



**BUNJILWARRA**  
Koori Youth Alcohol & Drug Healing Service

www.bunjilwarra.org.au

# Bunjilwarra

Koori Youth Alcohol and Drug Healing Service

PO Box 43 Hastings, VIC 3915

ph: 03 5979 2011

fax: 03 5979 3211

email: info@bunjilwarra.org.au

## REFERRAL INFORMATION PACK

Thank you for your interest in referring a young person to Bunjilwarra. You will find information about the program and how to make a referral in this document. We have also included forms that we ask you to fill out as we require all available information on diagnosis, medications and case management which will form part of Bunjilwarra's assessment process. This will assist us to offer appropriate support to a young person who is interested in the program.

### Eligibility and Screening Criteria

To be eligible for acceptance to Bunjilwarra, a young person must:

- Identify as being of Aboriginal and/or Torres Strait Islander descent.
- Be between 16 and 25 years of age.
- Require treatment to manage their alcohol and/or drug problem.
- Be prepared to enter the program voluntarily.

In addition, the young person must:

- Demonstrate that they are ready to address their alcohol and other drug issues, including a willingness to participate in the development and achievement of personal goals.
- Make a commitment to actively participate in all aspects of the program, in particular group based and one-on-one activities.
- Be willing to participate and live in a therapeutic community environment.

### Referral Process

1. Fully complete and sign the **Referral** form (pages 6 to 12)
2. Complete and sign the **Consent to Release Information** (page 13). Please note this is to be signed by the young person
3. Complete and sign the **Emergency Discharge Plan** (page 14)
4. Complete the **Checklist** (page 17)
5. **FAX, EMAIL OR MAIL TO BUNJILWARRA**
6. Once received, the referral is then considered at the Referral Meeting, which is held weekly
7. The outcome will be communicated to the Referrer as soon as possible



## **Intake and initial assessment**

Intake into the program will be managed by Bunjilwarra and will involve:

- Initial contact with young people and/or other referrers.
- Providing information about the program including eligibility criteria, referral processes, expectations on residents etc.
- Building the initial rapport with the young person and their family.
- Receiving and processing referrals.
- Conducting screening and initial assessments of the young person including suitability for the program, readiness for change and willingness to abide by the program rules and actively participate in all aspects of the program.

If suitable, the young person goes onto the waiting list for a place within the program

Once a place becomes available, the young person and/or their worker/s will be notified

## **Pre-admission**

Bunjilwarra require the young person to be **drug free** on admission. This is a strict guideline to entering the program, and a safety issue for the young person, as the Bunjilwarra program is not equipped to manage withdrawals. The young person may need admission to a withdrawal unit to undergo detox before entering Bunjilwarra. If the young person feels confident they will not use any substances then the following requirement may be done from home, with the support of a home based withdrawal nurse

Bunjilwarra requires **3 clean supervised urines** to be obtained before admission to Bunjilwarra. This is done as a reassurance that the young person is not going to experience any physical withdrawal symptoms, which may cause risk to the young person's health or interfere with their ability to attend the program timetable.

These results must be faxed to Bunjilwarra on 03 5979 2011 in advance of the young person's admission to Bunjilwarra

If the young person has been prescribed Benzodiazepine during detox then we will require information on the reduction regime and levels done on the UDS. This would also mean the required UDS may not produce a negative result but we will accept a young person provided we have the discharge report

Cannabonoids take longer to show a negative in the urine samples, so where possible, we will require levels on this drug and we will continue to do levels at Bunjilwarra. If it is evident that the young person has taken more than the prescribed amounts of medications, than we will have to discharge them and they will need to re-enter a detox unit to achieve the required drug free status. This will slow down their admission to Bunjilwarra and does not give them priority over others on the waiting list that have achieved the requirement of entry to Bunjilwarra

If the young person has been prescribed anti depressants or anti psychotic medication, they need to be stable on, or off these medications for at least an eight week period. With pharmacotherapy medication such as Methadone or Buprenorphine, we prefer the young person to have had a period of stability pre-admission



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When a young person has entered a withdrawal and respite unit, we require them to be admitted directly from that unit. This will safe guard against the young person lapsing back into drug use prior to the Bunjilwarra admission

