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| Policy: TX-09 Client Intake/Admission |  | **Effective Date:** Oct 1, 2008 |  |
| **Department(s):** | TREATMENT | **Revised Date:** Aug 19, 2016 |

The Salvation Army Harbour Light initiates the following screening/application process for potential treatment Clients to ensure the best possible care and safety for all those involved in the program.

## Procedures

**Criteria**

1. A Client who enters the program for help with an addiction problem must:
	* Be a male of and at least 19 years of age
	* Be detoxed a minimum of 72 hours (unless coming from a detox centre, a urine test will be required)
	* Be physically and mentally capable of participating in all parts of the program
	* Be willing to commit to a 90-Day program
	* Be able to accept exposure to Christian values and principles
	* Understand that involvement in the Food Line and other chores are considered part of the program and are therefore mandatory
	* Be willing and motivated to change. This means he must be willing to take some direction and be ready to do the necessary work to begin the process of change. Through personal counselling, group lectures, group therapy, and exposure to spirituality, the Client will be provided the opportunity to identify and challenge old behaviours, attitudes, and belief systems
	* Have medications/medical situations that HL can manage safely (this would exclude clients who have complicated medical issues, a significant amount of medication, or medications that change often)
2. A Client who enters the program on Opiate Replacement Therapy must:
	* Be on no more than 90 ml methadone, 9ml Methadose, or 36ml of Suboxone AND have the ability to function and participate in programming
	* Be stable on Opiate Replacement Therapy dose for 30 days (not to be increasing or decreasing in dose)
	* Not be on any benzos, amphetamines, opiates, (controlled) meds as well as not to be started on any of the aforementioned while in Treatment
3. No more than 10-12 CRF clients will be accepted into the Treatment Program, meaning there will be no more than 2-3 CRF clients in a group at any given time.
4. Exceptions to this Criteria are:
	* repeat clients on 90-120mls of methadone who have shown the capability to participate and someone on the treatment team can confirm this and/or your file provides evidence to support this claim
	* Clients who are HIV positive would be accepted on any amount of methadone but ultimately will be up to the discretion of the Doctor to decide. They will then be observed while in Pre Treatment to determine if they are suitable. They too must be stable on their dose and able and willing to participate in programming.
	* Clients who have surgical procedures while in treatment and are prescribed controlled medications (Must be approved by Intake Counsellor or Program Manager)
* If on any combination of Opiate Replacement Therapy and a controlled medication, the client will be kept under close observation at all times and will be asked to leave if suspected of any drug use.
1. All admissions are to be approved by the Program Manager

# Admission Procedure

1. The Admission Procedure will be completed by the Intake Counsellor or the Program Manager.
2. All Clients will complete a Preliminary Intake Assessment/Application Form
3. All pertinent information collected during the Intake Interview will be entered into the Client Care database
4. The Client Assessment/Admission form must be signed by the Client and the Intake Counsellor or Program Manager
5. The Harbour Light Statement will be read to the Client. The Client will then sign the Statement
6. A digital photo will be taken of the Client
7. The Client will be provided with a Client Handbook and introduced to their counsellor

# Creation of Client File

1. A file will be created for each Client and will contain the following information:
	* Client File Checklist
	* Client Photograph
	* Preliminary Intake Assessment / Application Form
	* Client Assessment/Admission (signed)
	* Harbour Light Statement (signed)
2. The following information will also be included in the Client file:
	* name and telephone number of the person's sponsor, contact person or next of kin
	* name and telephone number of a person or agency to contact in the event of accident or illness
	* name and telephone number of a medical practitioner to contact in the event of accident or illness
	* any medications and therapeutic diets prescribed by, and any special instructions given by, the person's medical practitioner, dentist or podiatrist
	* any medical disabilities or pertinent information made known to the licensee by the person, the person's medical practitioner, the next of kin or sponsor, or the contact person
	* immunization record in regard to participation in Harbour Light’s tuberculosis control program

# Distribution of Client Information

1. The Client’s photograph, Preliminary Intake Assessment, and Harbour Light Statement will be copied, placed in a file, and provided to the appropriate counsellor.
2. The Client’s photograph will be distributed to the following:
	* Executive Director
	* Clinical Director
	* Front Desk and Security
	* All Counsellors
	* Community Advocate/Food Line Coordinator
	* Correctional, Emergency Shelters, and Food Services Managers
	* Chaplains
	* VWEP Coordinator
	* Project Coordinator
3. The following reports will be summarily updated and distributed:
	* Client Daily Bed List
	* Client by Counsellor Roster