key Program Elements:*

1. Assessment
2. Attention to Mental Health
3. Comprehensive Integrated Treatment
4. Family Involvement in Treatment
5. Developmentally Informed Programming
6. Engage and Retain Adolescents in Treatment
7. Staff Qualifications and Training
8. Person-First (Culturally Competent) Treatment
9. Continuing Care and Recovery Supports
10. Program Evaluation

**Source: Drug Strategies Institute (updated in 2015)*

Evidence-based clinical approaches utilized by the DSYTC include:

- Adolescent Community Reinforcement Approach (ACRA)
- Assertive Continuing Care (ACC)
- Community Reinforcement and Family Training (CRAFT)
- Cognitive Behavioural Therapy (CBT)
- Motivational Interviewing (MI) / Motivational Enhancement Therapy (MET)
- Seeking Safety (Trauma)
- Collaborative Problem Solving (CPS)
- Dialectical Behavioural Therapy (DBT)

Clinical approaches NOT utilized by the DSYTC include:

- Aggressive confrontation
- Disease model elements which contradict core values (e.g., powerlessness)
- Mandatory 12-step support group/philosophy
- Personal and excessive self-disclosure by clinical staff
- Psychoanalysis
- **Any approaches which are not substantiated via empirical study**

At the DSYTC we aim to provide the most scientifically validated treatment interventions possible and everything we do is subject to continuous quality improvement (CQI).

ADOLESCENT COMMUNITY REINFORCEMENT APPROACH (ACRA)

ACRA is at the core of our live-in treatment practice. Within ACRA, our clinicians use proven cognitive behavioural techniques to investigate and plan how **pro-social activities and the reinforcement they provide can and do replace the perceived benefits obtained by the use of alcohol and other drugs**. Clinical staff are trained and certified in a series of directive but non-confrontational therapeutic procedures designed to facilitate discussion, life skill acquisition and goal attainment.

In individual, group and family counselling modalities, ACRA addresses topics such as:

- Communication
- Problem Solving

- Pro-social Recreation
- Relapse Prevention
- Job Finding
- Anger Management

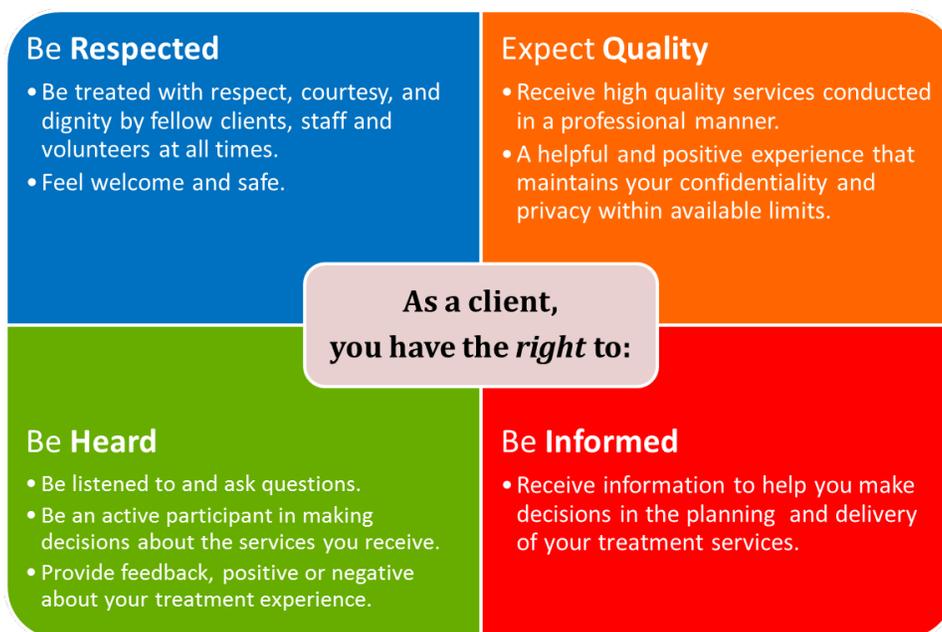
ACRA also incorporates structured sessions for caregivers, with a goal of enhancing relationship harmony and understanding between caregivers and their youth. Out-of-town caregivers can be linked by videoconference to participate in these caregiver sessions.

