Bridgeway Treatment Program Application
Part 1: Pre-Screening Application

QUESTIONS OR GENERAL INQUIRIES

For inquiries about the Bridgeway Treatment Program please contact:

250-763-0456 | bridgeway@thebridgeservices.ca | www.thebridgeservices.ca

265 Gray Road, Kelowna, BC V1X 1W8 | 1893 Ethel Street, Kelowna, BC V1Y 2Z3

SUBMITTING PART 1

Please fax ***Part 1: Pre-Screening Application*** to Bridgeway at:

1-236-766-5085

Pages 3-9 must be typed, Page 10 must be printed and signed

CHECKLIST

Part 1: Pre-Screening Application

Section A-F: To be completed by Referral Agent, member of the applicant's community-based Substance Use Treatment Team (e.g. Substance Use Counsellor, MHSU worker, Private Counsellor etc.) in collaboration with the applicant to determine suitability for the Bridgeway Treatment Program and ensure the applicant meets criteria before completing Part 2.

- ☐ Section A: Criteria & Instructions
- ☐ Section B: Applicant Basic Information
- ☐ Section C: Referral Agent Information & Narrative
- ☐ Section D: Applicant Information & Narrative (Self-Reported)
- ☐ Section E: Signatures & Supplementary Package for Applicant
- ☐ Section F: Next Steps

Bridgeway will contact the Referral Agent at the email provided with the outcome of the Pre-Screening Application. If a conditional acceptance is offered to the applicant, Part 2 of the application will be provided to the Referral Agent and Applicant to complete.

SECTION A – CRITERIA & INSTRUCTIONS

Inclusion Criteria:

1. Men, Women, Transgendered, Non-binary, Two Spirited aged 19 years and older
2. Recent or ongoing engagement in problematic substance use that has impacted and continues to impact many areas of their life such as physical health, mental health, family, vocation, relationships, etc.
3. Priority will be given to applicants that reside in communities that fall within the boundaries of the Interior Health Region. Only if space remains available will referrals from outside of the Interior Health Region be considered.
4. Considerations will be made for individuals who have limited access to resources and/or people in rural/remote communities.

Requirements:

1. **Manage Activities of Daily Living –** Personal hygiene/grooming, bathing/showering, toileting, dressing, chores, medication management.
2. **Mobility –** Able to get self to and from different rooms of building, in and out of bed, in and out of accessible shower, self-serve buffet style meals.
3. **Full Participation**
   All participants coming to this program must be able to:
   - Join all programing from 9am – 7pm daily.
   - Work in a classroom-like setting where reading and writing is required.
   - Follow and honor group agreements and expectations.
   - Sit for 1-1.5 hours in programming at a time
   - Look at screens for 1-2 hours at a time.
   - Read handouts and literature provided & able to write short sentences for assignments.
   - Engage in a meaningful way in group therapy, individual counselling, and group workshops.
   - Accept direction and feedback from staff and other participants
4. **Well managed physical and mental health –** Medical appointments and/or accommodations should not interfere with applicants' ability to fully participate in the program. Applicants must have an ability to remain on site and participate without interference from pain resulting from health concerns *(e.g. tooth pain)* or experience negative impacts from unmanaged mental health *(e.g. ability to sustain focus throughout group therapy).*
5. **Legal –** If you have upcoming court dates/probation or parole obligations they must not interfere with programming.
6. **Cannabis –** Bridgeway does not accept applicants whose only problematic substance use is Cannabis nor is cannabis permitted on site.
7. **Community Living and Independence –** Ability to cohabitate with up to 19 other participants with limited private and dedicated quiet spaces. Ability and willingness to attend appointments, go to store, complete chores, clean room without staff support.

Expectations of Referral Agent / Community Team:

1. The applicant is expected to have accessed the mental health and substance use supports that are available in their home community prior to considering a Facility Based Treatment option.
2. Referral must be made by a member of the applicant's community-based Substance Use Treatment Team *(e.g. Substance Use Counsellor, MHSU worker, Private Counsellor etc.)* in collaboration with the applicant.
3. Referral Agent and the applicant's community-based Substance Use Treatment Team are expected to continue providing support to the applicant during their attendance of the program. This includes at midpoint; for aftercare conferences; and as needed by the Bridgeway treatment team.
4. Referral agents are expected to participate in a transitional aftercare planning conference during the last week of the program with the applicant and Bridgeway clinical counsellor.
5. Referrals from correctional facilities must have a release date. Applications without a release date will not be accepted.

Instructions for the Application:

Please consider the following tips when completing the application to ensure all the necessary information is provided:

1. If a portion of the application is left blank, please provide an explanation as to why. Otherwise, this will cause delay in the application process.
2. Applications must be typed (Page 3-8) and signed (Page 9)
3. Handwritten applications will not be accepted.
4. Once completed please fax to 1-236-766-5085
5. The Bridge will contact you once your application has been reviewed.

