



COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

Commission Disclosure 1800

Advisory Note

Program/Department Name:

Program Development (Clinical)

Date: March 24, 2006

Subject (or Issue):

(Identify the issue requiring explanation or initiative being considered.)

YECSS contact with family related to Phoenix Sinclair. Information was gathered from discussion with Mr. Grant Wiebe on March 22, 2006.

Current Status:

(Provide details; include chronology of events with dates, documentation of discussions, reasons behind explanation or request, proposed objectives and goal, identify processes, barriers and hoped for outcomes.)

The family of [REDACTED] ^{DOE#3} and her two sons, [REDACTED] ^{DOE#2}, age ● and [REDACTED] ^{DOE#2}, age ●, who reside here in Winnipeg are currently open to BTT. I met with Therapist Grant Wiebe on March 22 to gather information pertaining to the case and how it might relate to the matter of the death of four year old Phoenix Sinclair.

Chronology of contact:

October 25, 2005

MCT had initial contact with this family.

October 26, 2005

^{DOE#3} Mr. Wiebe placed a p/c to [REDACTED] ^{DOE#3} to offer follow up services. At that time, Ms. [REDACTED] reported that she was unsure of what needed attention. An appointment was scheduled for Nov.3/05.

November 3, 2005

The family missed appointment; mother agreed to call back and reschedule

November 14, 2005

^{DOE#3} [REDACTED] called and set up time to meet on Nov. 22/05.

November 22, 2005

Mr. Wiebe met with [redacted] and her son [redacted] to assess [redacted] overall functioning. The assessment was favorable; stable mental status; no immediate safety concerns. [redacted] informed Mr. Wiebe that [redacted] had disclosed to her that sometime during June or July while he and [redacted] were living with his father in Fisher River, he had witnessed his father being physically violent with Phoenix, his four year old daughter. [redacted] had disclosed this information to his mother over the internet. [redacted] had reported to Mr. Wiebe that she had contacted CFS at that time to report the incident. The family was investigated by CFS and the boys were sent to live with their mother here in Winnipeg. Mr. Wiebe offered further follow up that the mother would consider. [redacted] was able to contract for his safety if needed.

DOE#3
DOE#1
DOE#1
DOE#1
DOE#3
DOE#2
DOE#3
DOE#1
DOE#1

December 23, 2005

[redacted] chose not to use follow up and the file was closed.

DOE#3

March 6, 2006

[redacted] called and spoke with Mr. Wiebe. She informed him that her older son [redacted] informed her there was a possible body of a deceased girl buried in the Fisher River area. She informed that this was witnessed by [redacted], [redacted], Carl McKay and/or the biological mother. [redacted] presented as distressed at the time and may have had trouble with the specifics of the information that she shared. She informed Mr. Wiebe that she had already contacted the Winnipeg Police Service and the Intertribal CFS agency with this information and that they were already involved in an investigation. The Winnipeg Police Service had informed her that they were involving the R.C.M.P. and that further investigation would continue by interviewing her boys once they arrived home from school.

DOE#3
DOE#2
DOE#1
DOE#2
DOE#3

[redacted]

March 7, 2006

[redacted]

[redacted]

March 9, 2006



March 22, 2006



Future Status:

*(Include commentary on plan; identify stakeholders, include estimates of costs attached
What are the benefits to clients, community, agency, program, and stakeholders?)*

Ongoing criminal investigation

Recommended Action:

*(Offer recommendations for implementation if necessary.
Include quotable response for E.D. and Cautionary notes if applicable).*

