



Focus
Foundation
of British
Columbia

Burnaby
3450 Boundary Road
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Tel: 604 438.4451
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Langley
20561 Logan Avenue
Langley, BC V3A 7R3
Tel: 604 532.1268
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REFERRAL PACKAGE

Ministry of Children and Family Development

Program Overview

Youth Futures is a MCFD Ministry-wide, Fraser Region, CARF accredited therapeutic day program. It is available for male and female youth 13-18 who are described as having issues or problems that are chronic, broadly interlocking, complex and/or co-occurring. In addition, they are struggling to make progress despite multiple past interventions/programs. Many may have mental health issues, backgrounds of abuse or trauma, FASD, ADHD, learning disabilities and/or addictions issues, criminal justice involvement and or significant family issues which co-occur with the above.

The target population does not normally include youth who have active or untreated psychosis; are in need of crisis stabilization of a type that they are an imminent threat to themselves or others; are autistic or otherwise significantly intellectually disabled; or exhibit predatory sexualized behaviour.

The principal residence of the referred youth (independent, family or foster setting) will be within the Fraser Region of MCFD.

The program will be delivered from two locations: Langley and Burnaby. Youth will be accommodated in either location based on geography and “fit” with existing groups. The program model includes programming 4-5 days per week. Late afternoon, evening and weekend programming will be offered once or twice per month. A holistic framework is sought for each youth to extend and support new ways of approaching challenges. Opportunities will be open for them to extend these approaches into the home and their immediate community. Service duration is typically 9-12 months.

The program promotes growth through participation as a member of a therapeutic community. In this environment youth learn the skills to grow out of their problems and issues. This results in them becoming successful, interdependent adults. The program dynamically blends an accredited education program with on-site and community-based activities, family strengthening/supporting activities, and individual development activities. The program seeks to influence youth’s physiology and emotions, encourage the development of positive relationships and create a plan for and successful transition to life as an adult.

The program provides some transportation and coordinates transportation to and from program sites with families. A 24/7 on-call system is provided by family workers to deal with emergency and crisis situations.

Referral Process

Referrals are accepted from within MCFD office within the Fraser Region. All referrals go through a joint program and MCFD screening committee. Referrals can be made as a result of ICM-type meetings having occurred within the youth’s home community and recommending this program as appropriate for the youth.

Further information

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Applicant Information			
Last Name	First Name	Middle Name	
Date of Birth	Gender MALE FEMALE	Cultural Background	
Address		City	Postal Code
Phone number	Alternate phone		
Living Situation			
<input type="checkbox"/> Natural Family (both Parents) <input type="checkbox"/> Single Parent <input type="checkbox"/> Blended Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Adoptive Family		<input type="checkbox"/> Other Family <input type="checkbox"/> Group Home <input type="checkbox"/> Independent Living/Youth Agreement Comments: _____ _____	
Primary Caregiver - Name		Relationship to Youth	
		Phone Number	
Legal Guardian - Name		Relationship to Youth	
		Phone Number	
		Address	
Referral Source			
Referring Agent/ICM Team Member	Office	Phone	Fax
Ministry Care Status			
<input type="checkbox"/> Family Service Worker <input type="checkbox"/> Continuing Custody Order <input type="checkbox"/> Care by Agreement		Comments: _____ _____	
<input type="checkbox"/> CSM Approved			

CASE Integration (Other Professionals/Agencies Involved)		
Agency	Contact Name	Phone Number
Drug and Alcohol		
MCF Social Worker		
MCF Mental Health		
MCF Probation		
MCF Forensics		
Youth Service Provider		
Psychiatrist		
Psychologist		
Other: _____		
Health Information		
Does the youth have a history of <input type="checkbox"/> Concussion <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> TB <input type="checkbox"/> Hepatitis	<input type="checkbox"/> HIV <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Allergies: _____ Other: _____	
Has the youth ever been in a Mental Health program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
Has a medical/psychological assessment ever been completed on the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it available for review? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Experience		
Last Grade Completed	When (Month/Year)	Name of School
Legal History		
Does the youth have any prior convictions or offences? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, does the youth's prior court history include?		
<input type="checkbox"/> Arson <input type="checkbox"/> Property <input type="checkbox"/> Breach <input type="checkbox"/> Weapons <input type="checkbox"/> Sexual Offence	<input type="checkbox"/> Drug Offence <input type="checkbox"/> Failure to Comply <input type="checkbox"/> Assault <input type="checkbox"/> Other: _____	
Probation <input type="checkbox"/> Current <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy of conditions attached	Previous <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a PSR available for review? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Recent release from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Outstanding charges <input type="checkbox"/> Yes <input type="checkbox"/> No		

Background & Challenges							
Diagnosed 6	Very likely 5	Likely 4	Unlikely 3	Very unlikely 2	Definitely not 1	No opinion 0	
In your opinion, to the best of your knowledge, from information on file, does the youth have difficulties with:							
Learning Disabilities	6	5	4	3	2	1	0
Reading/Writing	6	5	4	3	2	1	0
ADHD	6	5	4	3	2	1	0
FASD	6	5	4	3	2	1	0
Anxiety	6	5	4	3	2	1	0
Depression	6	5	4	3	2	1	0
Hallucinations or Flashbacks	6	5	4	3	2	1	0
Running away	6	5	4	3	2	1	0
Fear, worry, panic	6	5	4	3	2	1	0
Anger/Acting Out	6	5	4	3	2	1	0
Physical Aggressiveness	6	5	4	3	2	1	0
Verbal Aggressiveness	6	5	4	3	2	1	0
Loneliness	6	5	4	3	2	1	0
Grief and/or Loss	6	5	4	3	2	1	0
Low Self Esteem	6	5	4	3	2	1	0
Suicidal Thoughts, Behaviours	6	5	4	3	2	1	0
Issues of Past abuse or Trauma	6	5	4	3	2	1	0
Trauma PTSD	6	5	4	3	2	1	0
Physical Violence	6	5	4	3	2	1	0
Fire Setting	6	5	4	3	2	1	0
Sexual Acting Out or Sexually Intrusive Behaviour	6	5	4	3	2	1	0
Self Harm/Suicidal Ideation	6	5	4	3	2	1	0
Suicide Attempts	6	5	4	3	2	1	0
Substance Misuse	6	5	4	3	2	1	0
Addictions Issues	6	5	4	3	2	1	0

Family History

- Natural Family
- Adopted
- Alcohol/Drug Problem

- Psychiatric History
- Welfare
- Siblings

Anything we should or would be helpful to know re: the youth's natural family?

Primary Areas of Concern/Reasons for Referral

Is there anything else regarding this referral that we should know or you would like us to know?

Case consultation and program evaluation

Are you open/available to providing additional background information and comments that will allow us to assess the impact of the program and involvement in a reasonable number of case conferences, and joint meetings that will allow better support for the youth while they are involved in the program?

- Yes No

We value your time in completing this referral and will deal with it as quickly as possible.