SECTION B – APPLICANT BASIC INFORMATION

Applicant Name:	Pronoun(s):
Date of Birth (YYYY/MM/DD):	Home Community:

SECTION C – REFERRAL AGENT INFORMATION & NARRATIVE

Referral Date:	Organization:	Address:

Health Region: Interior Health ☐ Northern Health ☐ Island Health ☐ Fraser Health ☐ Provincial Health ☐ Vancouver Coastal Health ☐ Providence Health ☐ First Nations Health Authority ☐

Referral Agent Name:	Role/Title:

Phone Number:	Email:	Fax:

Additional Professional Support

Profession	Name	Phone Number	Email Address	Support Provided

Please describe the in-person day programming provided at your clinic/office

	Programs Provided	Check all that apply	Has your applicant attended? Yes/No	How many in-person sessions have been attended in the last 6 months?
1.	Individual clinical counselling	☐		
2.	Group counselling	☐		
3.	Day treatment program	☐		
4.	Relapse prevention group	☐		
5.	Skills groups – in person	☐		
6.	Skills groups - online	☐		
7.	Peer based support *(e.g. SMART, NA, AA)*	☐		
8.	Other: ___________________	☐		

If the applicant has not attended any of the above programming your office provides, please give an explanation as to why:

Determination of Readiness for Treatment and Assurance of Continuity of Care

What will the Referral Agent and community support team do to continue supporting their client during their time in treatment? (*e.g. Available for phone calls, exploring post-treatment housing, attending care conferences, etc.)*

Will there be supportive services available after transition back to community*? (e.g. AA, Relapse Prevention, ongoing counselling etc).* Please describe availability and plans.
What are the applicant's treatment goals?
How can the applicant be best supported with their treatment goals?
Is this applicant independent with appointment attendance? If not, what support is needed?
What is your perception of the applicant's readiness for treatment?
Mental Health
If the applicant has a diagnosed/undiagnosed mental health condition, please explain how this may impact their ability to attend and participate in group/live in a communal setting.
Are they stabilized on medication? Could this medication have side effects that impacts this person's ability to engage in programming?
How has their substance use impacted their mental health?
Physical Health
Does the applicant have any chronic or persistent medical conditions or concerns that could interfere with their ability to fully participate in programming? Please describe.

Please describe any limitations in mobility that may impact this applicant during their stay:

Substance Use

What has this person done to address their substance use? *(e.g. medication, peer support groups, Community substance use groups, previous day/facility-based treatment, harm reduction, detox).*

How does this applicant's substance use impact their daily life?

Psychosocial Factors

Where and with whom can this applicant find support in their community? *(e.g. family, friends, community services and professionals).*

What are the current/previous gaps in psychosocial support *(e.g. housing/finances, relationships, spiritual/ cultural identity and engagement, gender identity/expression).*

Legal History

What legal matters may impact the applicant's ability to attend the program? (e*.g. court dates, pending charges, incarceration, ankle monitor, probation orders etc.).*

Does the applicant have a history of violence in any healthcare settings, correctional centres, or the community?

☐ Yes ☐ No

If yes, please provide information regarding these offence(s).

Does the applicant have an AGG Alert or Purple Dot on their file? ☐ Yes ☐ No

Group/Communal Living Experience

What group learning/engagement has this applicant had experience with previously/currently. *(e.g. classroom learning, college/trade school, support groups, relapse prevention group, day/facility-based treatment).*

Applicants may be sharing a room and will be expected to participate in group therapy, participate in educational groups, and complete chores during their stay. Applicants will live in a communal space with up to 19 other people. Please explain how you feel this environment will positively or negatively impact this applicant's recovery:

Risk Assessment

Please explain any previous or current risks this applicant may be experiencing *(e.g. experience of overdose, self-harm, suicidal ideation or attempt previously or ongoing, risk of aggression/violence and verbal aggression).*

Please provide detail on each risk factor identified: *(e.g. lethality of suicide attempt, duration/frequency/severity suicidal ideation, overdose, self-harm etc.).*

Please describe how the risk can be mitigated and ways the Referral Agent /community team will support:

Recommendations

Please note any specific needs your client may have if they were to be accepted to Bridgeway:

What information do you believe is important for us to know about this applicant?