Information for Executive Committee

Target range: Immediate

Review date: As required

SS CONTACT RECORD

Client: [REDACTED] DOE#1

File #: _____

Date/Time	Nature of contact
Mar 7/06 1700	Speakers [REDACTED] over phone [REDACTED] DOE #3
Mar 8/06 1745	R from [REDACTED] [REDACTED]
Mar 9/06 1730	R from " " [REDACTED]
Mar 13/06 1930	Mfr: Randall Chapman - Proj. Coordinator XECS [REDACTED]
Mar 13/06 1600	R to [REDACTED] [REDACTED] DOE #3
Mar 15/06 1530	R from [REDACTED] [REDACTED] DOE #3
Mar 22/06 1940	R to [REDACTED] [REDACTED] DOE #3
Mar 22/06 1600	Mfr: Ken Kane - Proj. Dev Officer [REDACTED]
Mar 22/06 1900	Mfr: " " " " " " [REDACTED]
Mar 23/06 1710	R to S from [REDACTED]
Mar 24/06 1200	R to " " - 100 accounts [REDACTED]
Mar 27/06 1345	R to S from [REDACTED]
Mar 27/06 0800	R to Victim Services [REDACTED]
Mar 27/06 1430	R from Victim both of V.S. [REDACTED]
April 24/06 1500	Mfr: Ken Kane Proj. Dev Officer [REDACTED]
April 25/06 1300	No further contact from [REDACTED]
Apr 29/06 1850	PR + [REDACTED]
Mar 9/09	PR to intake XPLA [REDACTED]

YECSS CONTACT RECORD

Client: [REDACTED] DOE#1

File #: _____

Date/Time	Nature of contact
02-05-17 933	Plc to intake ————— MP
02-05-17 950	C/V to 170 Kingsbury ————— mu
MAR. 4/05	Plc to Intake ————— M.G.
Oct 12/05 10:24	Plc to intake ————— CK.
Oct. 12/05 12:58	Faxed to YEESS ————— CK.
Oct 13/05	Plc to Intake —————
Oct 13/05 0955	C/V @ 672 Manitoba —————
Oct 13/05 2058	Fax to CSU —————
Oct 25/05 1500	Plc to intake ————— CR
Oct. 26/05 1700	Plc to S fam —————
Nov 3/05 1830	Plc from [REDACTED] DOE#3 —————
Nov 14/05 2000	Plc from [REDACTED] DOE#3 —————
Nov. 22/05 1830	Plc to A.S. + [REDACTED] DOE#3 —————
Dec 23/05 1545	Plc from [REDACTED] DOE#3 —————
March 6/06 1430	Plc from [REDACTED] —————
March 6/06 1645	Plc from " " " " —————
Mar 7/06 1300 12:45	Plc to " " " " —————
Mar 7/06 1520	" " " " no answer —————
Mar 7/06 1950	Plc to S fam —————

DOE#3

RISK ASSESSMENT:

SUICIDE:

- None evident
- Current thoughts
- Plan: Y N U/K
- Other risk factors:
- Current threats
- Means: Y N U/K
- Current attempt
- Past Attempts: Y N U/K

VIOLENCE:

- None evident
- Current thoughts
- Hx of violence
- Current threats
- Current Drug/alcohol use
- Current aggression - *PERCBA*
- Other risk factors

HOMICIDE:

- None evident
- Current thoughts
- Plan: Y N U/K
- Other risk factors:
- Current threats
- Means: Y N U/K
- Current Drug/alcohol use
- Other risk factors

OUTCOME INFORMATION:

- MCT Intake - Team dispatched
- MCT Intake - No team presently available (follow-up required)
- MCT Offered - Not Accepted
- Telephone Counselling - Resolution
- Pending (follow-up required)
- Follow Up Required Intake to be contacted Intake to call
- No Call Back by 03:00
- Utilized Alternative Resource
- Client AWOL
- Client Settled
- Call Terminated due to no team available
- Other *STT*

INTERNAL REFERRALS:

- YEES (Accepted / Refused)
- PERL
- HBCIS (Accepted / Refused)
- CSU admission (3-7)
- CSU Request - Unit Full
- CSU Request

EXTERNAL REFERRALS:

- CFS - AHU (New)
- CFS - Day (Open)
- Central Intake
- CFS - AHU (Open)
- WPS (non-emergency)
- Hospital
- CFS - Day (New)
- 911
- Other

GUARDIANSHIP INFORMATION:

