

STREET HAVEN AT THE CROSSROADS

What to expect from the Grant House program

Over and over, clinical studies have proven the greater efficacy of long-term treatment for drug and alcohol dependency versus short-term. In addition, we are situated in an attractive house in the Rosedale area of Toronto – a very non-institutional setting that supports the creation of a therapeutic community.

Our clients receive an individualized treatment plan from our caring, experienced staff of addiction experts and therapists. In addition to individual work, our program incorporates:

Educational groups
(to learn about addiction and trauma)

Group therapy
(to work through emotional issues and heal from abuse)

Exercise and leisure activities
(creating alternative "highs" and generating an interest in life – it can be enjoyable without drugs!)

Meditation and yoga
(to reduce anxiety)

Nutritious food
(to get healthy!)

Self-esteem building
(to learn boundaries and assertiveness techniques)

Attendance at 12-step meetings
(to broaden the social support network)

Family support
(to educate loved ones)

Medical support
(our doctor has been affiliated with our agency for over 20 years)



Grant House



Six-month residential program for women with substance use issues

What to expect at Grant House

Grant House is a six-month, 10-bed residential treatment program for women with substance use issues who recognize the need for a long-term program. In addition to alcohol and drug addiction, our clients often find themselves faced with other challenges such as concurrent disorders and a history of trauma.

Our innovative approach addresses your emotional, spiritual and physical needs through group work and intense individual counselling. We attend 12-step meetings, go to the YMCA regularly and have a roster of leisure activities. Every effort is made to provide a supportive atmosphere to facilitate your gradual return to independent living, substance-free.

Our clients are referred through community programs, shelters, hospitals and the criminal justice system. We welcome all women, and our program is founded on a non-judgmental total acceptance of the person.

The Grant House program works toward an abstinent lifestyle, and part of this includes random drug testing. For those remaining in Toronto after attending Grant House, we offer weekly in-house Aftercare meetings, and can also provide an individual case worker from our Addiction Case Management team to assist with issues that may arise in the community post-graduation.

**For further information, please contact us at
416 960 9430 ext 22.**

Who is the program designed for?

- ◆ Women with alcohol or substance use issues who have tried a short-term program and realized they needed additional support and structure.
- ◆ Women with concurrent disorders, including PTSD.
- ◆ Women whose lives have been derailed by alcoholism and substance use, leaving them homeless, financially strapped, and alone
- ◆ Women who are on probation or have had challenges with the law as a result of their substance use.

Our approach to treatment

Our treatment model looks at the entire woman – mind, body and spirit – in relation to the early influences in her life, the developing self, and adult relationships. We believe that alcohol and substances are most often used to relieve psychic and emotional pain, and that addiction further strips the

woman of self-worth. We work to discover why each woman has turned to substances, and ultimately self-destruction. We help her learn to identify and release stored emotional pain, and replace negative thought patterns and behaviours with self-empowering actions and attitudes.





Street Haven Addiction Services

Grant House APPLICATION

Dear applicant,

We are pleased you are considering Grant House for treatment and hope in this package to provide more information about our program.

Grant House offers a six-month residential stay for 10 women recovering from substance abuse. We have two groups daily to address the physical, emotional, mental, spiritual and social aspects of recovery, and provide individual counselling as well. We attend 12-step meetings, go to the YMCA, and pursue leisure activities as part of our abstinence-based program.

The length of residence allows for increased amounts of freedom to assist with your integration back into the community. After you complete the program, we offer additional support from our team of outreach counsellors, as well as an Aftercare group at Grant House.

If you are interested in our program, the next step is to fill in the accompanying forms and fax them to us:

- the Application
- the Consent Form for Disclosing Personal Health Information

When I receive your application I will get in touch with you to talk further and keep you updated.

Once I have received your application I would like you to do a weekly phone check-in - and remember, you are welcome to call at any time if you have any questions or concerns.

Yours,

Joulaika Buchan MSW RSW Program Manager

416 960 9430 ext 22 Fax: 416 920 3380

Grant House

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Our innovative approach addresses your emotional, spiritual and physical needs through group work and intense individual counselling. We attend 12-step meetings, go to the YMCA regularly and have a roster of leisure activities. Every effort is made to provide a supportive atmosphere to facilitate your gradual return to independent living, substance-free.

Our clients are referred through community programs, shelters, hospitals and the criminal justice system. We welcome all women, and our program is founded on a non-judgmental total acceptance of the person.