Please note – Young people WILL NOT receive spending money from Bunjilwarra until we have received their first Centrelink payment. Therefore, new admissions should bring sufficient spending money (e.g. for drinks, cigarettes, etc) to last for **at least two weeks**. Young people not on Centrelink payments should apply to Centrelink before admission to Bunjilwarra, or have in place an option for paying rent and spending money. Rent is \$70 per week from 01/08/14

*We hope this information is helpful to you and please feel free to contact Bunjilwarra if you have any questions regarding the referral paperwork or process.*



## Questions to ask prior to Bunjilwarra

- Am I ready to stop using drugs?
- How long will it take me to feel well enough to be able to follow the Bunjilwarra program and what is expected of me while I'm there?
- Have I decided I am ready to cut the ties with my drug using life?
- Is it me that wants this or am I feeling pressure from outside?
- I have decided to do the program because.....?
- How do I feel about being told what to do and following instructions and a timetable?
- Can I manage not talking to family and friends, or having no leaves for the first two weeks of my stay at Bunjilwarra?
- How will I feel if I'm not allowed to do something that I feel I really want to do? (e.g. watching TV when I want, staying up late, using my phone)
- How happy am I about having my finances managed by Bunjilwarra, under my supervision?
- How will I manage living with between 8-10 other young people who I don't know?
- What is going on in my life that may stop me from getting into Bunjilwarra?
- What will I struggle with that may make me leave Bunjilwarra?
- Am I settled on and agree with the type and amount of medication I am taking?
- Is there anything that is more important going on in my life at this time?
- Is there anyone in my life, today, that is supportive of me whilst I do this?
- What concerns do I have about going into Bunjilwarra?
- What do I need from my support people and workers?

It's a big list, but it may be helpful for you to think about these questions and seek help in discussing this with those you believe will understand and be of support through this process. It may feel strange at Bunjilwarra within the first few days, but there are people to talk to about this and you will find that you get to know people and the routine quickly. It's not all hard work here; we do have some fun along the way!!

Please feel free to call and discuss any concerns or issues with Bunjilwarra.



## Bunjilwarra Pathway – Stages Model

The Bunjilwarra Program Model is one of stages, whereby the young person moves in a deliberate and planned way through their stay, acquiring a sense of accomplishment with the achievement of various goals. Movement between stages is dependent upon the achievement of goals and occurs following an evaluation of progress conducted by the Manager/Senior Worker, Key Worker and young person. Where a young person is not progressing within the program, a formal meeting is made with the Bunjilwarra Managers, staff representative, Key Worker and young person to consider whether Bunjilwarra is an appropriate option for the young person.

### Referral:

- Visit and tour of Bunjilwarra
- Interview with Bunjilwarra Intake Worker
- Drug Screening

### Questions to think about:

- “Do I want to be at Bunjilwarra? Am I prepared to live in the Bunjilwarra Community, with all its rules, for a period of time?”
- Am I ready to deal with my drug use and learn new ways to live?

### Stage 1 – Trying it out (minimum of 2 weeks)

- Admission to Bunjilwarra
- Given Intake Worker & Resident Guide
- 2 weeks – extended week by week if needed
- Identify initial goals
- Range of assessments
- At end of Stage 1 meet with Review Group to decide to leave or stay

### If you decide to leave:

- Presented with Stage 1 Completion Certificate

### If you decide to stay:

- Decision made with key worker
- Presented to community at Community Meeting
- Given own mug, drink bottle & tokens

### Stage 2 – Working it out (approx 6 weeks – 3mths)

- Full member of the Community
- Full participation in the Program
- Time of reflection – look at attitudes, thinking, feelings and behaviours
- Develop relapse prevention strategies
- Focus on short term goals
- Time with key worker
- Contact with family/significant others
- Privileges – phone calls, visitors, leave
- Meet with Review Group to discuss moving to next stage

### Towards the end of Stage 2:

- The resident applies to go to Stage 3, giving reasons why they are ready for the next stage

