Our Vision: A community that recognizes and responds to substance use needs as a complex issue best addressed through conditions that allow for resiliency.

Our Mission: Collaborating with the community, families and young people to cultivate caring, connected opportunities for sharing the personal gifts that help us and others confidently navigate a society where substance use is common.

If you are a youth, concerned family member or friend, contact us at:

- 778-347-8664
- referrals@impactabby.com or go to our contact page.
- 101-32555 Simon Avenue Abbotsford, BC V2T 4Y2 (FOUNDRY Abbotsford)

If you are a referring agency or school:

- Fill out a referral & email to referrals@impactabby.com or fax to 604-746-7399.
- A counsellor will follow up with the referred youth to set up an initial contact, usually within a week or less.
- If you have questions about the referral process, consult our Referral FAQ.
- We will discuss consent to disclose information with all referred clients. You can also download and fax a signed <u>Release</u> to us.
- If you have any questions or concerns about **anything** regarding your or a client's interactions with Impact programs/staff, please contact our Executive Director, Brian Gross, in confidence at brian@impactabby.com or by cell at 604-897-8066.

About Us

- All of our services are free.
- Our services are confidential, but we may involve other supports if someone is in danger.
- We acknowledge that the majority of people use some substances to some level.
- We acknowledge that experiences with substance use are varied.
- Youth don't have to want to stop using any or all substances in order to be involved with Impact services.
- Our goal is to help youth understand and pursue what is important to them.
- We don't assume we know what would be best for anyone.

Who We Serve

- Youth age 12-24 with concerns or questions about their own or someone else's substance use.
- Friends and family who are concerned about the substance use of a youth (12-24).
- We also present to community groups about issues related to youth substance use.

What We Offer

- Individual Counselling that may focus on anything associated with substance use, such as difficult feelings, thoughts, experiences, relationships, or other issues.
- New Direction group that introduces Impact's services and encourages critical thinking around substance use.
- DIG (Drop In Group) weekly group for digging into concerns, goals and questions in life and looking at how substance use might connect to these.
- Activities, including weekly recreational programs, special programs on Pro-D days and during summer, winter and spring breaks.
- Referrals to other services in the community.
- Parent and caregiver support and educational group with monthly follow-up meetings.
- Family and couples counselling around substance use related issues.



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FAQ for potential referrals to Impact Youth and Family Substance Use Services

Can a youth be mandated to see a counsellor at Impact by a parent, school, probation officer, doctor, judge, restorative justice or any other authority?

While various authorities may be able to strongly recommend or place conditions on a person to attend counselling, ultimately it is the individual's choice to attend Impact Youth & Family Substance Use Services. When a youth does choose to meet with one of our counsellors, our primary concern is building a trusting relationship with that youth. We do not apply pressure to anyone to use our services. Doing so might make that youth more hesitant to seek services from us (or any other counselling service) in the future.

What if I want to make sure the person I to refer to Impact attends a certain number of counselling sessions, groups or other activities?

As with any counselling service, we do not recommend or advocate for a specific number of sessions. The path to desired outcomes is different for each person. For some clients, it may make sense to not see us at this point, to see us once, a few times, or for an extended period of time. As circumstances change, so might a client's counselling needs.

We view change not as an event, but as a process that is unique to each individual. Therefore – partly because we have limited resources and high demand for our services – even if you specify a number of sessions, we will collaborate with those you refer to us to determine what makes sense to them.

What if the person I want to refer to Impact doesn't want to go to counselling?

If the person you want to refer is okay with you sending in our referral form, one of our staff will attempt to contact them within a few days. When they make contact, they will offer to explore reasons the person may or may not want to try counselling and respect whatever decision is made. Whatever the choice is, our staff strive to make this a positive connection – so the person will feel comfortable contacting us in the future, if they have a need.

Can I find out if a person I referred to Impact has seen a counsellor?

Because of Mature Minor Consent rulings in Canada, youth who are deemed capable of understanding and consenting to services on their own behalf also have the right to the level of confidentiality that they choose. If a client does allow us to share information with you, they may also choose to limit the nature of that information. As an example, a client may only agree to share the fact that they have seen a counsellor, but not the content of anything discussed.

We can confirm that we received your referral form, but beyond that, in most cases, we will need client consent. We are glad to consult with and work alongside other people/supports/professionals when we do have consent. Youth can give us consent directly or you can fax a release form to us. (Download here: www.impactabby.com/get-connected/)

What if I have concerns or questions not answered by this FAQ?

Please feel free to contact Impact's executive director at brian@impactabby.com or 604-897-8066.



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Referral Source Informati	on									
Name of Referring Agent										
Agency										
Contact Number and Ema	il									
Date of referral										
Client Demographics										
Name										
Date of Birth										
Address										
Phone Number										
PHN/Care Card #										
Counsellor Preference*	Male		Female		No Preferer	nce				
*We will make every effort to connect clients with counsellors that meet their preferences.										
Reason for referral (Please explain in detail) If school referral, is student suspended? Y N										
Is client aware this referral has been made? (If no, include an explanation of why below) Y N										
Please send completed form to IMPACT either in person, by email at <u>referrals@impactabby.com</u> or fax										

Please send completed form to IMPACT either in person, by email at referrals@impactabby.com or fax to 604-746-7399. After review, a counsellor will contact you and/or the referral. Please call us at 778-347-8664 with any questions about this form or our referral process. You can also consult our referral FAQ or download a Release of info form at: http://www.impactabby.com/get-connected/

I understand that personal information about this youth may be shared with the IMPACT staff for the direct purpose of determining eligibility for services and nature of services. I consent to the use of information and understand that the IMPACT staff will maintain that information in strict confidentiality. Exceptions to this confidentiality occur when information is revealed indicating danger or actual harm to a child.