Our program includes:

- *Cognitive living skills*
- *Making connections between trauma and addictions*
- *Relapse prevention*
- *Cognitive-Behavioural skill building*
- *Behavioural therapy*
- *Nutrition for recovery*
- *Relaxation and exercise*
- *Preparing for the future [parenting, school preparation, house hunting, etc.]*
- *Self-help for recovery [12-step meetings]*
- *Leisure therapy*
- *Cultural connections*
- *Individual counselling*
- *Aftercare*

The Grant House program works toward an abstinent lifestyle, and part of this includes random drug testing.

For those remaining in Toronto after attending Grant House, we offer weekly in-house Aftercare meetings, and can also provide an individual case worker from our Addiction Case Management team to assist with issues that may arise in the community post-graduation.

For further information, please contact us at 416-960 9430 ext. 22



Street Haven Addiction Services

Grant House APPLICATION

Name: _____

Date: _____

Date of birth: (dd/mm/yy) _____

Age: _____

Health card number:

Social insurance number:

Have you ever changed your name: yes no
If so, what were your initials at birth? _____

Contact information:

Address: _____

Phone: _____ Okay to call? yes no

In case of emergency, who should we call?

Name: _____ Relationship: _____

Address: _____

Phone: _____

Please describe your current living arrangements. Are you living on your own, with friends, with family? _____

Are you currently in a relationship? _____

Family background

2

Where were you born? _____

Please fill in the following chart with information about your family, not including your own children (should you have any):

Family member's name	Relationship	Age	Do you have contact with them?	Do they support your plans?	Do they abuse drugs/alcohol

If any of your family members are deceased please fill in the follow chart:

Name	Relationship	Year of death

What was it like growing up in your family? _____

How would you describe yourself as a child? _____

Marital status:

- Married/Common law
- Widow

- Single (never married)
- Divorced/Separated

Do you have children? yes no

If you have had children, please fill in the following chart:

Name	boy /girl	age	Where and with whom are they living?	Do you have contact with them?

Has there been C/CAS or Native Child and Family Services involvement?

yes no Which children? _____

Do you need to arrange childcare while you are in treatment? yes no

Education/Employment

What languages do you speak? _____

Please check highest level of schooling achieved:

- no formal schooling some high school completed college
- some primary school completed high school some university
- completed primary some college/technical school completed university

Do you have plans for further education? _____

Are you employed? _____

Do you have a source of income? _____

Can we assist you in applying for Ontario Works? _____

Do you have a family doctor? yes no

Name: _____

Address: _____

DRUG AND ALCOHOL HISTORY

When did you first start drinking or taking drugs? _____

When did your substance use start becoming a problem? _____

Have you had periods of clean time? _____

What are your drugs of choice?

MAJOR: _____

2nd: _____

3rd: _____

How often did you use in the past 30 days?

- did not use
- 1 to 3 times a week
- 3 to 6 times a week
- daily

Please indicate any substances you have used in the past year:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin	<input type="checkbox"/> Hallucinogens (K)
<input type="checkbox"/> Crack	<input type="checkbox"/> Opium	<input type="checkbox"/> Ecstasy
<input type="checkbox"/> Cannabis	<input type="checkbox"/> Amphetamines (Ritalin)	<input type="checkbox"/> Prescription opioids (oxys, percocets, Fentanyl, Dilaudid)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Crystal meth
<input type="checkbox"/> Glue/Inhalants	<input type="checkbox"/> Benzodiazapines (Valium)	<input type="checkbox"/> GHB

Injection drug use:

- Never injected
- Injected more than one year ago
- Injected in the past 12 months

What are you like when you are drinking or using? How would you describe your personality changes?

What are you like when you are withdrawing? _____

Have you ever experienced withdrawal seizures? _____

Have you ever had problems with an eating disorder? _____

Would you say you still struggle with an eating disorder? _____

Have you ever attempted suicide? _____

Have you ever overdosed? _____

Have you ever been to treatment before? If so, please fill in the following chart:

Name of treatment program	Year attended	Program length	Clean time following completion of treatment

What steps are you taking at the present time to assist in your recovery? (Addictions counsellor, 12-step meetings...) _____

TRAUMATIC LIFE EXPERIENCE

Many women who develop problematic addictions have histories of abuse of some kind or other. We would like to get a picture of some of your past experiences.

Have you had traumatic or abusive experiences in your life? _____

Have you experienced sexual abuse between the ages of:

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 and 6 years old | <input type="checkbox"/> 16 to 20 years old | <input type="checkbox"/> 30 + years old |
| <input type="checkbox"/> 6 to 10 years old | <input type="checkbox"/> 21 to 26 years old | <input type="checkbox"/> 40 + years old |
| <input type="checkbox"/> 11 to 15 years old | <input type="checkbox"/> 26 to 30 years old | <input type="checkbox"/> 50 + years old |

Was your abuser a family member, a friend, a stranger? _____

Have you ever been physically abused? If so, how old were you, and who was the person responsible?