The ACRA model is one of the few that has been repeatedly recognized over a substantial number of years as being significantly more effective than other clinical approaches. It has been reviewed and endorsed by the Canadian Centre on Substance Abuse (CCSA) and the Center for Substance Abuse Treatment (CSAT) at the U.S. National Institute of Drug Abuse (NIDA). The following quote is an extract from The Canadian Network of Substance Abuse and Allied Professionals, a CCSA initiative:

“In nearly every review of alcohol and drug treatment outcomes, [A]CRA is listed among the approaches with the strongest scientific evidence of efficacy; however, it is not widely used or even known by many clinicians who treat individuals with addictions. Adding to this disconnect between research and practice is the fact that three of the four commonly-cited meta-analyses of alcohol treatment list CRA as one of the most cost-effective treatments available.”

CLIENT RIGHTS & RESPONSIBILITIES

Mutual understanding, healthy communication and respect are hallmarks of any successful relationship – including the therapeutic relationship. As well, and particularly within a live-in treatment environment, the rights of an individual must be balanced by the collective rights of the group, and the attainment of challenging goals often entails joint planning and effort. To this end, we have prepared a formal **Statement of Client Rights and Responsibilities** which aims to accurately capture this necessary balance.



At the Dave Smith Youth Treatment Centre (DSYTC), we BELIEVE:

- in the dignity and worth of every individual youth and family;
- that we have a responsibility to engage families in the treatment process;
- that each DSYTC team member must commit to promoting and supporting the healthy development and potential of both youth and their families;
- that we must do all we reasonably can to help youth and families, regardless of the barriers and challenges that may exist.

LIVE-IN SCHEDULE

Although every day is somewhat different, live-in treatment is purposely both structured and consistent. Typical activities include a set wake-up and bedtime, as well as scheduled meals, recreation, chores, academics and group and individual programming. Weekends are slightly less structured, however we aim to keep our youth clients as busy as reasonably possible so to maximize their treatment gains. We also believe that having fun through games and laughter is an instrumental part of the recovery process. For more details we invite you to review the **weekly schedule** available through our Admissions Coordinator.

FREQUENTLY ASKED QUESTIONS

What are your program entrance criteria?

Live-in admission criteria:

1. Youth is 13-21 years of age at time of application;
2. Diagnosis or symptoms consistent with, at minimum, mild to moderate substance use disorder (no formal diagnosis required);
3. Willingness to actively work towards healthy lifestyle goals.

Live-in exclusionary criteria:

1. Actively homicidal and/or suicidal at time of application/admission;
2. Significant intellectual challenges that preclude meaningful and safe participation in programming;
3. Severe and uncontrolled mental health issues (e.g. psychosis);
4. Significant violence and/or incarceration history (especially in 18+ age group).

How do I know if a youth requires live-in treatment?

Youth (13-21) should be considered for DSYTC live-in treatment if:

1. Youth meets criteria for at least mild to moderate substance use disorder (including alcohol and/or cannabis). By definition, this entails a level of substance use that negatively impacts multiple life domains (e.g., physical and/or mental health, family and/or peer relations, school/employment, etc.). **NOTE:** A formal diagnosis of substance use disorder is not required for admission.
2. In addition to the above, the youth has either not engaged in lesser intensive levels of care AND/OR lower intensive treatment outcomes have been poor. Stated another way, the youth requires a level of service and support that cannot realistically be delivered in a community or outpatient setting and, therefore, requires a supportive environment away from his/her usual living environment. **NOTE:** *Attendance at a lower intensity treatment level and/or a lack of treatment success at such a level is not a prerequisite for live-in treatment consideration.*

3. In addition to the above, the youth has expressed a *desire or willingness* to participate in live-in treatment and explore the impact of his/her substance use (regardless of source of treatment motivation). **NOTE:** *Youth with a predominant external motivation base (e.g., attend treatment to avoid jail or not be removed from their family home), can do as well in live-in treatment as youth with a more internal motivation disposition (e.g., attend treatment to live a healthier lifestyle, etc.).*

What is the application process?