- PARENT / STEP DOE #3
- Mother [REDACTED] *STE* Address *ABOVE* Phone
- Step mother Adoptive
- Father Name *CARL MCKAY* Address Phone
- Step father Adoptive *WAS IN WAGS? BY MARYLAND NOTED*
- Joint Sole Care and Control
- Joint Sole Care and Control

EXTENDED FAMILY

- CHILD AND FAMILY SERVICES T.O P.O. Apprehension NY IM ID
- VPA NY IM ID

- Agency: Address:
- Name (Social Worker) Foster parent Phone Fax
- Group care Other

ASSESSMENT AND PLAN:

MCT Dispatch Time _____ hrs

Spoke [redacted] on the phone & contacted with [redacted] DOE#3
 & report [redacted] in the home & reports police & verbal DOE#2
 aggression on the home between [redacted] DOE#1
 No reports other [redacted] DOE#1
 [redacted] approached her & stated that
 the family - mainly [redacted] DOE#2
 her brother [redacted] DOE#1
 her son [redacted] DOE#1
 pulled a young child in the back yard
 No contact WPS + Initial CFS & then information
 No reports WPS [redacted] RCMP + further investigation to be
 continued when [redacted] DOE#1 & DOE#2
 return home from school. No
 reports [redacted] DOE#1 & DOE#2
 are not aware such. have been contacted -
 the disclosed information. Writer encouraged Mo to
 access Adult MCT or VECSS as required - No reports she
 will do so. Writer encouraged Mo to monitor [redacted] DOE#1 & DOE#2
 as further investigation is completed.

[redacted]

reports she is with [redacted] DOE#1
 and able to do so + will file a MCT
 if concerns re safety arise. Writer asked Mo to review
 understanding of timeline - No reports she personally reported [redacted] DOE#1 & DOE#2
 disclosure regarding the pass. abuse in the home to CFS
 (see Assessment/Plan [redacted] DOE#1 & DOE#2
 for 2/2/05) - Mo currently unsure
 who she spoke to & what agency - Mo reports she follows the
 concerns regarding the 4yo. girl were reported. Mo reports she
 is currently unaware of when reported incident took place + who
 was found. Writer's concern re timeline is pass. understanding
 of [redacted] DOE#1 & DOE#2
 + implication re safety - Mo reports she will
 monitor safety concerns + access MCT/WPS if required

Final action set for 1100 March 7 [signature]

Youth Emergency Crisis Stabilization System

BTT DATABASE FORM

BTT THERAPIST: Grant Wiebe

NAME OF CLIENT: LAST: [REDACTED]

FIRST: [REDACTED] *Doc #1*

DATE OF FIRST SESSION 07 /D 03 /M 06 /Y
 DATE OF LAST SESSION 13 /D 03 /M 06 /Y
 DATE REFERRING INTAKE 06 /D 03 /M 06 /Y
 DATE BTT PICK-UP REFERRAL 06 /D 03 /M 06 /Y
 DATE OF INITIAL CONTACT 06 /D 03 /M 06 /Y

DATE FILE CLOSED: [REDACTED]
 TOTAL SCHEDULED SESSIONS: 2
 ATTENDED SESSIONS: 0
 TELEPHONE SESSIONS: 3
TOTAL SESSIONS: 3

NUMBER OF PSYCHIATRIC CONSULTS:

NUMBER OF OTHER CONSULTS: 9

FOCUS OF INTERVENTION (P indicates primary focus)

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Physical Aggression | <input checked="" type="checkbox"/> Difficult Behaviors | <input checked="" type="checkbox"/> Caregiver unable to cope |
| <input type="checkbox"/> Placement breakdown | <input type="checkbox"/> Running | <input type="checkbox"/> Sexual Abuse victim | <input checked="" type="checkbox"/> Mental Health/Psychiatric Issues |
| <input checked="" type="checkbox"/> Drugs/Alcohol | <input checked="" type="checkbox"/> Parent/child Conflict | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Developmental/Neurological Issues |
| <input checked="" type="checkbox"/> Self Harm / At Risk Behaviors | <input checked="" type="checkbox"/> School performance | <input checked="" type="checkbox"/> Other <i>poss. witness to homicide/disclosure</i> | |