### Stage 3 – Mapping it out (approx 4-8 weeks)

- Focus on Planning
- Increased responsibility in program
- A guide to new residents
- Privileges – day leave & later overnight leave
- More independence – appointments, public transport, outside activities
- Family/significant others – sessions
- Kitchen work available 2 days per week
- Work with Outreach worker to explore educational, training, employment, housing options
- Meet with Review Group to discuss graduation and graduation date

### Graduation:

- Tree planting & graduation certificate
- Graduation lunch – celebrate your achievement with Bunjilwarra community, family, workers & friends
- Graduation gift
- Leave Bunjilwarra

### Post Graduation:

- Bunjilwarra graduates invited back after a few weeks to share their leaving experience with the Bunjilwarra community



# Bunjilwarra

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## Referral Form

Date:		Completed By:	
First Name:		Surname:	
Date of Birth:		Age:	
		Gender	M / F
Contact Address:			P/Code
Contact Phone:		Mobile:	
Country of Birth:		Cultural/Linguistic Background:	
Aboriginal/Torres Strait Islander:	Yes / No	Language Spoken:	
Medicare Number:		Expiry Date:	/ /
Healthcare Card Number:		Expiry Date:	/ /
Current Source of Income:			
If Centrelink, what type of payment:			
<b>WORKERS (e.g. D&amp;A, mental health, juvenile justice, outreach, etc)</b>			
Do you currently have any workers assisting you?			Yes / No
If yes, please list details below:			



Name	Organisation	Work Capacity (how are you working with the young person)	Contact Details (phone/fax/email)

**FAMILY**

<b>Mother's Name:</b>			
<b>Contact Address:</b>			<b>P/Code</b>
<b>Contact Phone:</b>		<b>Mobile:</b>	
<b>Does your mother speak English:</b>	<b>Yes</b> / <b>No</b>	<b>If no, then what language is spoken</b>	
<b>Type of contact with mother:</b>	please circle: <b>no contact</b> <b>infrequent</b> <b>regular</b>		
<b>Father's Name:</b>			
<b>Contact Address:</b>			<b>P/Code</b>
<b>Contact Phone:</b>		<b>Mobile:</b>	
<b>Does your father speak English:</b>	<b>Yes</b> / <b>No</b>	<b>If no, then what language is spoken</b>	
<b>Type of contact with father:</b>	please circle: <b>no contact</b> <b>infrequent</b> <b>regular</b>		

**If you are under 18 years of age, who is your legal guardian? Please provide details below:**

<input type="checkbox"/> <b>mother only</b>	<input type="checkbox"/> <b>father only</b>	<input type="checkbox"/> <b>both mother and father</b>	<input type="checkbox"/> <b>other (provide details below)</b>
<b>Name/s:</b>			
<b>Contact Details:</b>		<b>Relationship to you:</b>	
<b>Who do you currently live with:</b>		<b>Is this accommodation a place you can return to:</b>	<b>Yes</b> / <b>No</b>

**FAMILY OF ORIGIN**

<b>Clan/Mob/Land</b>		<b>Relationships/Roles, include cultural/ethnic specific issues</b>	
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<b>STOLEN GENERATION</b>			
Is client/family part of the stolen generation?			
<b>STEP – PARENTS (if other than above)</b>			
Name/s:			
Contact Details:			
<b>SIBLINGS – Do you have any brothers or sisters? If yes, please complete details below:</b>			
Name/s:		Ages:	
<b>PARTNER</b>			
Name/s:			
Contact Details:			
<b>CHILDREN – Do you have any children? If yes, please complete details below:</b>			
Name/s:		Ages:	
Who do they live with:		Custody Arrangements:	
<b>NEXT OF KIN – Who should we contact in case of an emergency?</b>			
Name/s:			
Contact Details:		Relationship to you:	
<b>LEGAL ISSUES - Do any of the following legal issues relate to you?</b>			
Are you currently in custody:	Yes / No	Being held at:	
Reason for incarceration:		Release date:	/ /
Are you currently on any legal order:	Yes / No	Type of order:	
Reason for order:		Order expiry date:	/ /
Conditions of order:			
Is there any outstanding court cases:	Yes / No	Upcoming court dates:	/ /
Which court will you need to attend:		What charges are you facing:	
Likely outcome:			
Have you been locked up before:	Yes / No	Where were you held:	
Reason for incarceration:		Release date:	/ /
Do you have any other previous convictions	Yes / No	When and what for:	