There is a 4-step live-in application process at the DSYTC. These steps include:

1. Submission of documents (e.g., online application form, consents, collateral documents (e.g., GAIN Q3 MI ONT));
2. Telephone screening interview;
3. Application review and decision;
4. Scheduling of admission (when approved).

For more details on the DSYTC live-in application and referral process, please visit our website at www.davesmithcentre.org.

How long is your waitlist?

Unfortunately, given the high demand for our services, waitlists are often a reality. Waitlist times vary throughout the year. If you have a referred client on our live-in waitlist, contact our Admissions Coordinator Sue at 613-594-8333 ext. 2205 for the most up-to-date waitlist information.

Is formal withdrawal management a requirement for program admission?

No. While there are times where live-in admission may be contingent on a formal period of withdrawal management (usually in instances of significant alcohol or opiate use), this is determined on a case-by-case basis and is not an automatic requirement. We do both request and suggest however that clients attempt to reduce their use prior to program entry so to help reduce challenges related to acute withdrawal.

What does the DSYTC require to complete a referral?

We do not require a specific referral form to be completed in order to refer a youth for treatment. However, we do ask that any relevant assessment and/or treatment summaries in your possession be forwarded to our Intake Coordinator so to facilitate the timely intake and admission process (e.g., GAIN Q3 MI ONT). The proactive completion of required consent forms (so to permit open communication) and the provision of support for clients as they apply for services (or while on our waitlist) is also greatly appreciated and beneficial.

As the referral source, what other expectations does the DSYTC have of me?

We ask that you:

- Offer information as part of the live-in referral process so to inform the DSYTC intake and admission process - such as assessment and discharge summaries and other collateral documents (e.g., GAIN Q3 MI ONT);
- Seek to attain relevant consent so to maximize communication flexibility;

- Advise DSYTC of important dates and inform if/when changes arise;
- Request monthly client updates from DSYTC while the youth is in DSYTC live-in or continuing care treatment AND provide updates if/when especially noteworthy circumstances arise;
- Support DSYTC-derived clinical practices and strategies during formal care and when program discharge is being considered (administrative and self);
- Invite DSYTC to case conference meetings of mutual clientele;
- Respect where confidentiality limitations exist (e.g., lack of consent) and the required restriction in information sharing that must result;
- Be mindful of therapeutic boundaries and the risks associated with 'counsellor splitting' that can occur when engaging live-in clients without proper collaboration and planning;
- Engage DSYTC in dialogue pertaining to activities which may impact live-in and/or continuing care discharge planning.

As the referral source, what can I expect from the DSYTC?

Your collaboration and partnership is important to us. Therefore, we commit to:

