

Addiction Assessment: Alcohol and Drug Treatment Options

SASKATCHEWAN HEALTH AUTHORITY

MENTAL HEALTH & ADDICTION SERVICES
270 Bradbrooke Drive
Yorkton, SK S3N 2K6

Telephone: 306-786-0558

Fax: 306-786-0556

The Addiction Assessment will determine the best treatment recommendations which may involve any of the following. There is no financial cost for Sunrise Health Region services however there is a transportation obligation for some out of Health Region services. Services and programming will be offered as close to the location of the student as possible, and may be influenced by staffing levels, space availability, etc. Alcohol and Drug Services staff will consider all available options for access and endeavor to respond accordingly.

Initial calls will be routed through the Crisis Assessment Team, screened, triaged, and placed with a therapist according to the determined need for level of care. Back to school meetings as required.

Outpatient Programming

Youth will work individually with a counselor, often in an in school environment, if available. ADS staff have the capacity to serve as case managers for the youth, and can access and refer to a variety of allied services if necessary. Duration of programming is case by case and contingent upon the ongoing assessment of the primary therapist.

Phase I

This program involves 3, 2 hour evening information sessions dealing with alcohol, drugs and the disease of addiction including other local and provincial treatment options. It is mandatory for parents/guardians to attend this program with the youth. This option is a frequently utilized service, and delivered in a variety of locations as need dictates.

Phase II – Matrix

The Matrix Model for Teens and Young Adults, like the matrix model for adults, is a comprehensive, organized set of evidence-based therapeutic interventions. The Matrix Model for Teens and Young Adults consists of research-based techniques integrated into an approach that includes individual sessions, family sessions, group sessions, Twelve Step programs and separate parent and adolescent substance-education groups. The complex social environment of the adolescent – including family, school, community, peers, and juvenile justice involvement – is an important consideration in developing appropriate treatment, as is the developmental stage of the adolescent. We recognize that many patients entering treatment during their teen years need programming that falls toward the middle of the prevention – treatment continuum. The material in this program was selected, organized, and designed to be delivered while taking all of these issues into account.

The length and frequency of the program will be determined by the facilitator based on community and client needs.

Voluntary Detoxification

When a youth is having difficulty remaining clean and sober they may benefit from a brief Detoxification and Stabilization program which is located in Saskatoon, SK.

Secure Detoxification

When a youth is using chemicals and it is clear that they may be at serious risk to themselves or someone else, as a last resort, a referral may be made to this program to ensure the safety of everyone. Youth Addiction Services staff will guide the family through the completion of the Form A from Section 7 of the Youth Drug Detoxification and Stabilization Act. Addiction staff may also coordinate meetings with a Provincial Judge, RCMP and obtain required medical documentation while adhering to child custody guidelines. The youth will be placed in secure custody which is located in Regina, for 5 – 15 days.

In-Patient Treatment

When it is determined that a youth may best benefit from receiving in-depth treatment outside of his/her community, they may be referred to services in Saskatoon or Prince Albert. The youth will reside within the treatment facility for approximately 28 days. The family is required to provide transportation, spending money, clothing and personal hygiene items. The Youth Addiction Counsellor making this referral will guide the youth and family as to acceptable items to take for their treatment stay, and will facilitate and support the referral process.

References: Administrative Procedure 354, AP 354 Appendices A and B

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