SUPPORTS ALREADY IN EXISTENCE:

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Individual therapist | <input type="checkbox"/> NO SUPPORTS | |
| <input type="checkbox"/> CGC/ESS | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> MATC | <input type="checkbox"/> St. Boniface |
| <input type="checkbox"/> Addictions treatment | <input type="checkbox"/> Residential Placement | <input checked="" type="checkbox"/> CFS supports | <input type="checkbox"/> HSC |
| <input type="checkbox"/> H.B.I.C.S | <input type="checkbox"/> Psych. Consult (YECSS) | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Special Ed. |
| <input checked="" type="checkbox"/> Other services WPS | | <input type="checkbox"/> YEES | |

SUPPORTS PENDING ON REFERRAL:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Individual therapist | <input type="checkbox"/> NONE PENDING | |
| <input type="checkbox"/> CGC/ESS | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> MATC | <input type="checkbox"/> St. Boniface |
| <input type="checkbox"/> Addictions treatment | <input type="checkbox"/> Residential Placement | <input type="checkbox"/> CFS supports | <input type="checkbox"/> HSC |
| <input type="checkbox"/> H.B.I.C.S | <input type="checkbox"/> Psych. Consult (YECSS) | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Special Ed. |
| <input checked="" type="checkbox"/> Other services RCMP | | <input type="checkbox"/> YEES | |

REFERRALS

- Internal Referrals:**
- | | | |
|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> H.B.I.C.S | <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> YECSS |
| | <input type="checkbox"/> Psych. Consult (YECSS) | <input type="checkbox"/> YEES |

External Referrals:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Psych consult - Hospital | <input type="checkbox"/> NONE | <input type="checkbox"/> Central Intake (WRHA) | <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> Family therapy | <input checked="" type="checkbox"/> CFS / JIRU | <input type="checkbox"/> MATC | <input type="checkbox"/> St. Boniface |
| <input type="checkbox"/> CGC/ESS | <input type="checkbox"/> Individual therapist | <input type="checkbox"/> CFS supports | <input type="checkbox"/> HSC |
| <input type="checkbox"/> Addictions treatment | <input type="checkbox"/> Psychiatric | <input checked="" type="checkbox"/> Special Ed. | |
| <input checked="" type="checkbox"/> Other services Victim Services, Adult MCT, and Nadinawee shelter | <input type="checkbox"/> Residential Placement | | |

REASON FOR TERMINATION

- | | | | |
|--|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Goals reached | <input type="checkbox"/> Guardian discontinued | <input type="checkbox"/> Client discontinued | <input type="checkbox"/> Other |
| <input type="checkbox"/> Failed to contact therapist | <input checked="" type="checkbox"/> Services elsewhere | | |

BTT DISCHARGE SUMMARY:

Brief involvement with the mother over the phone. Primary focus as safety planning. At last contact the mother reports ongoing cooperation with the appropriate authority. The writer is also aware Victim Services is available to the family. The family is aware of the ongoing availability of the YECSS. Discharge.

[Handwritten signature]

MYS BRIEF TREATMENT: SESSION REPORT

DATE: MARCH 7TH 2008

NAME DOE #1 AND DOE #2 FILE NO.:

SESSION NO.: 1

PURPOSE: THERAPY ASSESSMENT TERMINATION FOLLOW-UP

THERAPIST: GRANT WIEBE

OTHER:

CLIENTS: NAME

1. DOE #3

2.

3.

4.

5.