- Accept referrals where treatment 'fit' has been satisfactorily identified;
- Invite and encourage initial information sharing and discussion as part of the referral process so to inform the DSYTC intake and admission process;
- Seek to attain relevant consent (where absent) so to maximize communication flexibility;
- Advise the referral source of important dates (e.g., admission, discharge, home visits) and inform if/when changes arise;
- Via DSYTC Addiction Therapists (ATs) provide monthly client updates to the referral source while the youth is in DSYTC live-in treatment AND when especially noteworthy circumstances arise such as monumental treatment progress and/or treatment stagnation or regression;
- Advise the referral source, where predictable, when program discharge is being considered (administrative and self);
- Invite referral source to case conference meetings of mutual clientele;
- Advise referral source in a timely manner of unplanned discharges of mutual clientele. In the absence of client consent, DSYTC will report that the youth in question no longer resides within the care of DSYTC. In instances where consent does exist, DSYTC will offer additional details (where known) such as outlining the reasons for the discharge, where the youth is/may be going and other acutely relevant details (e.g., temperament when leaving, safety concerns, etc.);
- Via DSYTC Assertive Continuing Care Counsellors (ACCs) provide monthly client updates to the referral source while the youth is in DSYTC continuing care (i.e., aftercare) treatment AND when especially noteworthy circumstances arise such as monumental treatment progress and/or treatment stagnation or regression.
- Engage referral source in live-in and continuing care discharge planning dialogue – including the potential re-linkage to the referral source for on-going care.
- Provide referral sources (where consent exists) assessment and/or discharge summaries in a timely manner so to support treatment continuity and effectiveness.

How long does the treatment program last?

The length of **live-in** treatment at the DSYTC is 3 months (90 days or 12 weeks) followed by the very important **continuing care** phase which lasts up to another 3 months. There is some flexibility in that some youth may want and need to stay longer (e.g., 1-month extension) whereas others may be able to complete the program a little sooner. The decision regarding live-in length of stay reduction or extension is based on the youth's progress, clinical needs and personal wishes. As well, given the importance of continuing care in helping youth achieve the best possible outcomes, caregivers and other stakeholders (e.g., referral sources) are asked to encourage and support the youth's participation in this phase of programming.

Are youth clients locked up or retained against their will?

No. Our live-in sites are NOT lockdown facilities and clients can leave at virtually any time given our program is voluntary in nature. We do, however, work to engage and retain youth in treatment so to maximize treatment gains. We also try to restrict when unplanned discharges occur so to ensure any transition out of live-in care is accomplished as safely as possible.

In situations where a youth client chooses to prematurely discharge themselves from live-in treatment, staff will contact caregivers and other key stakeholders in a timely manner and as consent permits (e.g., police, probation officers, school personnel, psychiatrist, social worker, etc.) so to help facilitate a safe and smooth transition. Should a client decide to leave at a time when it would be difficult to arrange for a safe transition (e.g., 3AM), clinical staff will work to keep the youth comfortable and have them re-assess their decision until a more suitable discharge period.

What about client safety?

The primary DSYTC priority is to create and maintain a safe, structured and consistent environment for staff and clients alike. To this end, youth clients are closely supervised and clinical staff members have been trained to effectively cope with problematic behaviours that may arise. Of course, interpersonal conflict and related issues can and do arise from time to time, and we are committed to addressing such matters in as timely, effective and fair a manner as possible.

DSYTC team members strive to ensure that drugs and alcohol are not brought into the facilities, and it is for this reason that we perform a thorough search of client clothing and belongings upon admission (as well as following home visits). As well, a combination of internal alarms and video monitoring of common areas are in place to assist in fostering the safety and well-being of clients and staff alike.

Lastly, the DSYTC maintains a very active Health & Safety Committee that continuously examines potential safety threats and helps implement policies and procedures to reduce these risks.

What about costs?

There are no formal fees for our services, however government funding does not cover the costs of off-site extra-curricular recreational activities, client spending money (e.g., personal

hygiene products, clothing needs, etc.) and emergency return fare. Where feasible, these costs are covered by clients and/or their families. The DSYTC does all that is possible to ensure financial circumstances do not become a barrier to live-in treatment participation – the youth and/or caregivers are asked to speak to the DSYTC Admissions Coordinator should special accommodation be required.

All funds provided to the DSYTC are accounted for via a signed receipt and are retained in a secure location. All unused funds are returned at the time of program discharge. **If funds are not able to be provided directly to caregivers a money order will be prepared in a timely manner and returned via mail. The total amount required (recreational, spending and emergency travel return costs) is confirmed in discussion with the DSYTC Admissions Coordinator. Please note that in instances where a youth has been observed or admitted to causing damage to DSYTC facilities or property, proportionate funds will be retained to cover the costs of repair and/or replacement.**

What about medication within live-in treatment?