Have you ever suffered from abuse of an emotional, psychological or criminal nature?

Thank you for sharing this sensitive information with us. It will play an important part in your recovery at Grant House.

How did you hear about our program at Grant House?

- | | | |
|--|--|---|
| <input type="checkbox"/> Detox | <input type="checkbox"/> Doctor | <input type="checkbox"/> Family |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Internet | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> P.O. officer | <input type="checkbox"/> Self-help group (AA CA) | <input type="checkbox"/> Community worker |
| <input type="checkbox"/> Corrections social worker | | |
| <input type="checkbox"/> Addictions day program | | |
| <input type="checkbox"/> Other _____ | | |

LEGAL ISSUES (if applicable)

Do you have any charges, fines or warrants outstanding or pending?

Do you have any upcoming court dates?

Are you currently on probation? When did it start and when will it end?

If you are on probation, who is your probation officer, and at what office?

If you are incarcerated, what were the charges for your most recent incarceration?

When were you arrested?

When is your release date?

Do you have a lawyer? If so, what is his or her name?

Are you out, and awaiting trial or sentencing? Do you know your court date?

Please list most recent prior convictions:

Type	Year	Sentence	Juvenile	Adult

Do you have conditions attached to treatment?

- No Conditions
- Choice of treatment or jail
- To regain children
- Condition of Probation/Parole
- Other _____

HEALTH INFORMATION

Do you have any significant health concerns at the moment?

Have you been hospitalized in the past year? yes no

If yes, please provide more information:

Have you **ever** had a psychiatric diagnosis? If so, what was it? And when was it made?

Please provide a list of your current medications:

Medication	Daily dose	Why are you taking this?	Months on this med	Side effects?

NOTE: At this time, we are unable to accept clients on **methadone** or **suboxone**; **benzodiazepines** (valium, clonazepam etc.); or on **opiates** for pain control, even if these medications are prescribed by a physician.

Do you have any allergies?

Do you have any dietary restrictions?

Are you capable of walking up and down stairs several times a day? yes no

Are you capable of daily outings in the community? yes no

Are you capable of performing regular household duties? yes no

Are you pregnant, or think you might be? yes no

Are there any other medical conditions of which Grant House should be aware?

Epilepsy/history of seizures

Liver disease

Musculo-skeletal injuries

Heart disease

Fibromyalgia

(other _____)

We require a TB test performed in the past three months. Please provide a form saying you have had this test done, along with the results.

Is there anything else concerning your health that you would like to share with us?



Street Haven Addiction Services

While it's up to you whether you complete the following questions or not, it might help us get a better idea of why you are interested in coming to Grant House, and why, at this moment, recovery is important to you.

Can you remember how you were first introduced to drugs and/or alcohol and why you took up the offer?

What was your pattern of using just before you decided to come to Grant House (what drugs were you using, how much, how often)?

What did drugs or alcohol do for you? List as many reasons as possible.

What were the factors that made you realize you had to overcome your addictions?

Please describe any periods of time when you stopped using (clean time) or when you were able to use a lot less (what was going on in your life then)?

What is your experience with getting help in the past? What was helpful and what was not so helpful?

What will help you to feel safe and focused on recovery at Grant House. What can you do? How can other people help?

How do you honestly see yourself today? Which of your strengths will help you do this program?

What obstacles do you see before you?

Is there anything else you would like to say?

Thank you!



Street Haven Addiction Services

**Consent to Disclose Personal Health Information
Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)**

I, _____,
(Print your name)

authorize _____
(Print name of health information provider, psychiatrist, treatment provider etc.)