<b>MEDICATIONS – You will need to tell us about any medications you are currently taking</b>					
Are you taking any prescribed medication	Yes / No		Are you asthmatic:	Yes / No	
Medication Name:	What is this for:	How long have you been taking this:		Contact Details of Prescriber:	
Are you currently on methadone:	Yes / No	If yes, what dosage		Date commenced:	
Are you currently on buprenorphine:	Yes / No	If yes, what dosage		Date commenced:	
Prescriber Details:			Phone:		
Pharmacy Details:			Phone:		

<b>PHYSICAL HEALTH ISSUES – Please list any current health issues you suffer from</b>	
Allergies:	
Disabilities:	
Injuries:	
Medical directive:	

<b>INTELLECTUAL DISABILITY – Has it ever been suggested that you may have an intellectual disability? If so, please explain below</b>	

Do you have a case manager? (Details):			
<b>DIETARY REQUIREMENTS – Please advise if you have any special dietary requirements?</b>			
<input type="checkbox"/> vegetarian/vegan	<input type="checkbox"/> diabetic	<input type="checkbox"/> celiac	<input type="checkbox"/> other



**MENTAL HEALTH**

Are you currently seeing a counselor/psychologist/psychiatrist or other mental health professional?		Yes / No	
Name/s:			
Contact Details:		How long have you been seeing this professional:	
What are you seeing them for:		What suburb are they located in:	
Have you had treatment for a mental health issue in the past:		Yes / No	
If yes, what for:		Length of treatment	

**SUBSTANCE USE HISTORY**

What do you believe is the substance that has caused you the most problems:	
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Please list in the table below ALL the substances that you use (including alcohol & tobacco)

Substance	Age of first use	Age of first regular use	Route of use	Do you currently use this drug? How often?	How much you use at one time

**DRUG TREATMENT HISTORY**

Have you previously had any help with your drug related problems (e.g. withdrawal, outreach, counseling, rehabilitation)?	Yes / No
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If yes, what kind, when, and was it useful?



**What is the longest time that you have gone without the substance that causes you the most problems**

**Why do you think that you are ready for rehab?**

**EDUCATIONAL HISTORY**

Are you currently at school/TAFE/Uni:	Yes / No	When did you last go to school:	/ /
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What is the highest level of schooling that you achieved:	
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**EMPLOYMENT HISTORY**

Are you currently employed	Yes / No	If no, have you ever done any paid/unpaid/voluntary work:	Yes / No
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If yes, what did/does your employer know about your substance use?

**GENERAL**

What kind of work interests you?



<b>What kind of things do you/would you like to do in your spare time?</b>			
<b>What do you know about Bunjilwarra, and where did you get the information?</b>			
<b>What would you like to know about Bunjilwarra?</b>			
<b>Why are you thinking of coming to Bunjilwarra?</b>			
<b>Is there anything else you would like us to know?</b>			
<b>Who helped you to fill out this form?</b>			<b>Yes / No</b>
<b>Can we contact him/her?</b>			<b>Yes / No</b>
<b>If yes, please provide contact details:</b>			
<b>Name/s:</b>			
<b>Contact Details:</b>		<b>Relationship to you:</b>	



**CLIENT CONSENT TO RELEASE/OBTAIN INFORMATION FORM**

Name of Young Person \_\_\_\_\_ Date of Birth \_\_\_\_\_

Referring Worker and Organisation \_\_\_\_\_

<b>Reason for information release or request (MUST be specific):</b>	
<b>To agency/practitioner: (Please specify)</b>	<b>Type of information:</b>
	<input type="checkbox"/> ALL relevant information Except / including (please specify) <input type="checkbox"/> AOD use <input type="checkbox"/> Legal status <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Other (please specify)
<b>WRITTEN CONSENT BY YOUNG PERSON</b>	
It has been discussed with me how, when and why certain information may need to be given to or obtained from other agencies. I understand the recommendations and give my permission for the above information to be shared.	
Signed: _____ Witnessed: _____ Date: ____ / ____ / ____	
<b>WRITTEN CONSENT BY PARENT/LEGAL GUARDIAN</b>	
I am aware of the reasons why the above information needs to be shared and give permission for its release.	
Signed: _____ Relationship: _____ Date: ____ / ____ / ____	
<b>CONSENT WITHDRAWN (please specify eg. particular information and/or agency)</b>	
Signed: _____ Date: ____ / ____ / ____	