Medication may be taken while in live-in care, as long as a psychiatrist or other physician prescribed it upon thorough assessment, and caregivers (where applicable) and the youth agree with the recommendation. Medications prescribed 30+ days from the admission date will need to be confirmed through the prescribing doctor **prior to** being approved for use while in live-in. There will be some occasions where a psychiatric assessment during live-in care will lead to a recommendation for medication.

Clinical staff oversee the disbursement and ingestion of medication as per our medication policy. A youth who refuses or abruptly stops medication for a diagnosed psychiatric condition, resulting in a return of significant psychiatric symptoms, may render the DSYTC an unsuitable program fit for the youth.

Please note that only a physician and/or pharmacist can fully explain the potential benefits and/or risks and side effects of any medication

What about Methadone and other substitution therapies?

In our on-going commitment to minimize treatment access barriers as well as in support of harm reduction practices, the DSYTC can and does accept youth on methadone and other substitution-related protocols (e.g., Suboxone). Entrance is determined on a case-by-case basis and in consideration of the specific needs of the youth. **It is important to note that ‘carries’ (e.g., weekly doses) are required as staffing resources do not currently permit daily travel for clients who do not have such arrangements.**

With gender-segregated campuses at DSYTC, what about youth who identify as transgender?

The DSYTC believes in providing a safe and accessible treatment environment for all youth. For trans and gender diverse youth requiring live-in treatment, appropriate campus placement is determined on a case-by-case basis, in consultation with the client and consideration of the physical and emotional safety and security needs of all involved.

What should the youth bring to live-in?

We have limited space for storage for things such as clothes and other personal effects so we ask that only necessities be brought to the facility. There are also some items that are prohibited within our live-in facilities (e.g., electronics with videotaping capabilities, lighters/matches, etc.). **A complete list of approved and prohibited items can be found in Appendix I at the end of this document.**

What about contacting the youth while in treatment?

Youth clients are able to receive and place select telephone calls throughout their time in live-in treatment. However, in order to avoid programming interruptions and to maintain program consistency and safety, phone calls are only permitted at select times and with select individuals (determined in consultation with the youth).

It is advisable that any referral source contact with the mutual client (while in live-in) be arranged in advance through the primary Addiction Therapist.

Caregivers are encouraged to 'visit' their youth while they are involved in live-in treatment. These visits can occur onsite/in person or virtually (e.g., ZOOM). Caregivers are asked to speak with live-in staff to coordinate visits.

For all visitors to DSYTC live-in campuses, the following rules should be noted for in-person visits:

- Visitors must comply with any and all COVID protocols in place (e.g., masking).
- Visits are not allowed to occur in vehicles.
- Visitors must check in with staff in advance of the visit and anything brought into the facility must be provided to staff so to be reviewed and approved.
- Clients are not allowed to use a visitor's cell phone, other internet-capable device or laptop computer (a laptop is provided to youth clients for academic use while in treatment).
- No outside food or drink is permitted during the visit.
- Visitors are reminded that the DSYTC is a smoke-free facility and that smoking is not permitted anywhere, or at any time.

What about client home visits?

In order to support and facilitate full reintegration and rehabilitation into real life environments, weekend home visits are often provided. These visits generally occur after a minimum of 45 days of live-in treatment, and ample notice is provided so that the therapist involved can help both the youth and family prepare for a successful visit. Length of visits vary, but on average they are scheduled to last for 3-5 days including travel time. **In order to qualify for treatment completion recognition, youth are expected to return to treatment after this initial home visit. Please note that families are responsible for covering all necessary travel expenses that may be incurred as a result of such visits.**

FEEDBACK

We very much welcome and appreciate your feedback. Therefore, we invite all community partners to call 613-594-8333 or e-mail us at feedback@davesmithcentre.org to:

- Express thanks or gratitude to the DSYTC and/or to a member of the staff team;
- Express concerns and/or submit a complaint about the DSYTC and/or regarding a member of the staff team;
- Offer suggestions and ideas for improving DSYTC programs and services;
- Ask a question about client rights and responsibilities.