Engagement with Substance Use Services

Level of Engagement with Services	**Engaged** but experiencing difficulties – minimal or no substance use	**Not Engaged;** experiencing coping difficulties – minimal or no substance use	**Engaged** with intermittent substance use and some life disruptions	**Engaged** with high substance use, distress and life disruptions	**Not Engaged** with high substance use and life disruptions
Please select the level of service engagement & challenges with substance use	☐	☐	☐	☐	☐

Current Housing

Housing Type:	Stable:	Will the housing be maintained and available for the applicant if they are unable to complete the program?	Does the applicant want to return to this housing if they complete treatment?
☐ Own home/rental ☐ Shelter ☐ No Fixed Address ☐ Subsidized housing ☐ With Family/Friend ☐ Other: ____________________	☐ Yes ☐ No Safe: ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SECTION D – APPLICANT INFORMATION & NARRATIVE
Applicant Self-Reporting (for Applicant to complete)

Applicant Name:

Self-Identified Gender (*Select all that apply*):
☐ Female ☐ Male ☐ Transgender ☐ Non-Binary ☐ Two-Spirit ☐ Questioning ☐ My Gender is ________________

If you identify as Transgender, Non-Binary, or Two-Spirit, please select which cohort you would prefer to stay within:
☐ Female ☐ Male

Do you identify as an Indigenous Person?
☐ Indigenous ☐ Non-Indigenous ☐ Unknown ☐ Prefer not to answer

Pronouns:
☐ She/Her ☐ He/Him ☐ They/Them ☐ My Pronouns Are: _________________

Date of Birth (YYYY/MM/DD):	Age:	Address:

City:	Province:	Postal Code:
Email:	Telephone:	Is it okay to speak to members of your household? ☐ Yes ☐ No

BC Care Card #:	SIN:

What are you hoping to get out of coming to treatment?

Do you have any reasons why you are hesitant to come to treatment?

What role will attending treatment play in your recovery?

What experience of group-based learning do you have? *(e.g. classroom learning, education groups, support groups, therapy groups, college learning etc.).*

What would it be like for you to live in close quarters with up to 19 other individuals, sharing a bathroom, complete daily chores, and possibly sharing a bedroom with one other person?

How do you resolve disagreements with peers?

How do you respond/react when you receive feedback from others?

What do you think could be helpful or benefit you during your time in treatment?

What types of support are you hoping to receive during your time in treatment?

In what ways is your substance use impacting your life?

Please Describe Your

Strengths:

Interests:

Preferences for your stay:

Challenges being faced:

Impact of Substance Use

How does your substance use impact the following areas:	**Mild Effect**	**Moderate Effect**	**Significant Effect**
Social Environment	☐	☐	☐
Primary Supports	☐	☐	☐
Vocation/Education	☐	☐	☐
Housing	☐	☐	☐
Health	☐	☐	☐
Other: ____________________	☐	☐	☐

Brain Injuries Assessment

1. Have you ever been injured by a blow to the head? ☐ Yes ☐ No

2. Have you ever lost consciousness following a blow to the head? ☐ Yes ☐ No

☐ MVA ☐ Assault ☐ Weapon ☐ Other Date(s): ____________________

Explanation as appropriate:

3. Are you aware of any overdose events where you experienced a prolonged period of loss of consciousness and/or stopped breathing? ☐ Yes ☐ No

Do you experience any of these symptoms:

☐ Dizziness	☐ Change in mood	☐ Difficulty looking at screens	☐ Mood swings
☐ Difficulty concentrating	☐ Poor problem solving	☐ Sensitivity to sound	☐ Sensitivity to light
☐ Difficulty remembering	☐ Difficulty reading/writing	☐ Sleep issues	☐ Headaches
☐ Changes in personality		☐ Other: ____________________________	

Please explain how the symptoms selected impact your daily life:

What do you currently do to manage these symptoms?

Do you think these symptoms will cause issues/discomfort for you during your time at treatment?

Pregnancy Information

Pregnant: ☐ Yes ☐ No ☐ Unknown Anticipated Due Date: ____________________________

If yes, additional information will be requested in Part 2 of the application if applicant is provided conditional acceptance to the program.

SECTION E - SIGNATURES & SUPPLEMENTAL INFORMATION PACKAGE FOR APPLICANT	
Please download, print and provide the Supplemental Information Package to the Applicant.	
APPLICANT SIGNATURE	
REFERRAL AGENT SIGNATURE	

SECTION F - NEXT STEPS

Please fax ***Part 1: Pre-Screening Application*** to Bridgeway at:

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Application Acceptance

Once you have received a Conditional Acceptance Letter from the Bridgeway Intake Team, you will be provided with Part 2 of the Application Package.

Please note: if your applicant receives a Conditional Acceptance into Bridgeway, it will be expected for a Care Plan to be submitted in conjunction with Part 2. This can be supplemented with your team's Care Plan.

Application Decline

If the application is declined, you can expect to receive a letter from The Bridge which will explain the rationale, provide some alternative resources and may provide consultation as requested.

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