To disclose my personal health information consisting of:

- clinical records
- psychological evaluation
- discharge summary
- physical health information
- master treatment plan
- psychiatric evaluation
- mental health information
- Drug/alcohol tests and results
- drug/alcohol diagnosis, treatment, referrals

To: _____ **Grant House program counsellor.**
(Print name of staff member)

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my health care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law. This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this personal health information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: _____

Signature: _____ Date: _____

Witness name: _____

Signature: _____ Date: _____



Street Haven Addiction Services

Consent to Disclose Personal Information

I, _____,
(Print your name)

Authorize _____
(Ministry of Community Safety and Correctional Services – Social Worker)

To disclose information consisting of:

- probation details
- legal information
- mental health information, behaviour
- Drug/alcohol tests and results
- drug/alcohol diagnosis, treatment, referrals

To Street Haven Addiction Services staff – Grant House

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law. This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: _____

Signature: _____ Date: _____

Witness name: _____

Signature: _____ Date: _____

Street Haven Addiction Services
Phone: 416 960 9430 Fax: 416 920 3380



Street Haven Addiction Services

**Consent to Disclose Personal Information
(Legal issues)**

I, _____,
(Print your name)

Authorize _____
(Lawyers Name and phone number)

To disclose information consisting of:

- probation details
- legal information
- mental health information
- Drug/alcohol tests and results
- drug/alcohol diagnosis, treatment, referrals

To Street Haven Addiction Services staff – Grant House

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law. This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: _____

Signature: _____ Date: _____

Witness name: _____

Signature: _____ Date: _____



Street Haven Addiction Services

**Consent to Disclose Personal Information
(Legal issues)**

I, _____,
(Print your name)

authorize Marissa Levene, Probation and Parole Officer, 920 Yonge St.

To disclose information consisting of:

- probation details
- legal information
- mental health information
- Drug/alcohol tests and results
- drug/alcohol diagnosis, treatment, referrals

To Street Haven Addiction Services staff – Grant House

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law. This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: _____

Signature: _____ Date: _____

Witness name: _____

Signature: _____ Date: _____



Street Haven Addiction Services

Grant House Anti Racist Anti Oppressive Statement

Grant House recognizes the intrinsic value of culture and believes that cultural diversity is a source of enrichment and strength.

Grant House believes that every woman is unique and must be treated with respect and equity. That every woman has the inherent right to social and economic justice and that every woman has the right to self-determination and a right to contribute to society in her own way.

Grant House recognizes that all women face misogyny and sexism; however some bear an additional burden of oppression due to racism and other forms of discrimination.

GRANT HOUSE recognizes that all members of non-dominant racial and ethno-cultural groups suffer from racism and systemic discrimination.

GRANT HOUSE recognizes that each group experiences discrimination and racism differently depending on the history of each group, the power and privilege it holds, and how visible its members differ from the dominant group in Canada.

GRANT HOUSE's analysis of racism recognizes the dynamics of power and privilege and how these tools serve to perpetuate racial oppression in society.

By signing below I acknowledge and will adhere to the content of this form and the framework in which the organization operates

Name and Signature

Date

Street Haven Addiction Services
Phone: 416 960 9430 Fax: 416 920 3380

What Happens Next?



The Road to Recovery starts at Grant House



START HERE!

Arrive at Grant House

Orientation First Week

Time to get to know the program, staff and residents.

- do not make or receive any calls, mail or visits
- do not leave the house without staff

Level One Weeks 2-9

Time to begin to look at issues and changes you want to make and begin working with your counsellor. Also time to attend to any health problems.

Privileges:

- receive and make phone calls and have in-house visits (two adult visitors at a time)
- go on walk-and-talk accompanied by a Level Two or Three

Attend Aftercare on Friday afternoons, and have six sessions with your counsellor.

Begin meeting with your Addiction Case Manager in the community.

Continue your formal involvement with Grant House for two years.

Join the Grant House Alumnae and give back to others.

Graduate from Grant House

Separation Week Week 26

Your separation group, in which you formally say goodbye to your fellow residents and staff, will take place one week before your graduation.

The Separation Week is designed to give you free time to get ready to transition out of Grant House and into your new housing.

Level Three Weeks 18-25

Time to review and maintain gains made in Levels One and Two .

Time to arrange appropriate housing and support for post-Grant House
Arrange school, job, volunteering, etc
In Week 25, plan your 'giving' at Grant House—donating your time Thursday evening and Saturday to take the Level Ones on outings in the community

Privileges:

- You may have two weekend passes per month and one overnight

You will be assigned an Addiction Case Manager who will be able to provide support to you in the community after you graduate.

Level Two Weeks 10-17

Time to develop a deep understanding of the program and to work in-depth on your issues. You will be expected to maintain the gains made in Level One and to start setting goals for the future with your counsellor.

Privileges:

- attend appointments on your own
- attend 12-step meetings on your own
- have increasing amounts of free-time, starting with four hours on a Thursday and four hours on Saturday.
- after four weeks as a Level Two, you may receive one Overnight and then one weekend pass.
- Apply for Level Three in Week 17.

Your progress through the levels, and the amount of free-time available to you will be based on your involvement and commitment to the program. They are privileges you earn.