QUESTIONS

If you have any specific client questions, you are invited to contact the therapist that is assigned to the mutual client (as per available consent).

Thank you for taking the time to read this important information package. Additional information including answers to frequently asked questions (FAQs) can be located on our website at: www.davesmithcentre.org. Thank you for your referral and collaboration!

Sincerely,

The DSYTC Team

APPENDIX I LIVE-IN ITEMS CHECKLIST

Below is a list of required, prohibited and optional items for the client to consider in advance of his/her admission.

Please BRING the following items (REQUIRED):	Please do NOT bring the following items (PROHIBITED):
<ul style="list-style-type: none"> <input type="checkbox"/> Transportation money for one way return fare (in-case of emergency). \$ amount TBD based on transportation requirements. <input type="checkbox"/> Recreation money \$300.00 – cash please <input type="checkbox"/> Spending money \$150.00 (maximum) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Social Insurance (SIN) card <input type="checkbox"/> Ontario Health Card (current, non-expired) <input type="checkbox"/> Drug plan benefit card OR drug plan policy # and information (if applicable) <input type="checkbox"/> Medication & valid prescriptions – filled within the past month (including epi-pens, if applicable) <input type="checkbox"/> Personal hygiene products (shampoo, toothpaste, deodorant etc....). <input type="checkbox"/> Weather appropriate clothing (enough to last 7 days as laundry occurs 1x weekly). Attire should be casual & dryer safe. <input type="checkbox"/> Swimming shorts/bathing suit <input type="checkbox"/> Indoor slippers <input type="checkbox"/> Indoor gym shoes <input type="checkbox"/> Outdoor shoes (for recreational activities) <input type="checkbox"/> Re-useable and durable water bottle <input type="checkbox"/> Seasonally appropriate jacket, rain proof if possible <input type="checkbox"/> Snow pants (in winter) <input type="checkbox"/> Winter boots (in winter) <input type="checkbox"/> work out clothing <input type="checkbox"/> Hat, mittens & scarf (in colder months) 	<ul style="list-style-type: none"> <input type="checkbox"/> Mouthwash (unless sealed & clearly labeled alcohol-free) <input type="checkbox"/> Lighters or matches (grounds for discharge) <input type="checkbox"/> Chewing gum <input type="checkbox"/> Cigarettes <input type="checkbox"/> Colognes, body spray or after shave products <input type="checkbox"/> Hair dye <input type="checkbox"/> Food, drinks or candy <input type="checkbox"/> Pencil sharpeners <input type="checkbox"/> Non-prescription medication (we supply headache relief tablets if necessary) <input type="checkbox"/> Laptop computers (clients are provided a notebook for the academic program) <input type="checkbox"/> Video games or related systems <input type="checkbox"/> Video cameras, cameras, mp3 players or any other devices with picture, video or audiotaping capabilities <input type="checkbox"/> Any device that has wireless internet connection potential <p style="text-align: center;">Some Items you <u>CAN</u> choose to bring (OPTIONAL):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extra comforter for bed <input type="checkbox"/> iPod/Mp3 player (no camera, audio or videotaping or internet capabilities) <input type="checkbox"/> Headphones <input type="checkbox"/> Postage stamps and envelopes <input type="checkbox"/> Guitar/musical instruments (requires advance approval) <input type="checkbox"/> Reading novels, crossword puzzles, etc. <input type="checkbox"/> Art supplies

Please note that the DSYTC is a 100% smoke-free environment. Your support and cooperation is very much appreciated!