CONTACT TYPE: INDIVIDUAL FAMILY COUPLE GROUP

CONTACT TIME: 15 30 45 60 75 90 120 NO-SHOW

LOCATION: OFFICE HOME PHONE OTHER: _____

REFERRALS: N/A OTHER MYS M.D./PSYCH AFM CFS OTHER: _____

CONTRACTS: N/A NO SUICIDE NO VIOLENCE

THERAPEUTIC RELATIONSHIP: PRODUCTIVE + NON-PRODUCTIVE

NEXT APPOINTMENT (TIME/PLACE): 4:30 P.M. MARCH 9

THE MOTHER REPORTS SHE WAS NOT PRESENT FOR ALL OF THE INVESTIGATION. THE MOTHER REPORTS THAT BOTH BOYS WERE SEEN INDIVIDUALLY AND SEPARATELY. THE MOTHER WAS ABLE TO SHARE THE INFORMATION SHE IS CURRENTLY AWARE OF. THE MOTHER REPORTS THE [REDACTED] WAS POSSIBLY IN THE FISHER RIVER COMMUNITY WHEN THE FOUR-YEAR-OLD DAUGHTER OF THE STEPMOTHER WENT MISSING IN APPROXIMATELY AUGUST OF 05. THE MOTHER REPORT SHE IS NOT EXACTLY CLEAR IN TERMS OF THE TIMELINE OF EVENTS. THE MOTHER REPORTS THE BOYS HAVE DISCLOSED TO THE RCMP THAT THE GIRL WAS IN A DUMPSTER IN THE COMMUNITY. THE MOTHER IS UNSURE OF HOW THE GIRL ENDED UP IN THE DUMPSTER. THE MOTHER IS UNSURE IF [REDACTED] OR [REDACTED] ARE AWARE OF HOW THIS OCCURRED. AGAIN THE MOTHER WAS NOT PRESENT FOR THE ENTIRE INVESTIGATION WITH THE BOYS.

THE MOTHER REPORTS THAT [REDACTED] INFORMED HER VIA THE INTERNET AND OVER THE PHONE OF THE ALLEGED PHYSICAL ABUSES TOWARDS FOUR-YEAR-OLD GIRL AT THE HANDS OF THE FATHER AND STEPMOTHER. THE MOTHER REPORTS THIS OCCURRED IN JUNE OR JULY 2005 AT WHICH TIME SHE CONTACTED CHILD AND FAMILY SERVICES. THE MOTHER'S PREVIOUS REPORT WAS THAT [REDACTED] AND [REDACTED] WERE RETURNED HOME AFTER CHILD AND FAMILY SERVICES INTERVENED AND INVESTIGATED THE FAMILY. REFERRED TO ASSESSMENT/TREATMENT PLAN DATED NOVEMBER 22, 2005. THE MOTHER BELIEVES THAT [REDACTED] WAS POSSIBLY IN THE FISHER RIVER COMMUNITY IN AUGUST 2005 WHEN THE YEAR-OLD CHILD WENT MISSING. THE MOTHER REPORT SHE WOULD SPEAK WITH THE BIOLOGICAL FATHER AND ARRANGE FOR WEEKEND VISITS FOR THE BOYS OVER THE SUMMER HOLIDAYS, DESPITE THE REPORT THEY WERE RETURNED TO HER IN JUNE OR JULY OF 2005. AGAIN THE MOTHER REPORTS SHE HAS DIFFICULTY RECALLING THE EXACT TIME LINE OF EVENTS.

THE MOTHER ALSO REPORT SHE IS CONCERNED THAT THE BOYS MAY HAVE POSSIBLY PARTICIPATED IN ABUSIVE BEHAVIOR TOWARDS THE FOUR-YEAR-OLD. THE MOTHER REPORTS THAT THE FAMILY REFERRED TO THE FOUR-YEAR-OLD AS DOG, THE MOTHER WAS UNAWARE OF THE FOUR-YEAR-OLDS NAME. THE MOTHER REPORTS THAT THE BOYS ALLEGE THAT THE FATHER CARL AND THE STEPMOTHER WOULD SHOW THE LITTLE GIRL UNTIL SHE PASSED OUT. THE MOTHER REPORTS THAT THE BOYS INFORM HER THIS WAS CALLED CHOKING THE CHICKEN. THE MOTHER ALSO REPORTS THAT THE BOYS ALLEGE THEY WERE GIVEN A PALLET