## **What BUNJILWARRA does with your information?**

### **Your information—it's private**

Protecting the privacy and confidentiality of personal information is important to BUNJILWARRA. BUNJILWARRA is committed to ensuring that:

- the organisation itself complies with relevant privacy, confidentiality and security legislation
- all persons, including BUNJILWARRA staff, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain privacy, confidentiality, and security of that information

### **What information do we collect from you and why?**

During your time with us, we collect information about you and store it in a client record file. This information includes your name, address, contact details and information about why you have come to see us. The information collected allows us to provide you with support and assistance. Every time we have contact with you, new information is added to your file. This allows all the workers involved in working with you to access your information easily and quickly when it is needed. It also reduces the need to collect the same information over and over again.

While you have the right to refuse to provide certain information, this may have an impact on our ability to provide you with appropriate assistance. Should you choose to refuse to provide any information, we will make every effort to explain the potential consequences of this choice.

### **How will your information remain confidential?**

Information about you is stored securely in your file and on our computer system. We have strict policies about who can see and use your information, and only authorised staff are able to access this information. All our staff members must treat your information confidentially.

We may recommend that other services become involved in assisting you. In that case, you will need to give consent for us to disclose necessary information from your client record file to help these other services assist you.

Sharing information in this way helps us to provide you with effective assistance, and lessens the need for you to repeat information to another service that you have already provided us with. You may choose to have all or just some of this information released. You can change your decision at any time. You also have the right to refuse to give consent.

Some information may be used for research and planning to help BUNJILWARRA provide a better service. In this case, any identifying information, such as your name and contact details, will be removed before the information is used.

From time to time you may be asked to provide additional information. Where this information is substantial you may be required to provide further consent.

There are a few situations when your information may be shared without your consent, for example, in an emergency situation and in certain circumstances if required by law. If any of these circumstances apply, we will advise you as close as we can to the time when the information is released.

If you have any concerns or questions about sharing of information, please speak to your worker. Any limits to confidentiality will be explained to you.



## THE FOLLOWING MAY BE OF ASSISTANCE TO YOU

Withdrawal Units used by many young people prior to Bunjilwarra:

### YSAS Units

- Geelong Unit ph: 03 5248 4777
- Fitzroy Unit ph: 03 9415 9996
- Glen Iris Unit ph: 03 9899 4255

### Drug Health Service (previously DAS West)

- Youth Withdrawal Unit ph: 03 8345 6649
- Youth Outreach Team ph: 03 9689 5533

### Uniting Care

- Ballarat ph: 03 5334 8166 (Tabor House)
- Re Gen/Moreland Hall ph: 03 9384 8855 (Gwenyth Williams Youth Unit)

### Windana Youth Withdrawal Unit

- Dandenong ph: 03 9706 7707





## **BUNJILWARRA REFERRAL APPLICATION CHECKLIST**

### **Very Important:**

To ensure that your referral is considered for assessment - please ensure that **ALL** the following paperwork has been fully completed and signed by all relevant parties:

- Referral form (pages 6 to 12)
- Client Consent to Release/Obtain Information form (page 13)
- Emergency Discharge Plan (page 14)

### **Other important information that will assist with referral/assessment:**

- Legal reports
- Medical reports
- Mental health reports
- Original birth certificate (or certified copy)
- Copy of healthcare card (if young person on Centrelink)
- Copy of medicare card

### **MUST HAVE - Before admission to Bunjilwarra:**

- Pathology results for 3 clean supervised urine tests
- Medication – reduction regime for Benzodiazepine and levels done on the UDS
- Cannabonoids – levels done on the UDS