GUN AND ENCOURAGED TO SHOOT THE LITTLE GIRL. THE MOTHER QUESTIONS WHETHER OR NOT THE BOYS WERE COERCED INTO PARTICIPATING IN THESE ACTIVITIES. THE MOTHER ASSURES THE WRITER THAT SHE HAS SHARED ALL OF THE ABOVE INFORMATION WITH THE RCMP IN THEIR INVESTIGATION. THE MOTHER REPORT SHE BELIEVES THAT [REDACTED] KNEW THIS ACTIVITY WRONG AND THAT IS WHY HE ^{WAS NERVOUS} AND WARM THE MOTHER IN JUNE OR JULY OF 2005 OF THE VIOLENCE TOWARDS THE FOUR-YEAR-OLD.

DOE#1

[REDACTED] SHARED INFORMATION WITH THE WRITER IN NOVEMBER OF 2005 REGARDING WITNESSING THE ALLEGED PHYSICAL ABUSES TOWARDS THE FOUR-YEAR-OLD. [REDACTED] DID NOT SHARED INFORMATION REGARDING HIS PARTICIPATION OR THE ALLEGATION THAT THE FOUR-YEAR-OLD WAS LOCATED IN A DUMPSTER IN AUGUST OF 2005. THE WRITER QUERIES THE CLIENT'S CURRENT FEELINGS REGARDING HIS DEGREE OF RESPONSIBILITY AND GUILT. [REDACTED] DID ORIGINALLY INFORMED THE MOTHER OF THE ALLEGED PHYSICAL ABUSE AT THE HANDS OF THE FATHER AND STEPMOTHER TOWARDS THE ^{now} FOUR-YEAR-OLD IN JUNE OR JULY OF 2005. THE CLIENT UNDERSTOOD THIS WAS THEN REPORTED TO CHILD AND FAMILY SERVICES BY THE MOTHER THAT TIME AND HE AND HIS BROTHER WERE RETURNED HOME TO THE CARE OF THE MOTHER IN WINNIPEG. HOWEVER IT IS POSSIBLE [REDACTED] CONTINUE TO BE EXPOSED TO THE VIOLENCE IN FISHER RIVER. THE WRITER IS UNCLEAR OF THE EXACT TIME LINE OF OFFENSE AND WHAT THE CLIENT WAS EXACTLY EXPOSED TO. THE MOTHER IS CURRENTLY UNCLEAR OF TIMELINESS AND WHAT THE CLIENTS LEVEL OF PARTICIPATION WAS IN THE ALLEGATIONS OF VIOLENCE AND POSSIBLY DEATH.

DOE#1

DOE#1

DOE#1

DOE#1



[Handwritten signature]

Youth Emergency Crisis Stabilization System

BTT DATABASE FORM

BTT THERAPIST: Grant Wlebe

NAME OF CLIENT: LAST: [REDACTED]

FIRST: [REDACTED] *DOE#1*

DATE OF FIRST SESSION 22 /D 11 /M 05 /Y
DATE OF LAST SESSION 22 /D 11 /M 05 /Y
DATE REFERRING INTAKE 26 /D 10 /M 05 /Y
DATE BTT PICK-UP REFERRAL 26 /D 10 /M 05 /Y
DATE OF INITIAL CONTACT 26 /D 10 /M 05 /Y

DATE FILE CLOSED: 23 /D 12 /M 05 /Y
TOTAL SCHEDULED SESSIONS: 2
ATTENDED SESSIONS: 1
TELEPHONE SESSIONS: 0
TOTAL SESSIONS: 1

NUMBER OF PSYCHIATRIC CONSULTS:

NUMBER OF OTHER CONSULTS: 2

FOCUS OF INTERVENTION (P Indicates primary focus)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Difficult Behaviors | <input checked="" type="checkbox"/> Caregiver unable to cope |
| <input type="checkbox"/> Placement breakdown | <input type="checkbox"/> Running | <input type="checkbox"/> Sexual Abuse victim | <input checked="" type="checkbox"/> Mental Health/Psychiatric Issues |
| <input type="checkbox"/> Drugs/Alcohol | <input checked="" type="checkbox"/> Parent/child Conflict | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Developmental/Neurological Issues |
| <input type="checkbox"/> Self Harm / At Risk Behaviors | <input checked="" type="checkbox"/> School performance | <input type="checkbox"/> Other | |

SUPPORTS ALREADY IN EXISTENCE:

- | | |
|--|---|
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Individual therapist |
| <input type="checkbox"/> CGC/ESS | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Addictions treatment | <input type="checkbox"/> Residential Placement |
| <input type="checkbox"/> H.B.I.C.S | <input type="checkbox"/> Psych. Consult (YECSS) |
| <input checked="" type="checkbox"/> Other services family doctor | |

NO SUPPORTS:

- | |
|--|
| <input type="checkbox"/> MATC |
| <input type="checkbox"/> CFS supports |
| <input checked="" type="checkbox"/> School Counselor |
| <input checked="" type="checkbox"/> YEES |

- | |
|---------------------------------------|
| <input type="checkbox"/> St. Boniface |
| <input type="checkbox"/> HSC |
| <input type="checkbox"/> Special Ed. |

SUPPORTS PENDING ON REFERRAL:

- | | |
|---|---|
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Individual therapist |
| <input type="checkbox"/> CGC/ESS | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Addictions treatment | <input type="checkbox"/> Residential Placement |
| <input type="checkbox"/> H.B.I.C.S | <input type="checkbox"/> Psych. Consult (YECSS) |
| <input checked="" type="checkbox"/> Other services new medication regimen | |

NONE PENDING:

- | |
|---|
| <input type="checkbox"/> MATC |
| <input type="checkbox"/> CFS supports |
| <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> YEES |

- | |
|---------------------------------------|
| <input type="checkbox"/> St. Boniface |
| <input type="checkbox"/> HSC |
| <input type="checkbox"/> Special Ed. |

REFERRALS

Internal Referrals:

- | | | |
|------------------------------------|-------------------------------|---|
| <input type="checkbox"/> H.B.I.C.S | <input type="checkbox"/> NONE | <input type="checkbox"/> Psych. Consult (YECSS) |
|------------------------------------|-------------------------------|---|

YEES

External Referrals:

- | | |
|---|--|
| <input type="checkbox"/> Psych consult - Hospital | <input checked="" type="checkbox"/> NONE |
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> CFS / JIRU |
| <input type="checkbox"/> CGC/ESS | <input type="checkbox"/> Individual therapist |
| <input type="checkbox"/> Addictions treatment | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Other services | <input type="checkbox"/> Residential Placement |

- | |
|--|
| <input type="checkbox"/> Central Intake (WRHA) |
| <input type="checkbox"/> MATC |
| <input type="checkbox"/> CFS supports |
| <input type="checkbox"/> Special Ed. |

- | |
|---|
| <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> St. Boniface |
| <input type="checkbox"/> HSC |

REASON FOR TERMINATION

- | | | | |
|--|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Goals reached | <input type="checkbox"/> Guardian discontinued | <input type="checkbox"/> Client discontinued | <input type="checkbox"/> Other |
| <input type="checkbox"/> Failed to contact therapist | <input type="checkbox"/> Services elsewhere | | |

BTT DISCHARGE SUMMARY:

At initial and last contact the mother reports the situation in the home has improved significantly. The client presents as a higher functioning insightful young person who is determined to improve the situation in the home and at school. The mother reports ongoing supports through the school if needed and also culturally appropriate supports through an elder in the community. No further contact therefore discharge. The family is aware of the ongoing availability of the YECSS.

R

E

D

A

C

T

F

D

- 8. EXPECTED DURATION OF TREATMENT: 6 TO 8 SESSIONS
- 9. PUT ON WAIT LIST TO:
- 10. ADDITIONAL INFORMATION:

A handwritten signature in black ink, appearing to be initials or a name, located to the right of the list items.